

Electronic Remittance Advice

▼ Payer		
For questions regarding this ERA, please contact the payer by phone at N/A		
HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 40512-4601	WARRENTON DERMATOLOGY PC NPI: 1396778205	Remittance Date 01/04/2021 Payment Method Automated Clearing House (ACH) Trace/Check 001290054550904

Check Number: 001290054550904	Original Amount: \$107.35
Check Amount \$107.35 ()	Practice Level Payment or Deduction \$0.00

ERA Details

DUTILH, KATHERINE		Claim: CB001EWC2C017		AUDREY L BUNCH PA C, null (1245480318)				Processed as Primary			
HUMANA INC.		Policy #: H74852529		Plan Type: 16 Claim Version: Original Payer Claim # 820203280815208							
Provider	Proc Date	Code	Units	Billed	Allowed	Paid	Reason Code	Adj	Reason Code	PT Resp	Remark
1245480318	11/20/20	17262	1	268.85	152.35	107.35	CO-45 ⓘ	116.50	PR-3 ⓘ	45.00	
		Claim Totals:		268.85	152.35	107.35	116.50		45.00		
Payer Comments						Bill Balance Overview					
						No Claim is associated to claim payment					

Code Definitions	
Code/Remark	Definition
CO45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
PR3	Co-payment Amount