

## Sample of Payment 835

**Payer Name:** Humana

### Check Image

SECURITY NOTE: The face of this check is printed on a blue background. See reverse for additional security features.

HUMANA  
P.O. BOX 14601  
LEXINGTON, KY 40512-4601

**Humana.**

ZZ1 CHECK NO: 0123456789  
62-20  
311

DATE: 05/18/2022

FRONT - BLUE ON WHITE - BACK LAID LINES/\*\* VOID IF NOT CASHED WITHIN 90 DAYS\*\*

PROVIDER TAX ID NUMBER: XXXXX3392. This check covers all claims on remittance number 0112233445566

PAY TO THE  
ORDER OF: MEDINA VALLEY FAMILY PRACTICE

CITIBANK, N.A.  
NEW CASTLE, DE 19720

PAY: FIFTY-FOUR AND 22/100 DOLLARS

*Alan J. Bailey*  
AGENT OF CORPORATION

\$\*\*\*\*\*54.22

Security Features Included Data's on back

0123456789 001122334455 00011122

### EOB Image

HUMANA CLAIMS OFFICE  
PO BOX 14601  
LEXINGTON, KY 40512-4601



AV 02 000967 95824 H 8 A\*\*5DGT  
MEDINA VALLEY FAMILY PRACTICE  
PO BOX 5254  
BELFAST ME 04915-5200

CHECK DATE:

**Humana.**  
**Claim Payment**  
Automated Remittance Advice

This check covers all claims on remittance advice number 00112233445566 Please see included remittance advice for payment details.

#### REMITTANCE DETAIL

DATE: 05/18/2022  
PROVIDER ID: 145544491119  
FEDERAL TAX ID: XXXXX3392  
REMITTANCE ID 00112233445566  
CHECK NUMBER: 0123456789  
BANK CODE: ZZ1  
AMOUNT: 54.22

#### BENEFITS PAID TO THE FOLLOWING

MEDINA VALLEY FAMILY PRACTICE  
PO BOX 5254  
BELFAST, ME 04915-5200

If you have any questions or concerns about this payment, please contact:

HUMANA CLAIMS OFFICE  
PO BOX 14601  
LEXINGTON, KY 40512-4601  
OR CALL 1-888-357-6767  
OR VISIT HUMANA.COM

GCHH4EH1H

HUMANA CLAIMS OFFICE  
PO BOX 14601  
LEXINGTON, KY 40512-4601

Humana.



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DATE 05/18/2022

PCK10ATEOR126P0519202212460001411-MTV  
MEDINA VALLEY FAMILY PRACTICE  
PO BOX 5254  
BELFAST, ME 04915-5200

PROVIDER ID: 145544491119  
FEDERAL TAX ID: XXXXX3392  
REMITTANCE ID: 00112233445566  
CHECK NUMBER: 0123456789  
BANK CODE: ZZ1

000987 2/6

### HUMANA AUTOMATED REMITTANCE ADVICE

DATE OF SERVICE		SERVICE CODE	CHARGE	ALLOWED AMOUNT	DEDUCTIBLE	COPAY	COINSUR	PROVIDER DISCOUNT	FEE REDUCTION/ EXCLUDED	HUMANANA/ ANSI (HIPAA) CODE	BENEFIT AMOUNT
FROM	TO										
BILLING NPI NUMBER: 111111111 PROVIDER NAME: Mickey Mouse PATIENT NAME: Mickey Mouse SUBSCRIBER NAME: Mickey Mouse PLAN TYPE: NPOS - NATIONAL POS											
RENDERING NPI NUMBER: 1234567890 MBR ID: 1122334455 PAT DOB: 01/01/2022 REL CD: SPOUSE											
CLAIM NUMBER: 9876543210 PAT ACCT: 0123456789 GROUP: 841520											
04/18/2022	04/18/2022	99213	90.00	90.00	0.00	40.00	0.00	0.00	0.00	6H0/45	50.00
04/18/2022	04/18/2022	81000	10.00	4.22	0.00	0.00	0.00	5.78	0.00	6H0/45	4.22
CLAIM TOTALS			100.00	94.22	0.00	40.00	0.00	5.78	0.00		54.22
EST MBR RESPONSIBILITY 40.00										TOTAL PAID 54.22	
***REMITTANCE TOTALS***											
SERVICING PROVIDER NAME/ID: Mickey Mouse/ XXXXX1234											
TOTALS			100.00	94.22	0.00	40.00	0.00	5.78	0.00		54.22
EST MBR RESPONSIBILITY 40.00										TOTAL PAID 54.22	
ROLLUP TOTALS FOR REMITTANCE											
TOTALS			100.00	94.22	0.00	40.00	0.00	5.78	0.00		54.22
EST MBR RESPONSIBILITY 40.00										TOTAL PAID 54.22	

#### HUMANA CODES/DESCRIPTIONS

6H0 THIS PROVIDER IS A MEMBER OF THE HUMANA NETWORK. SERVICES ARE DISCOUNTED ACCORDING TO THE NEGOTIATED RATE.

#### ANSI (HIPAA) CODES/DESCRIPTIONS

45 CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.

#### SERVICE CODES/TREATMENT TYPES/DESCRIPTIONS

81000 LB MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE

99213 PV ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT