Check Summary Transaction Date: December 31, 2024

SENTARA HEALTH PLANS	Payee Tax ID:	854027060	Payee Name:	HEART OF HOPE HOME HEALTH CARE LLC
PO BOX 66189	Payee ID:	1962006544	Payee Address:	4005 WILLIAMSBURG CT
VIRGINIA BEACH, VA 23466	Check/EFT Trace Number:	1292011		FAIRFAX, VA 220321139
	Payment Amount:	\$12,942.73		
	Check/EFT Date:	12/31/2024		
	Production End Cycle Date:	12/31/2024		

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount	
L6	1292011	-\$2.50	

Patient Name: BROWN, DIANE L Claim Status Code: $\boldsymbol{1}$ **Claim Number:** 24359E029613 Claim Date: 12/22/2024 - 12/22/2024

Patient ID:	590044357021	Group / Policy:	Facility Type:	12	Claim Charge:	\$99.15
Patient Ctrl Nmbr:	04365-00819620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$0.00
Rendering Prvd:	44	Rendering Prv ID:	Claim Received Date:	12/24/2024	Patient Resp:	\$0.00

Original Ref Nmbr:

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units		Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/22/2024 - 12/22/2024				HC:T1005 / 76 / 0	M51		\$99.15	CO-A1	\$99.15	\$0.00

Patient Name: BROWN, DIANE L **Claim Date:** 12/16/2024 - 12/16/2024 **Claim Number:** 24359E018698 **Claim Status Code:** 1

Patient ID:	590044357021	Group / Policy:	Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04365-00119620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$0.00
	44					
Rendering Prvd:		Rendering Prv ID:	Claim Received	12/24/2024	Patient Resp:	\$0.00
_			Date:			
Original Ref Nmbr:						

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/16/2024 -				HC:T1005 / / 0	M51		\$39.66	CO-A1	\$39.66	\$0.00
	12/16/2024										

Patient Name: BROWN, DIANE L **Claim Number:** 24359E020571 **Claim Date:** 12/16/2024 - 12/16/2024 **Claim Status Code:** 1

Patient ID:590044357021Group / Policy:Facility Type:12Claim Charge:\$178.47Patient Ctrl Nmbr:04364-00119620065Contract Hdr:Claim Frequency:Claim Frequency:Claim Payment:\$0.00

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date: Original Ref Nmbr:

Line Details Results: 1

Line Details						_					ICSUICS: 1
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/16/2024 - 12/16/2024				HC:T1019 / / 0	M51		\$178.47	CO-A1	\$178.47	\$0.00

Patient Name: BROWN, DIANE L Claim Number: 24359E021520 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

Patient ID:590044357021Group / Policy:Facility Type:12Claim Charge:\$39.66Patient Ctrl Nmbr:04365-00319620065Contract Hdr:Claim Frequency:Claim Payment:\$0.00

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/18/2024 - 12/18/2024				HC:T1005 / / 0	M51		\$39.66	CO-A1	\$39.66	\$0.00

 Patient Name:
 BROWN, DIANE L
 Claim Number:
 24359E029556
 Claim Date:
 12/20/2024
 - 12/20/2024
 Claim Status Code:
 1

rayer: Sentana Health Feans Checker I frace Number: 1292011 Checker I Date: 12/31/2024 Total Faid: \$12,342.73	Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Patient ID: Patient Ctrl Nmbr:	590044357021 04365-00519620065 44	Group / Policy: Contract Hdr:	Facility Type: Claim Frequency:	12	Claim Charge: Claim Payment:	\$39.66 \$0.00
Rendering Prvd:		Rendering Prv ID:	Claim Received Date:	12/24/2024	Patient Resp:	\$0.00
Original Ref Nmbr:			Date.			

Line Details										Results: 1
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024			HC:T1005 / / 0	M51		\$39.66	CO-A1	\$39.66	\$0.00

Patient Name: BROWN, DIANE L **Claim Number:** 24359E022415 **Claim Date:** 12/20/2024 - 12/20/2024 **Claim Status Code:** 1

Patient ID: Patient Ctrl Nmbr:	590044357021 04364-00519620065 44	Group / Policy: Contract Hdr:	Facility Type: Claim Frequency:	12	Claim Charge: Claim Payment:	\$178.47 \$0.00
Rendering Prvd:	77	Rendering Prv ID:	Claim Received Date:	12/24/2024	Patient Resp:	\$0.00
Original Ref Nmbr:						

Line Details Results: 1 Line Ctrl Nmbr Dates of Adjud Proc / Charge Adjustments Rend Rev Sub Proc / Remark / Supp Info (AMT) Adj **Payment** Modifier / **Modifier / Units** Service **Prov ID Payer Code** (Qty) Amount Units 12/20/2024 -HC:T1019 / / 0 M51 \$178.47 CO-A1 \$178.47 \$0.00 12/20/2024

Patient Name: BROWN, DIANE L **Claim Number:** 24359E025725 **Claim Date:** 12/19/2024 - 12/19/2024 Claim Status Code: 1

Patient ID: Patient Ctrl Nmbr:	590044357021 04364-00419620065 44	Group / Policy: Contract Hdr:	Facility Type: Claim Frequency:	12	Claim Charge: Claim Payment:	\$178.47 \$0.00
Rendering Prvd:		Rendering Prv ID:	Claim Received Date:	12/24/2024	Patient Resp:	\$0.00
Original Ref Nmbr:			Date.			

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/19/2024 - 12/19/2024				HC:T1019 / / 0	M51		\$178.47	CO-A1	\$178.47	\$0.00

Patient Name: BROWN, DIANE L Claim Number: 24359E026335 Claim Date: 12/22/2024 - 12/22/2024 Claim Status Code: 1

Patient ID:590044357021Group / Policy:Facility Type:12Claim Charge:\$178.47Patient Ctrl Nmbr:04364-00719620065Contract Hdr:Claim Frequency:Claim Payment:\$0.00

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date: Original Ref Nmbr:

Line Details Results: 1

Ellic Details				_		_					ILCSUITSI I
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/22/2024 - 12/22/2024				HC:T1019 / / 0	M51		\$178.47	CO-A1	\$178.47	\$0.00

Patient Name: BROWN, DIANE L Claim Number: 24359E026904 Claim Date: 12/17/2024 - 12/17/2024 Claim Status Code: 1

Patient ID:590044357021Group / Policy:Facility Type:12Claim Charge:\$39.66Patient Ctrl Nmbr:04365-00219620065Contract Hdr:Claim Frequency:Claim Payment:\$0.00

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/17/2024 - 12/17/2024				HC:T1005 / / 0	M51		\$39.66	CO-A1	\$39.66	\$0.00

 Patient Name: BROWN, DIANE L
 Claim Number: 24358S10306
 Claim Date: 12/14/2024
 - 12/14/2024
 Claim Status Code: 1

Payer: SENTARA HEALTH PLANS Check/EFT Trace Number: 1292011 Check	FT Date: 12/31/2024 Total Paid: \$12,942.73
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Patient ID: 590044357021 **Group / Policy:** Facility Type: 12 Claim Charge: \$39.66 Patient Ctrl Nmbr: 04308-00619620065 Contract Hdr: Claim Frequency: Claim Payment: \$39.66 44 **Rendering Prvd: Claim Received** 12/23/2024 Rendering Prv ID: **Patient Resp:** \$0.00 Date: **Original Ref Nmbr:**

Line Details

Results: 1 **Line Ctrl Nmbr** Dates of Sub Proc / Adjud Proc / Remark / Adjustments **Payment** Rend Supp Info (AMT) Charge Adi Service **Prov ID** Modifier / **Modifier / Units** Payer Code (Qty) **Amount** Units HC:T1005 / / 2 12/14/2024 -\$39.66 (B6) \$39.66 \$39.66 12/14/2024

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: BROWN, DIANE L **Claim Number:** 24358S10279 Claim Date: 12/14/2024 - 12/14/2024 Claim Status Code: 1

Patient ID: 590044357021 Facility Type: Claim Charge: \$178.47 **Group / Policy:** 12 Patient Ctrl Nmbr: 04307-00619620065 Contract Hdr: **Claim Frequency:** Claim Payment: \$178.47

Rendering Prvd: Rendering Prv ID: Claim Received 12/23/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Details

Line Details												
Line Ctrl Nmbr		Rend	Rev	Sub Proc /		Remark /	Supp Info (AMT)	Charge	Adjustments	Adj	Payment	
	Service	Prov ID		Modifier / Units	Modifier / Units	Payer Code			(Qty)	Amount		
1	12/14/2024 -			Offics	HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47	
	12/14/2024				110.11019//9		φ170.47 (ΒΟ)	φ1/0.4/			Ψ170.47	

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: BROWN, DIANE L **Claim Number:** 24358S09433 Claim Date: 12/11/2024 - 12/11/2024 Claim Status Code: 1

Claim Charge: Patient ID: 590044357021 Group / Policy: **Facility Type:** 12 \$178.47 Patient Ctrl Nmbr: 04307-00319620065 Contract Hdr: **Claim Frequency: Claim Payment:** \$178.47 44 **Rendering Prvd: Rendering Prv ID: Claim Received** 12/23/2024 **Patient Resp:** \$0.00 Date: **Original Ref Nmbr:**

Payer: SENTARA HEALTH PLANS Check/EFT Trace Number: 1292011 Check	FT Date: 12/31/2024 Total Paid: \$12,942.73
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Line Details

Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/11/2024 - 12/11/2024			HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: BROWN, DIANE L **Claim Number:** 24358S07474 **Claim Date:** 12/15/2024 - 12/15/2024 **Claim Status Code:** 1

Patient ID:590044357021Group / Policy:Facility Type:12Claim Charge:\$178.47Patient Ctrl Nmbr:04307-00719620065Contract Hdr:Claim Frequency:Claim Payment:\$178.47

Rendering Prvd: Rendering Prv ID: Claim Received 12/23/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/15/2024 - 12/15/2024				HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

 Patient Name:
 BROWN, DIANE L
 Claim Number:
 24358S06509
 Claim Date:
 12/15/2024
 - 12/15/2024
 Claim Status Code:

 Patient ID:
 590044357021
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$39.66

 Patient Ctrl Nmbr:
 04308-00719620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$39.66

Rendering Prvd: Rendering Prv ID: Claim Received 12/23/2024 Patient Resp: \$0.00 Date:

Original Ref Nmbr:

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/15/2024 - 12/15/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: BROWN, DIANE L **Claim Number: 24358S09308** Claim Date: 12/09/2024 - 12/09/2024 Claim Status Code: 1

Patient ID: 590044357021 Facility Type: Claim Charge: \$39.66 Group / Policy: 12 Patient Ctrl Nmbr: 04308-00119620065 Contract Hdr: **Claim Frequency: Claim Payment:** \$39.66

Rendering Prvd: Rendering Prv ID: **Claim Received** \$0.00 12/23/2024 **Patient Resp:**

Date:

Original Ref Nmbr:

Results: 1 **Line Details**

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/09/2024 - 12/09/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: BROWN, DIANE L **Claim Number: 24358S05526** Claim Date: 12/10/2024 - 12/10/2024 Claim Status Code: 1

Facility Type: Patient ID: 590044357021 Group / Policy: 12 Claim Charge: \$39.66 Patient Ctrl Nmbr: 04308-00219620065 Contract Hdr: **Claim Payment:** Claim Frequency: \$39.66

Rendering Prvd: Rendering Prv ID: **Claim Received** 12/23/2024 Patient Resp: \$0.00 Date:

Original Ref Nmbr:

Results: 1 Line Details

Line Details				 	_					INCOUNTS: I
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/10/2024 - 12/10/2024			HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: BROWN, DIANE L **Claim Number:** 24359E028741 Claim Date: 12/19/2024 - 12/19/2024 Claim Status Code: 1

Facility Type: Patient ID: 590044357021 12 Claim Charge: **Group / Policy:** \$39.66 **Patient Ctrl Nmbr:** 04365-00419620065 **Contract Hdr: Claim Frequency: Claim Payment:** \$0.00

Payer: SENTARA	A HEALTH PLANS		Check/	EFT Trace Nu	ımber: 1292011	Check/EFT	Date: 12/31/2024	T		Total Paid:	\$12.942.73
Rendering Prvo	d:			ing Prv ID:		Claim Rece Date:			Patient Resp:		\$0.00
Original Ref Nn	nbr:										
Line Details											Results: 1
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/19/2024 - 12/19/2024				HC:T1005 / / 0	M51		\$39.66	CO-A1	\$39.66	\$0.00
Rendering Prvd: Original Ref Nmbr:				ring Prv ID:		Claim Rece Date:	2ived 12/24/2024		Patient Resp:		\$0.00
Line Details	1=	1		1-1-	1	1	[Results: 1
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/21/2024 - 12/21/2024				HC:T1019 / / 0	M51		\$178.47	CO-A1	\$178.47	\$0.00
Patient Name: Patient ID: Patient Ctrl Nm	59004435 1br: 04365-00		Group Contra	Number: 2435 / Policy: ct Hdr: ring Prv ID:	59E028386	Claim Date Facility Ty Claim Freq Claim Rece Date:	uency:	(Claim Status Coo Claim Charge: Claim Payment: Patient Resp:	de: 1	\$39.66 \$0.00 \$0.00
Rendering Prvo						 -					
Original Ref Nn	nbr:		,					,			<u> </u>
Original Ref Nn Line Details Line Ctrl Nmbr		Rend	Rev	Sub Proc /	Adjud Proc /	Remark /	Supp Info (AMT)	Charge	Adjustments	Adi	Results: 1

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
•	•	•	-

1	12/22/2024 -		HC:T1005 / / 0	M51	\$39.66	CO-A1	\$39.66	\$0.00
	12/22/2024							

Patient Name: BROWN, DIANE L Claim Number: 24359E027934 Claim Date: 12/17/2024 - 12/17/2024 Claim Status Code: 1

Group / Policy: Claim Charge: Patient ID: 590044357021 Facility Type: 12 \$178.47 Contract Hdr: Claim Frequency: **Patient Ctrl Nmbr:** 04364-00219620065 **Claim Payment:** \$0.00 44

Rendering Prvd: Rendering Prv ID: Claim Received Patient Resp: \$0.00 12/24/2024 Date:

Original Ref Nmbr:

Results: 1 Line Details

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/17/2024 - 12/17/2024				HC:T1019 / / 0	M51		\$178.47	CO-A1	\$178.47	\$0.00

Patient Name: BROWN, DIANE L Claim Number: 24359E027467 Claim Date: 12/21/2024 - 12/21/2024 Claim Status Code: 1

Patient ID: 590044357021 Group / Policy: Facility Type: 12 Claim Charge: \$39.66 **Claim Frequency: Claim Payment:** Patient Ctrl Nmbr: 04365-00619620065 Contract Hdr: \$0.00

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/21/2024 - 12/21/2024			HC:T1005 / / 0	M51		\$39.66	CO-A1	\$39.66	\$0.00

Patient Name: BROWN, DIANE L **Claim Number:** 24358S05565 Claim Date: 12/09/2024 - 12/09/2024 Claim Status Code: 1

Claim Charge: Patient ID: 590044357021 Group / Policy: Facility Type: 12 \$178.47 **Claim Payment:** Patient Ctrl Nmbr: 04307-00119620065 **Contract Hdr: Claim Frequency:** \$178.47

44

Rendering Prvd: Claim Received **Rendering Prv ID:** 12/23/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/09/2024 - 12/09/2024			HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: BROWN, DIANE L **Claim Number:** 24358S00633 Claim Date: 12/13/2024 - 12/13/2024 Claim Status Code: 1

Patient ID: 590044357021 **Group / Policy:** Facility Type: 12 Claim Charge: \$178.47 Patient Ctrl Nmbr: 04307-00519620065 Contract Hdr: **Claim Payment: Claim Frequency:** \$178.47

Rendering Prvd: Rendering Prv ID: **Claim Received** 12/23/2024 \$0.00 **Patient Resp:**

Date: **Original Ref Nmbr:**

Line Details

Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/13/2024 - 12/13/2024			HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: BROWN, DIANE L **Claim Number:** 24359E017865 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

Patient ID: 590044357021 **Group / Policy:** Facility Type: 12 Claim Charge: \$178.47 04364-00319620065 Contract Hdr: Claim Frequency: **Claim Payment:** Patient Ctrl Nmbr: \$0.00 44

Rendering Prvd: Rendering Prv ID: **Claim Received** Patient Resp: \$0.00 12/24/2024 Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/18/2024 - 12/18/2024			HC:T1019 / / 0	M51		\$178.47	CO-A1	\$178.47	\$0.00

Patient Name: BROWN, DIANE L **Claim Number:** 24358S01549 **Claim Date:** 12/10/2024 - 12/10/2024 **Claim Status Code:** 1

Patient ID:590044357021Group / Policy:Facility Type:12Claim Charge:\$178.47Patient Ctrl Nmbr:04307-00219620065Contract Hdr:Claim Frequency:Claim Frequency:Claim Payment:\$178.47

Rendering Prvd: Rendering Prv ID: Claim Received 12/23/2024 Patient Resp: \$0.00

Date: Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/10/2024 - 12/10/2024				HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: BROWN, DIANE L **Claim Number:** 24358S01797 **Claim Date:** 12/11/2024 - 12/11/2024 **Claim Status Code:** 1

 Patient ID:
 590044357021
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$39.66

 Patient Ctrl Nmbr:
 04308-00319620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$39.66

Rendering Prvd: Rendering Prv ID: Claim Received 12/23/2024 Patient Resp: \$0.00

Date: Original Ref Nmbr:

Line Details											ICJUICS: 1
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/11/2024 - 12/11/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: BROWN, DIANE L **Claim Number:** 24358S04518 Claim Date: 12/12/2024 - 12/12/2024 Claim Status Code: 1

Group / Policy: Patient ID: 590044357021 Facility Type: 12 Claim Charge: \$178.47 Patient Ctrl Nmbr: 04307-00419620065 Contract Hdr: Claim Frequency: Claim Payment: \$178.47

Rendering Prvd: Rendering Prv ID: Claim Received 12/23/2024 **Patient Resp:** \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/12/2024 - 12/12/2024				HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: BROWN, DIANE L Claim Number: 24358S05237 Claim Date: 12/12/2024 - 12/12/2024 Claim Status Code: 1

Patient ID: 590044357021 **Group / Policy:** Facility Type: 12 Claim Charge: \$39.66 04308-00419620065 Contract Hdr: Claim Payment: Patient Ctrl Nmbr: **Claim Frequency:** \$39.66

44 **Rendering Prvd:** Rendering Prv ID: **Claim Received** 12/23/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/12/2024 - 12/12/2024			HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: BROWN, DIANE L **Claim Number: 24358S00916** Claim Date: 12/13/2024 - 12/13/2024 Claim Status Code: 1

Patient ID: 590044357021 **Group / Policy:** Facility Type: 12 Claim Charge: \$39.66 04308-00519620065 Contract Hdr: **Claim Frequency: Claim Payment:** Patient Ctrl Nmbr: \$39.66

44

Results: 1

Rendering Prvd: Rendering Prv ID: Claim Received 12/23/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Details Results: 1

	Line Details		_		_		_					Nesuits. 1
ı	Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	1	12/13/2024 - 12/13/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient ID:590048973011Group / Policy:Facility Type:12Claim Charge:\$178.47Patient Ctrl Nmbr:04363-00219620065Contract Hdr:Claim Frequency:Claim Frequency:Claim Payment:\$178.47

44

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/18/2024 - 12/18/2024				HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient ID:590048973011Group / Policy:Facility Type:12Claim Charge:\$178.47Patient Ctrl Nmbr:04362-00119620065Contract Hdr:Claim Frequency:Claim Frequency:Claim Payment:\$178.47

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/16/2024 - 12/16/2024			HC:T1005 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: FRAZIER, LATROYA Claim Number: 24359E026314 Claim Date: 12/17/2024 - 12/17/2024 Claim Status Code: 1

Patient ID:590048973011Group / Policy:Facility Type:12Claim Charge:\$178.47Patient Ctrl Nmbr:04363-00119620065Contract Hdr:Claim Frequency:Claim Payment:\$178.47

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

Lille Details											Results. 1
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/17/2024 - 12/17/2024				HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: FRAZIER, LATROYA Claim Number: 24359E026882 Claim Date: 12/20/2024 - 12/20/2024 Claim Status Code: 1

Patient ID:590048973011Group / Policy:Facility Type:12Claim Charge:\$158.64Patient Ctrl Nmbr:04363-00519620065Contract Hdr:Claim Frequency:Claim Payment:\$158.64

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Lille Details		_									Results. 1
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024				HC:T1019 / 76 / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: FRAZIER, LATROYA Claim Number: 24359E029598 Claim Date: 12/20/2024 - 12/20/2024 Claim Status Code: 1

Patient ID:590048973011Group / Policy:Facility Type:12Claim Charge:\$158.64Patient Ctrl Nmbr:04363-00419620065Contract Hdr:Claim Frequency:Claim Payment:\$158.64

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024				HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient ID:590048973011Group / Policy:Facility Type:12Claim Charge:\$158.64Patient Ctrl Nmbr:04362-00219620065Contract Hdr:Claim Frequency:Claim Payment:\$158.64

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	•	Adjustments (Qty)	Adj Amount	Payment
1	12/21/2024 - 12/21/2024			HC:T1005 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient ID:590048973011Group / Policy:Facility Type:12Claim Charge:\$178.47Patient Ctrl Nmbr:04363-00319620065Contract Hdr:Claim Frequency:Claim Payment:\$178.47

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Results: 1

Rendering Prvd: Claim Received Rendering Prv ID: 12/24/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/19/2024 - 12/19/2024				HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: FRAZIER, LATROYA Claim Number: 24359E022434 Claim Date: 12/22/2024 - 12/22/2024 Claim Status Code: 1

Patient ID: 590048973011 **Group / Policy:** Facility Type: 12 Claim Charge: \$158.64 Patient Ctrl Nmbr: 04362-00319620065 Contract Hdr: **Claim Payment: Claim Frequency:** \$158.64

Rendering Prvd: Rendering Prv ID: **Claim Received** 12/24/2024 \$0.00 **Patient Resp:** Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/22/2024 - 12/22/2024				HC:T1005 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: GARLAND, JOHNNIE **Claim Number:** 24359E027462 Claim Date: 12/19/2024 - 12/19/2024 Claim Status Code: 1

Patient ID: 770099766034 **Group / Policy:** Facility Type: 12 Claim Charge: \$79.32 04352-00419620065 Contract Hdr: Claim Frequency: **Claim Payment:** Patient Ctrl Nmbr: \$79.32

44 **Rendering Prvd:** Rendering Prv ID: **Claim Received** Patient Resp: \$0.00 12/24/2024 Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/19/2024 - 12/19/2024			HC:T1005 / / 4		\$79.32 (B6)	\$79.32			\$79.32

Supplemental Information - AMT/Payer Codes: \$79.32 (AU)

Patient Name: GARLAND, JOHNNIE **Claim Number:** 24359E025674 Claim Date: 12/17/2024 - 12/17/2024 Claim Status Code: 1

Patient ID: 770099766034 **Group / Policy:** Facility Type: 12 Claim Charge: \$118.98 **Claim Payment:** Patient Ctrl Nmbr: 04351-00219620065 Contract Hdr: Claim Frequency: \$118.98

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 **Patient Resp:** \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment	
	12/17/2024 - 12/17/2024				HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98	

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: GARLAND, JOHNNIE **Claim Number:** 24359E029501 Claim Date: 12/22/2024 - 12/22/2024 Claim Status Code: 1

Patient ID: 770099766034 **Group / Policy:** Facility Type: 12 Claim Charge: \$118.98 Claim Frequency: **Claim Payment:** Patient Ctrl Nmbr: 04351-00719620065 Contract Hdr: \$118.98

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Ctrl Nn	br Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/22/2024 - 12/22/2024				HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: GARLAND, JOHNNIE Claim Number: 24359E025020 Claim Date: 12/20/2024 - 12/20/2024 Claim Status Code: 1

 Patient ID:
 770099766034
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$79.32

 Patient Ctrl Nmbr:
 04352-00519620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$79.32

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024				HC:T1005 / / 4		\$79.32 (B6)	\$79.32			\$79.32

Supplemental Information - AMT/Payer Codes: \$79.32 (AU)

 Patient Name: GARLAND, JOHNNIE
 Claim Number: 24359E030272
 Claim Date: 12/17/2024 - 12/17/2024
 Claim Status Code: 1

Patient ID:770099766034Group / Policy:Facility Type:12Claim Charge:\$79.32Patient Ctrl Nmbr:04352-00219620065Contract Hdr:Claim Frequency:Claim Payment:\$79.32

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	•	Adjustments (Qty)	Adj Amount	Payment
1	12/17/2024 - 12/17/2024			HC:T1005 / / 4		\$79.32 (B6)	\$79.32			\$79.32

Supplemental Information - AMT/Payer Codes: \$79.32 (AU)

Patient Name: GARLAND, JOHNNIE Claim Number: 24359E026909 Claim Date: 12/16/2024 - 12/16/2024 Claim Status Code: 1

Patient ID:770099766034Group / Policy:Facility Type:12Claim Charge:\$118.98Patient Ctrl Nmbr:04351-00119620065Contract Hdr:Claim Frequency:Claim Payment:\$118.98

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/16/2024 - 12/16/2024				HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: GARLAND, JOHNNIE **Claim Number:** 24359E029476 **Claim Date:** 12/19/2024 - 12/19/2024 **Claim Status Code:** 1

Patient ID:770099766034Group / Policy:Facility Type:12Claim Charge:\$118.98Patient Ctrl Nmbr:04351-00419620065Contract Hdr:Claim Frequency:Claim Payment:\$118.98

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/19/2024 - 12/19/2024				HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: GARLAND, JOHNNIE **Claim Number:** 24359E021461 **Claim Date:** 12/21/2024 - 12/21/2024 **Claim Status Code:** 1

 Patient ID:
 770099766034
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$118.98

 Patient Ctrl Nmbr:
 04351-00619620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$118.98

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/21/2024 - 12/21/2024			HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: GARLAND, JOHNNIE **Claim Number:** 24359E030964 **Claim Date:** 12/16/2024 - 12/16/2024 **Claim Status Code:** 1

 Patient ID:
 770099766034
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$79.32

 Patient Ctrl Nmbr:
 04352-00119620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$79.32

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment	
	12/16/2024 - 12/16/2024				HC:T1005 / / 4		\$79.32 (B6)	\$79.32			\$79.32	

Supplemental Information - AMT/Payer Codes: \$79.32 (AU)

Patient Name: GARLAND, JOHNNIE Claim Number: 24359E022370 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

 Patient ID:
 770099766034
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$79.32

 Patient Ctrl Nmbr:
 04352-00319620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$79.32

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00 Date:

Original Ref Nmbr:

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/18/2024 - 12/18/2024				HC:T1005 / / 4		\$79.32 (B6)	\$79.32			\$79.32

Supplemental Information - AMT/Payer Codes: \$79.32 (AU)

Patient Name: GARLAND, JOHNNIE Claim Number: 24359E018759 Claim Date: 12/20/2024 - 12/20/2024 Claim Status Code: 1

Patient ID:770099766034Group / Policy:Facility Type:12Claim Charge:\$118.98Patient Ctrl Nmbr:04351-00519620065Contract Hdr:Claim Frequency:Claim Payment:\$118.98

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024				HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: GARLAND, JOHNNIE Claim Number: 24359E029053 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

Patient ID:770099766034Group / Policy:Facility Type:12Claim Charge:\$118.98Patient Ctrl Nmbr:04351-00319620065Contract Hdr:Claim Frequency:Claim Payment:\$118.98

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

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Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	•	Adjustments (Qty)	Adj Amount	Payment
1	12/18/2024 - 12/18/2024			HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: KEENE, JHERMHERRIS Claim Number: 24359E029051 Claim Date: 12/21/2024 - 12/21/2024 Claim Status Code: 1

Patient ID:353701981014Group / Policy:Facility Type:12Claim Charge:\$158.64Patient Ctrl Nmbr:04366-00619620065Contract Hdr:Claim Frequency:Claim Payment:\$158.64

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Rendering Prvd: Claim Received Rendering Prv ID: 12/24/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/21/2024 - 12/21/2024			HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: KEENE, JHERMHERRIS **Claim Number:** 24359E029408 Claim Date: 12/20/2024 - 12/20/2024 Claim Status Code: 1

Patient ID: 353701981014 **Group / Policy:** Facility Type: 12 Claim Charge: \$178.47 Patient Ctrl Nmbr: 04366-00519620065 Contract Hdr: **Claim Payment: Claim Frequency:** \$178.47

Rendering Prvd: Rendering Prv ID: **Claim Received** 12/24/2024 \$0.00 **Patient Resp:** Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024				HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: KEENE, JHERMHERRIS **Claim Number:** 24359E017821 Claim Date: 12/19/2024 - 12/19/2024 Claim Status Code: 1

Patient ID: 353701981014 **Group / Policy:** Facility Type: 12 Claim Charge: \$178.47 04366-00419620065 Contract Hdr: Claim Frequency: **Claim Payment:** Patient Ctrl Nmbr: \$178.47 44

Rendering Prvd: Rendering Prv ID: **Claim Received** Patient Resp: \$0.00 12/24/2024 Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/19/2024 - 12/19/2024				HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: KEENE, JHERMHERRIS **Claim Number: 24359E026336** Claim Date: 12/17/2024 - 12/17/2024 Claim Status Code: 1

Patient ID: 353701981014 Group / Policy: Facility Type: 12 Claim Charge: \$178.47 **Claim Payment:** Patient Ctrl Nmbr: 04366-00219620065 Contract Hdr: Claim Frequency: \$178.47

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Details											
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/17/2024 - 12/17/2024				HC:T1019 / / 9		\$178.47 (B6)	\$178.47	-		\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: KEENE, JHERMHERRIS **Claim Number:** 24359E029081 Claim Date: 12/16/2024 - 12/16/2024 Claim Status Code: 1

Patient ID: 353701981014 **Group / Policy:** Facility Type: 12 Claim Charge: \$178.47 Claim Frequency: **Claim Payment:** Patient Ctrl Nmbr: 04366-00119620065 Contract Hdr: \$178.47

Patient Resp:

12/24/2024

Rendering Prvd: Rendering Prv ID: Claim Received

Date:

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID			Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/16/2024 - 12/16/2024			HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

\$0.00

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Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: KEENE, JHERMHERRIS **Claim Number:** 24359E021509 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

Group / Policy: Patient ID: 353701981014 Facility Type: 12 Claim Charge: \$178.47 Patient Ctrl Nmbr: 04366-00319620065 Contract Hdr: Claim Frequency: Claim Payment: \$178.47

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/18/2024 - 12/18/2024				HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: KEITH, WILLIAM **Claim Number:** 24359E023242 Claim Date: 12/22/2024 - 12/22/2024 Claim Status Code: 1

Patient ID: 590056822013 **Group / Policy:** Facility Type: 12 Claim Charge: \$178.47 Patient Ctrl Nmbr: 04360-00819620065 Contract Hdr: Claim Payment: **Claim Frequency:** \$178.47

44

Rendering Prvd: Rendering Prv ID: **Claim Received** 12/24/2024 Patient Resp: \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/22/2024 - 12/22/2024			HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: KEITH, WILLIAM **Claim Number:** 24359E028724 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

Patient ID: 590056822013 **Group / Policy:** Facility Type: 12 Claim Charge: \$99.15 04360-00319620065 Contract Hdr: Claim Frequency: **Claim Payment:** Patient Ctrl Nmbr: \$99.15

44

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/18/2024 - 12/18/2024			HC:T1019 / / 5		\$99.15 (B6)	\$99.15			\$99.15

Supplemental Information - AMT/Payer Codes: \$99.15 (AU)

Patient Name: KEITH, WILLIAM Claim Number: 24359E027953 Claim Date: 12/21/2024 - 12/21/2024 Claim Status Code: 1

Patient ID:590056822013Group / Policy:Facility Type:12Claim Charge:\$178.47Patient Ctrl Nmbr:04360-00719620065Contract Hdr:Claim Frequency:Claim Payment:\$178.47

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date: Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/21/2024 - 12/21/2024			HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: KEITH, WILLIAM Claim Number: 24359E029469 Claim Date: 12/20/2024 - 12/20/2024 Claim Status Code: 1

Patient ID:590056822013Group / Policy:Facility Type:12Claim Charge:\$99.15Patient Ctrl Nmbr:04360-00619620065Contract Hdr:Claim Frequency:Claim Payment:\$99.15

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024			HC:T1019 / 76 / 5		\$99.15 (B6)	\$99.15			\$99.15

Supplemental Information - AMT/Payer Codes: \$99.15 (AU)

Patient Name: KEITH, WILLIAM Claim Number: 24359E016901 Claim Date: 12/19/2024 - 12/19/2024 Claim Status Code: 1

Patient ID:590056822013Group / Policy:Facility Type:12Claim Charge:\$178.47Patient Ctrl Nmbr:04360-00419620065Contract Hdr:Claim Frequency:Claim Payment:\$178.47

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/19/2024 - 12/19/2024				HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: KEITH, WILLIAM Claim Number: 24359E023319 Claim Date: 12/16/2024 - 12/16/2024 Claim Status Code: 1

Patient ID:590056822013Group / Policy:Facility Type:12Claim Charge:\$99.15Patient Ctrl Nmbr:04360-00119620065Contract Hdr:Claim Frequency:Claim Payment:\$99.15

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00 Date:

Original Ref Nmbr:

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/16/2024 - 12/16/2024				HC:T1019 / / 5		\$99.15 (B6)	\$99.15			\$99.15

Supplemental Information - AMT/Payer Codes: \$99.15 (AU)

Patient Name: KEITH, WILLIAM **Claim Number:** 24359E029569 Claim Date: 12/20/2024 - 12/20/2024 Claim Status Code: 1

Group / Policy: Patient ID: 590056822013 Facility Type: 12 Claim Charge: \$79.32 Patient Ctrl Nmbr: 04360-00519620065 Contract Hdr: Claim Frequency: Claim Payment: \$79.32

Rendering Prvd: \$0.00 Rendering Prv ID: Claim Received 12/24/2024 **Patient Resp:**

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024				HC:T1019 / / 4		\$79.32 (B6)	\$79.32			\$79.32

Supplemental Information - AMT/Payer Codes: \$79.32 (AU)

Patient Name: KEITH, WILLIAM **Claim Number:** 24359E020633 Claim Date: 12/17/2024 - 12/17/2024 Claim Status Code: 1

Patient ID: 590056822013 **Group / Policy:** Facility Type: 12 Claim Charge: \$178.47 Patient Ctrl Nmbr: 04360-00219620065 Contract Hdr: Claim Payment: **Claim Frequency:** \$178.47

44

Rendering Prvd: Rendering Prv ID: **Claim Received**

12/24/2024 Patient Resp: \$0.00 Date:

Original Ref Nmbr:

Line Details

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/17/2024 - 12/17/2024				HC:T1019 / / 9		\$178.47 (B6)	\$178.47			\$178.47

Supplemental Information - AMT/Payer Codes: \$178.47 (AU)

Patient Name: KENDRICK, AMY Claim Number: 24359E029310 Claim Date: 12/20/2024 - 12/20/2024 Claim Status Code: 1

Patient ID: 590048281011 **Group / Policy:** Facility Type: 12 Claim Charge: \$39.66 Patient Ctrl Nmbr: 04356-00519620065 Contract Hdr: Claim Frequency: **Claim Payment:** \$39.66

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Results: 1

Rendering Prvd: Claim Received Rendering Prv ID: 12/24/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: KENDRICK, AMY **Claim Number:** 24359E025712 Claim Date: 12/19/2024 - 12/19/2024 Claim Status Code: 1

Patient ID: 590048281011 **Group / Policy:** Facility Type: 12 Claim Charge: \$118.98 Patient Ctrl Nmbr: 04355-00419620065 Contract Hdr: **Claim Payment: Claim Frequency:** \$118.98

Rendering Prvd: Rendering Prv ID: **Claim Received** 12/24/2024 \$0.00 **Patient Resp:** Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/19/2024 - 12/19/2024				HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: KENDRICK, AMY **Claim Number:** 24359E022343 Claim Date: 12/19/2024 - 12/19/2024 Claim Status Code: 1

Patient ID: 590048281011 **Group / Policy:** Facility Type: 12 Claim Charge: \$39.66 04356-00419620065 Contract Hdr: Claim Frequency: **Claim Payment:** Patient Ctrl Nmbr: \$39.66 44

Rendering Prvd: Rendering Prv ID: Claim Received Patient Resp: \$0.00 12/24/2024 Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/19/2024 - 12/19/2024			HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: KENDRICK, AMY **Claim Number:** 24359E029464 **Claim Date:** 12/22/2024 - 12/22/2024 **Claim Status Code:** 1

Patient ID:590048281011Group / Policy:Facility Type:12Claim Charge:\$118.98Patient Ctrl Nmbr:04355-00719620065Contract Hdr:Claim Frequency:Claim Payment:\$118.98

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/22/2024 - 12/22/2024				HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: KENDRICK, AMY Claim Number: 24359E029465 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

Patient ID:590048281011Group / Policy:Facility Type:12Claim Charge:\$118.98Patient Ctrl Nmbr:04355-00319620065Contract Hdr:Claim Frequency:Claim Payment:\$118.98

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details											
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/18/2024 - 12/18/2024				HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: KENDRICK, AMY **Claim Number:** 24359E029527 **Claim Date:** 12/22/2024 - 12/22/2024 **Claim Status Code:** 1

Patient ID:590048281011Group / Policy:Facility Type:12Claim Charge:\$39.66Patient Ctrl Nmbr:04356-00719620065Contract Hdr:Claim Frequency:Claim Payment:\$39.66

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/22/2024 - 12/22/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

 Patient Name:
 KENDRICK, AMY
 Claim Number:
 24359E023277
 Claim Date:
 12/17/2024 - 12/17/2024
 Claim Status Code:
 1

Patient ID:590048281011Group / Policy:Facility Type:12Claim Charge:\$118.98Patient Ctrl Nmbr:04355-00219620065Contract Hdr:Claim Frequency:Claim Payment:\$118.98

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/17/2024 - 12/17/2024			HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: KENDRICK, AMY Claim Number: 24359E029585 Claim Date: 12/16/2024 - 12/16/2024 Claim Status Code: 1

Patient ID:590048281011Group / Policy:Facility Type:12Claim Charge:\$39.66Patient Ctrl Nmbr:04356-00119620065Contract Hdr:Claim Frequency:Claim Payment:\$39.66

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/16/2024 - 12/16/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: KENDRICK, AMY Claim Number: 24359E029960 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

Patient ID:590048281011Group / Policy:Facility Type:12Claim Charge:\$39.66Patient Ctrl Nmbr:04356-00319620065Contract Hdr:Claim Frequency:Claim Frequency:Claim Payment:\$39.66

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/18/2024 - 12/18/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: KENDRICK, AMY Claim Number: 24359E025054 Claim Date: 12/17/2024 - 12/17/2024 Claim Status Code: 1

Patient ID:590048281011Group / Policy:Facility Type:12Claim Charge:\$39.66Patient Ctrl Nmbr:04356-00219620065Contract Hdr:Claim Frequency:Claim Frequency:Claim Payment:\$39.66

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/17/2024 - 12/17/2024			HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: KENDRICK, AMY **Claim Number:** 24359E018761 **Claim Date:** 12/20/2024 - 12/20/2024 **Claim Status Code:** 1

Patient ID:590048281011Group / Policy:Facility Type:12Claim Charge:\$118.98Patient Ctrl Nmbr:04355-00519620065Contract Hdr:Claim Frequency:Claim Payment:\$118.98

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment	
	12/20/2024 - 12/20/2024				HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98	

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: KENDRICK, AMY Claim Number: 24359E019680 Claim Date: 12/21/2024 - 12/21/2024 Claim Status Code: 1

Patient ID:590048281011Group / Policy:Facility Type:12Claim Charge:\$39.66Patient Ctrl Nmbr:04356-00619620065Contract Hdr:Claim Frequency:Claim Payment:\$39.66

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

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Line Ct	rl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1		12/21/2024 - 12/21/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: KENDRICK, AMY **Claim Number:** 24359E030589 **Claim Date:** 12/16/2024 - 12/16/2024 **Claim Status Code:** 1

Patient ID:590048281011Group / Policy:Facility Type:12Claim Charge:\$118.98Patient Ctrl Nmbr:04355-00119620065Contract Hdr:Claim Frequency:Claim Payment:\$118.98

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/16/2024 - 12/16/2024				HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: KENDRICK, AMY Claim Number: 24359E030550 Claim Date: 12/21/2024 - 12/21/2024 Claim Status Code: 1

Patient ID:590048281011Group / Policy:Facility Type:12Claim Charge:\$118.98Patient Ctrl Nmbr:04355-00619620065Contract Hdr:Claim Frequency:Claim Payment:\$118.98

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/21/2024 - 12/21/2024			HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: STOUT, IDAR M **Claim Number:** 24359E029524 **Claim Date:** 12/18/2024 - 12/18/2024 **Claim Status Code:** 1

Patient ID:590062325030Group / Policy:Facility Type:12Claim Charge:\$158.64Patient Ctrl Nmbr:04361-00319620065Contract Hdr:Claim Frequency:Claim Payment:\$158.64

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/18/2024 - 12/18/2024			HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: STOUT, IDAR M **Claim Number:** 24359E026912 **Claim Date:** 12/19/2024 - 12/19/2024 **Claim Status Code:** 1

Patient ID:590062325030Group / Policy:Facility Type:12Claim Charge:\$158.64Patient Ctrl Nmbr:04361-00419620065Contract Hdr:Claim Frequency:Claim Payment:\$158.64

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/19/2024 - 12/19/2024			HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: STOUT, IDAR M Claim Number: 24359E024152 Claim Date: 12/16/2024 - 12/16/2024 Claim Status Code: 1

 Patient ID:
 590062325030
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$158.64

 Patient Ctrl Nmbr:
 04361-00119620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$158.64

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/16/2024 - 12/16/2024			HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: STOUT, IDAR M **Claim Number: 24359E024987** Claim Date: 12/21/2024 - 12/21/2024 Claim Status Code: 1

Patient ID: 590062325030 **Group / Policy:** Facility Type: 12 Claim Charge: \$118.98 **Claim Payment:** Patient Ctrl Nmbr: 04361-00619620065 Contract Hdr: Claim Frequency: \$118.98

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 **Patient Resp:** \$0.00

Date:

Original Ref Nmbr:

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/21/2024 - 12/21/2024				HC:T1019 / / 6		\$118.98 (B6)	\$118.98			\$118.98

Supplemental Information - AMT/Payer Codes: \$118.98 (AU)

Patient Name: STOUT, IDAR M **Claim Number:** 24359E021431 Claim Date: 12/20/2024 - 12/20/2024 Claim Status Code: 1

Patient ID: 590062325030 **Group / Policy:** Facility Type: 12 Claim Charge: \$158.64 **Claim Payment:** Patient Ctrl Nmbr: 04361-00519620065 Contract Hdr: Claim Frequency: \$158.64

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024				HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: STOUT, IDAR M Claim Number: 24359E027926 Claim Date: 12/17/2024 - 12/17/2024 Claim Status Code: 1

Group / Policy: Patient ID: 590062325030 Facility Type: 12 Claim Charge: \$158.64 Patient Ctrl Nmbr: 04361-00219620065 Contract Hdr: Claim Frequency: Claim Payment: \$158.64

Rendering Prvd: Claim Received \$0.00 Rendering Prv ID: 12/24/2024 **Patient Resp:**

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	- · · · · · · ·	, ,	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/17/2024 - 12/17/2024				HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: TURNER, LEONARD Claim Number: 24359E029541 Claim Date: 12/17/2024 - 12/17/2024 Claim Status Code: 1

Patient ID: 351931825019 **Group / Policy:** Facility Type: 12 Claim Charge: \$138.81 Patient Ctrl Nmbr: 04358-00219620065 Contract Hdr: Claim Payment: **Claim Frequency:** \$138.81

44 **Rendering Prvd:**

Rendering Prv ID: **Claim Received** 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details

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Line Ct	trl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1		12/17/2024 - 12/17/2024				HC:T1019 / / 7		\$138.81 (B6)	\$138.81			\$138.81

Supplemental Information - AMT/Payer Codes: \$138.81 (AU)

Patient Name: TURNER, LEONARD **Claim Number:** 24359E026351 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

Patient ID: 351931825019 **Group / Policy:** Facility Type: 12 Claim Charge: \$138.81 Patient Ctrl Nmbr: 04358-00319620065 Contract Hdr: Claim Frequency: **Claim Payment:** \$138.81

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Results: 1

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Rendering Prvd: **Claim Received Rendering Prv ID:** 12/24/2024 **Patient Resp:** \$0.00 Date: Original Ref Nmbr:

Lina Dataila

_1	Line Details						_					Results: 1
I	Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
		12/18/2024 - 12/18/2024				HC:T1019 / / 7		\$138.81 (B6)	\$138.81			\$138.81

Supplemental Information - AMT/Payer Codes: \$138.81 (AU)

Patient Name: TURNER, LEONARD **Claim Number:** 24359E027446 Claim Date: 12/20/2024 - 12/20/2024 Claim Status Code: 1

Patient ID: 351931825019 **Group / Policy:** Facility Type: 12 Claim Charge: \$138.81 Claim Payment: Patient Ctrl Nmbr: 04358-00519620065 Contract Hdr: **Claim Frequency:** \$138.81

Rendering Prvd: Rendering Prv ID: **Claim Received** 12/24/2024 \$0.00 **Patient Resp:** Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024				HC:T1019 / / 7		\$138.81 (B6)	\$138.81			\$138.81

Supplemental Information - AMT/Payer Codes: \$138.81 (AU)

Patient Name: TURNER, LEONARD **Claim Number:** 24318000024 Claim Date: 11/08/2024 - 11/08/2024 Claim Status Code: 1

Patient ID: 11023405 **Group / Policy:** Facility Type: 12 Claim Charge: \$138.81 Claim Frequency: Claim Payment: Patient Ctrl Nmbr: 0 **Contract Hdr:** \$138.81 **Rendering Prvd: Rendering Prv ID: Claim Received Patient Resp:** 11/13/2024 \$0.00 Date:

Original Ref Nmbr:

Line Details Reculter 1

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Line Ctrl Nmbr	Dates of	Rend	Rev	Sub Proc /	Adjud Proc /	Remark /	Supp Info (AMT)	Charge	Adjustments	Adj	Payment	
	Service	Prov ID		Modifier /	Modifier / Units	Payer Code			(Qty)	Amount		
				Units								

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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\$138.81 \$138.81 HC:T1019 / / 7 \$138.81 (B6)

Supplemental Information - AMT/Payer Codes: \$138.81 (AU), \$0.33 (I)

Patient Name: TURNER, LEONARD Claim Number: 24311000033 Claim Date: 10/29/2024 - 10/29/2024 Claim Status Code: 1

Patient ID: 11023405 **Group / Policy:** Facility Type: 12 Claim Charge: \$138.81 Patient Ctrl Nmbr: 0 Contract Hdr: Claim Frequency: **Claim Payment:** \$138.81 Claim Received **Rendering Prvd:** Rendering Prv ID: 11/06/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
					HC:T1019 / / 7		\$138.81 (B6)	\$138.81			\$138.81

Supplemental Information - AMT/Payer Codes: \$138.81 (AU), \$0.46 (I)

Patient Name: TURNER, LEONARD **Claim Number: 24359E027945** Claim Date: 12/19/2024 - 12/19/2024 Claim Status Code: 1

Patient ID: 351931825019 **Group / Policy:** Facility Type: 12 Claim Charge: \$138.81 04358-00419620065 Contract Hdr: Patient Ctrl Nmbr: Claim Frequency: Claim Payment: \$138.81

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/19/2024 - 12/19/2024			HC:T1019 / / 7		\$138.81 (B6)	\$138.81			\$138.81

Supplemental Information - AMT/Payer Codes: \$138.81 (AU)

Patient Name: TURNER, LEONARD **Claim Number:** 24318000023 Claim Date: 11/07/2024 - 11/07/2024 Claim Status Code: 1

Patient ID: 11023405 Group / Policy: Facility Type: 12 Claim Charge: \$138.81 Patient Ctrl Nmbr: 0 **Contract Hdr: Claim Frequency: Claim Payment:** \$138.81

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Rendering Prvd: **Claim Received Rendering Prv ID:** 11/13/2024 **Patient Resp:** \$0.00 Date: Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
				HC:T1019 / / 7		\$138.81 (B6)	\$138.81			\$138.81

Supplemental Information - AMT/Payer Codes: \$138.81 (AU), \$0.33 (I)

Patient Name: TURNER, LEONARD **Claim Number:** 24311000036 Claim Date: 11/01/2024 - 11/01/2024 Claim Status Code: 1

Patient ID: 11023405 Group / Policy: Facility Type: 12 Claim Charge: \$138.81 Claim Frequency: Patient Ctrl Nmbr: 0 **Contract Hdr: Claim Payment:** \$138.81 **Rendering Prvd: Claim Received Patient Resp: Rendering Prv ID:** 11/06/2024 \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	 Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
				HC:T1019 / / 7		\$138.81 (B6)	\$138.81			\$138.81

Supplemental Information - AMT/Payer Codes: \$138.81 (AU), \$0.46 (I)

Patient Name: TURNER, LEONARD **Claim Number:** 24311000035 Claim Date: 10/31/2024 - 10/31/2024 Claim Status Code: 1

Patient ID: 11023405 Facility Type: **Group / Policy:** 12 Claim Charge: \$138.81 Contract Hdr: **Claim Payment:** Patient Ctrl Nmbr: 0 Claim Frequency: \$138.81 Rendering Prv ID: Claim Received **Rendering Prvd:** 11/06/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

	Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
I						HC:T1019 / / 7		\$138.81 (B6)	\$138.81			\$138.81

Supplemental Information - AMT/Payer Codes: \$138.81 (AU), \$0.46 (I)

Patient ID:351931825019Group / Policy:Facility Type:12Claim Charge:\$138.81Patient Ctrl Nmbr:04358-00119620065Contract Hdr:Claim Frequency:Claim Payment:\$138.81

44

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Details Results: 1

Lir	ne Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1		12/16/2024 - 12/16/2024				HC:T1019 / / 7		\$138.81 (B6)	\$138.81			\$138.81

Supplemental Information - AMT/Payer Codes: \$138.81 (AU)

Patient Name: TURNER, LEONARD Claim Number: 24311000034 Claim Date: 10/30/2024 - 10/30/2024 Claim Status Code: 1

Patient ID: 11023405 **Group / Policy:** Facility Type: 12 Claim Charge: \$138.81 Claim Payment: Patient Ctrl Nmbr: 0 Contract Hdr: **Claim Frequency:** \$138.81 Claim Received **Rendering Prvd:** Rendering Prv ID: 11/06/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Details Results: 1

Line	Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
						HC:T1019 / / 7		\$138.81 (B6)	\$138.81			\$138.81

Supplemental Information - AMT/Payer Codes: \$138.81 (AU), \$0.46 (I)

Patient Name: WILLIAMS, KHAYA K Claim Number: 24359E016962 Claim Date: 12/22/2024 - 12/22/2024 Claim Status Code: 1

590058043020 12 Claim Charge: Patient ID: **Group / Policy:** Facility Type: \$99.15 Patient Ctrl Nmbr: 04357-00519620065 Contract Hdr: Claim Frequency: Claim Payment: \$99.15 **Rendering Prvd:** Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/22/2024 - 12/22/2024			HC:T1019 / / 5		\$99.15 (B6)	\$99.15			\$99.15

Supplemental Information - AMT/Payer Codes: \$99.15 (AU)

 Patient Name:
 WILLIAMS, KHAYA K
 Claim Number:
 24359E016973
 Claim Date:
 12/17/2024 - 12/17/2024
 Claim Status Code:
 1

Patient ID:590058043020Group / Policy:Facility Type:12Claim Charge:\$99.15Patient Ctrl Nmbr:04357-00219620065Contract Hdr:Claim Frequency:Claim Payment:\$99.15

44 Claim Fequency. Claim Fayment.

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/17/2024 - 12/17/2024			HC:T1019 / / 5		\$99.15 (B6)	\$99.15			\$99.15

Supplemental Information - AMT/Payer Codes: \$99.15 (AU)

Patient Name: WILLIAMS, KHAYA K **Claim Number:** 24359E030924 **Claim Date:** 12/16/2024 - 12/16/2024 **Claim Status Code:** 1

Patient ID:590058043020Group / Policy:Facility Type:12Claim Charge:\$99.15Patient Ctrl Nmbr:04357-00119620065Contract Hdr:Claim Frequency:Claim Payment:\$99.15

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Ctrl Nmbr Dates of Service Rend Prov ID Modifie Units	Adjud Proc / Remark / Supp Info (AMT) Modifier / Units Payer Code	Charge Adjustments (Qty)	Adj Payment Amount
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Payer: SENTARA HEALTH PLANS Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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1 12/16/2024 -	HC:T1019 / / 5	\$99.15 (B6)	\$99.15	\$99.15
12/16/2024				1

Supplemental Information - AMT/Payer Codes: \$99.15 (AU)

Patient Name: WILLIAMS, KHAYA K **Claim Number:** 24359E029803 **Claim Date:** 12/20/2024 - 12/20/2024 **Claim Status Code:** 1

 Patient ID:
 590058043020
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$99.15

 Patient Ctrl Nmbr:
 04357-00319620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$99.15

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024				HC:T1019 / / 5		\$99.15 (B6)	\$99.15			\$99.15

Supplemental Information - AMT/Payer Codes: \$99.15 (AU)

Patient Name: WILLIAMS, KHAYA K **Claim Number:** 24359E029490 **Claim Date:** 12/21/2024 - 12/21/2024 **Claim Status Code:** 1

 Patient ID:
 590058043020
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$99.15

 Patient Ctrl Nmbr:
 04357-00419620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$99.15

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/21/2024 - 12/21/2024				HC:T1019 / / 5		\$99.15 (B6)	\$99.15			\$99.15

Supplemental Information - AMT/Payer Codes: \$99.15 (AU)

Patient Name: WILSON, LUTHER M **Claim Number:** 24359E018804 **Claim Date:** 12/20/2024 - 12/20/2024 **Claim Status Code:** 1

Payer: SENTARA HEALTH PLANS Check/EFT Trace Number: 1292011 Check	FT Date: 12/31/2024 Total Paid: \$12,942.73
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Patient ID: 350261330017 **Group / Policy:** Facility Type: 12 Claim Charge: \$46.68 Patient Ctrl Nmbr: 04368-00519620065 Contract Hdr: **Claim Frequency: Claim Payment:** \$46.68 44 **Rendering Prvd: Claim Received** 12/24/2024 **Rendering Prv ID: Patient Resp:** \$0.00 Date: **Original Ref Nmbr:**

											Results: 1
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev		Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024				HC:T1005 / / 2		\$46.68 (B6)	\$46.68			\$46.68

Supplemental Information - AMT/Payer Codes: \$46.68 (AU)

Patient Name: WILSON, LUTHER M **Claim Number:** 24359E019613 Claim Date: 12/16/2024 - 12/16/2024 Claim Status Code: 1

Patient ID: 350261330017 **Group / Policy:** Facility Type: Claim Charge: \$46.68 12 Patient Ctrl Nmbr: 04368-00119620065 Contract Hdr: **Claim Payment: Claim Frequency:** \$46.68 44

Rendering Prvd: Rendering Prv ID: Claim Received Patient Resp: \$0.00 12/24/2024 Date:

Original Ref Nmbr:

												Results: 1
	Line Ctrl Nmbr		Rend	Rev	Sub Proc /	Adjud Proc /	Remark /	Supp Info (AMT)	Charge	Adjustments	Adj	Payment
		Service	Prov ID		Modifier / Units	Modifier / Units	Payer Code			(Qty)	Amount	
į		12/16/2024 - 12/16/2024				HC:T1005 / / 2		\$46.68 (B6)	\$46.68			\$46.68

Supplemental Information - AMT/Payer Codes: \$46.68 (AU)

Patient Name: WILSON, LUTHER M Claim Number: 24359E019714 Claim Date: 12/22/2024 - 12/22/2024 Claim Status Code: 1

Claim Charge: Patient ID: 350261330017 Group / Policy: **Facility Type:** 12 \$46.68 Patient Ctrl Nmbr: 04368-00719620065 Contract Hdr: **Claim Frequency: Claim Payment:** \$46.68 44 **Rendering Prvd: Rendering Prv ID: Claim Received** 12/24/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS Check/EFT Trace Number: 1292011 Check	FT Date: 12/31/2024 Total Paid: \$12,942.73
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Line Details

Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/22/2024 - 12/22/2024				HC:T1005 / / 2		\$46.68 (B6)	\$46.68			\$46.68

Supplemental Information - AMT/Payer Codes: \$46.68 (AU)

Patient Name: WILSON, LUTHER M **Claim Number:** 24359E030702 **Claim Date:** 12/16/2024 - 12/16/2024 **Claim Status Code:** 1

Patient ID:350261330017Group / Policy:Facility Type:12Claim Charge:\$140.04Patient Ctrl Nmbr:04367-00119620065Contract Hdr:Claim Frequency:Claim Payment:\$140.04

Patient Ctri Nmbr: 04367-00119620065 Contract Hdr: Claim Frequency: Claim Payment: \$140.04

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Original Ref Nmbr:

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/16/2024 - 12/16/2024			HC:T1019 / / 6		\$140.04 (B6)	\$140.04			\$140.04

Supplemental Information - AMT/Payer Codes: \$140.04 (AU)

Patient Name: WILSON, LUTHER M Claim Number: 24359E017879 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

Patient ID:350261330017Group / Policy:Facility Type:12Claim Charge:\$46.68Patient Ctrl Nmbr:04368-00319620065Contract Hdr:Claim Frequency:Claim Payment:\$46.68

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/18/2024 - 12/18/2024			HC:T1005 / / 2		\$46.68 (B6)	\$46.68			\$46.68

Supplemental Information - AMT/Payer Codes: \$46.68 (AU)

Patient Name: WILSON, LUTHER M **Claim Number:** 24359E024222 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

Patient ID: 350261330017 Facility Type: Claim Charge: \$140.04 **Group / Policy:** 12 **Patient Ctrl Nmbr:** 04367-00319620065 Contract Hdr: Claim Frequency: **Claim Payment:** \$140.04

Rendering Prvd: Rendering Prv ID: **Claim Received** \$0.00 12/24/2024 Patient Resp:

Date:

Original Ref Nmbr:

Results: 1 **Line Details**

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/18/2024 - 12/18/2024				HC:T1019 / / 6		\$140.04 (B6)	\$140.04			\$140.04

Supplemental Information - AMT/Payer Codes: \$140.04 (AU)

Claim Number: 24359E029312 Patient Name: WILSON, LUTHER M Claim Date: 12/17/2024 - 12/17/2024 Claim Status Code: 1

Facility Type: Patient ID: 350261330017 Group / Policy: 12 Claim Charge: \$140.04 Patient Ctrl Nmbr: 04367-00219620065 Contract Hdr: **Claim Payment:** Claim Frequency: \$140.04

Rendering Prvd: Rendering Prv ID: **Claim Received** 12/24/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/17/2024 - 12/17/2024			HC:T1019 / / 6		\$140.04 (B6)	\$140.04			\$140.04

Supplemental Information - AMT/Payer Codes: \$140.04 (AU)

Patient Name: WILSON, LUTHER M **Claim Number:** 24359E028363 Claim Date: 12/20/2024 - 12/20/2024 Claim Status Code: 1

Facility Type: Patient ID: 350261330017 12 Claim Charge: \$140.04 **Group / Policy: Patient Ctrl Nmbr:** 04367-00519620065 **Contract Hdr: Claim Frequency: Claim Payment:** \$140.04

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024			HC:T1019 / / 6		\$140.04 (B6)	\$140.04			\$140.04

Supplemental Information - AMT/Payer Codes: \$140.04 (AU)

Patient Name: WILSON, LUTHER M Claim Number: 24359E028355 Claim Date: 12/19/2024 - 12/19/2024 Claim Status Code: 1

Patient ID:350261330017Group / Policy:Facility Type:12Claim Charge:\$46.68Patient Ctrl Nmbr:04368-00419620065Contract Hdr:Claim Frequency:Claim Payment:\$46.68

44

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/19/2024 - 12/19/2024			HC:T1005 / / 2		\$46.68 (B6)	\$46.68			\$46.68

Supplemental Information - AMT/Payer Codes: \$46.68 (AU)

Patient Name: WILSON, LUTHER M **Claim Number:** 24359E029635 **Claim Date:** 12/21/2024 - 12/21/2024 **Claim Status Code:** 1

Patient ID:350261330017Group / Policy:Facility Type:12Claim Charge:\$116.70Patient Ctrl Nmbr:04367-00619620065Contract Hdr:Claim Frequency:Claim Payment:\$116.70

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/21/2024 - 12/21/2024			HC:T1019 / / 5		\$116.70 (B6)	\$116.70			\$116.70

Supplemental Information - AMT/Payer Codes: \$116.70 (AU)

Patient Name: WILSON, LUTHER M **Claim Number:** 24359E029495 Claim Date: 12/19/2024 - 12/19/2024 Claim Status Code: 1

Patient ID: 350261330017 **Group / Policy:** Facility Type: 12 Claim Charge: \$140.04 **Patient Ctrl Nmbr:** 04367-00419620065 **Contract Hdr:** Claim Payment: Claim Frequency: \$140.04

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Reculter 1

Lille Details											Results. 1
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/19/2024 - 12/19/2024				HC:T1019 / / 6		\$140.04 (B6)	\$140.04			\$140.04

Supplemental Information - AMT/Payer Codes: \$140.04 (AU)

Patient Name: WILSON, LUTHER M **Claim Number:** 24359E029505 Claim Date: 12/17/2024 - 12/17/2024 Claim Status Code: 1

HC:T1005 / / 2

Patient ID: 350261330017 **Group / Policy:** Facility Type: 12 Claim Charge: \$46.68 Patient Ctrl Nmbr: 04368-00219620065 Contract Hdr: Claim Frequency: **Claim Payment:** \$46.68

12/17/2024 -

12/17/2024

Rendering Prvd: Rendering Prv ID: **Claim Received** 12/24/2024 **Patient Resp:** \$0.00 Date:

Original Ref Nmbr:

Line Details Results: 1 Line Ctrl Nmbr Dates of Sub Proc / Adjud Proc / Charge **Adjustments** Adi Rend Remark / Supp Info (AMT) **Payment** Service **Prov ID** Modifier / **Modifier / Units Payer Code** (Qty) **Amount** Units

\$46.68

\$46.68 (B6)

\$46.68

Supplemental Information - AMT/Payer Codes: \$46.68 (AU)

Patient Name: WILSON, LUTHER M **Claim Number:** 24359E030113 **Claim Date:** 12/21/2024 - 12/21/2024 **Claim Status Code:** 1

Patient ID:350261330017Group / Policy:Facility Type:12Claim Charge:\$46.68Patient Ctrl Nmbr:04368-00619620065Contract Hdr:Claim Frequency:Claim Payment:\$46.68

44

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/21/2024 - 12/21/2024				HC:T1005 / / 2		\$46.68 (B6)	\$46.68			\$46.68

Supplemental Information - AMT/Payer Codes: \$46.68 (AU)

 Patient Name:
 WILSON, LUTHER M
 Claim Number:
 24359E029506
 Claim Date:
 12/22/2024
 - 12/22/2024
 Claim Status Code:
 1

 Patient ID:
 350261330017
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$116.70

 Patient Ctrl Nmbr:
 04367-00719620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$116.70

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/22/2024 - 12/22/2024			HC:T1019 / / 5		\$116.70 (B6)	\$116.70			\$116.70

Supplemental Information - AMT/Payer Codes: \$116.70 (AU)

Patient Name: WOMACK, JERMAINE **Claim Number:** 24359E030421 **Claim Date:** 12/16/2024 - 12/16/2024 **Claim Status Code:** 1

Patient ID:352167656017Group / Policy:Facility Type:12Claim Charge:\$39.66Patient Ctrl Nmbr:04354-00119620065Contract Hdr:Claim Frequency:Claim Payment:\$39.66

44

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Details Results: 1

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L	ine Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
		12/16/2024 - 12/16/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

 Patient ID:
 352167656017
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$39.66

 Patient Ctrl Nmbr:
 04354-00619620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$39.66

44

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/21/2024 - 12/21/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

 Patient ID:
 352167656017
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$158.64

 Patient Ctrl Nmbr:
 04353-00719620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$158.64

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/22/2024 - 12/22/2024			HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: WOMACK, JERMAINE **Claim Number:** 24359E027472 **Claim Date:** 12/20/2024 - 12/20/2024 **Claim Status Code:** 1

Patient ID:352167656017Group / Policy:Facility Type:12Claim Charge:\$158.64Patient Ctrl Nmbr:04353-00519620065Contract Hdr:Claim Frequency:Claim Payment:\$158.64

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Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment	
	12/20/2024 - 12/20/2024				HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64	

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: WOMACK, JERMAINE Claim Number: 24359E029529 Claim Date: 12/19/2024 - 12/19/2024 Claim Status Code: 1

Patient ID:352167656017Group / Policy:Facility Type:12Claim Charge:\$158.64Patient Ctrl Nmbr:04353-00419620065Contract Hdr:Claim Frequency:Claim Payment:\$158.64

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

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Original Ref Nmbr:

Ellic Details											itcourto. 1
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/19/2024 - 12/19/2024				HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: WOMACK, JERMAINE Claim Number: 24359E019673 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

 Patient ID:
 352167656017
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$158.64

 Patient Ctrl Nmbr:
 04353-00319620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$158.64

44

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/18/2024 - 12/18/2024				HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

 Patient Name:
 WOMACK, JERMAINE
 Claim Number:
 24359E024251
 Claim Date:
 12/19/2024
 - 12/19/2024
 Claim Status Code:
 1

Patient ID:352167656017Group / Policy:Facility Type:12Claim Charge:\$39.66Patient Ctrl Nmbr:04354-00419620065Contract Hdr:Claim Frequency:Claim Frequency:Claim Payment:\$39.66

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024

Date:

Original Ref Nmbr:

Line Details

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	•	Adjustments (Qty)	Adj Amount	Payment
1	12/19/2024 - 12/19/2024			HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient ID:352167656017Group / Policy:Facility Type:12Claim Charge:\$39.66Patient Ctrl Nmbr:04354-00519620065Contract Hdr:Claim Frequency:Claim Payment:\$39.66

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\$0.00

Results: 1

Patient Resp:

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/20/2024 - 12/20/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: WOMACK, JERMAINE Claim Number: 24359E030749 Claim Date: 12/17/2024 - 12/17/2024 Claim Status Code: 1

Patient ID:352167656017Group / Policy:Facility Type:12Claim Charge:\$158.64Patient Ctrl Nmbr:04353-00219620065Contract Hdr:Claim Frequency:Claim Frequency:Claim Payment:\$158.64

44

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/17/2024 - 12/17/2024				HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: WOMACK, JERMAINE Claim Number: 24359E029649 Claim Date: 12/18/2024 - 12/18/2024 Claim Status Code: 1

 Patient ID:
 352167656017
 Group / Policy:
 Facility Type:
 12
 Claim Charge:
 \$39.66

 Patient Ctrl Nmbr:
 04354-00319620065
 Contract Hdr:
 Claim Frequency:
 Claim Payment:
 \$39.66

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/18/2024 - 12/18/2024			HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: WOMACK, JERMAINE **Claim Number:** 24359E020585 **Claim Date:** 12/17/2024 - 12/17/2024 **Claim Status Code:** 1

Patient ID:352167656017Group / Policy:Facility Type:12Claim Charge:\$39.66Patient Ctrl Nmbr:04354-00219620065Contract Hdr:Claim Frequency:Claim Payment:\$39.66

44

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00
Date:

Original Ref Nmbr:

Line Details Results: 1

Line Details											Nesuits. 1
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/17/2024 - 12/17/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: WOMACK, JERMAINE Claim Number: 24359E029272 Claim Date: 12/22/2024 - 12/22/2024 Claim Status Code: 1

Patient ID:352167656017
Patient Ctrl Nmbr:Group / Policy:Facility Type:12Claim Charge:\$39.66Claim Payment:Claim Payment:\$39.66

Rendering Prvd: Rendering Prv ID: Claim Received 12/24/2024 Patient Resp: \$0.00 Date:

Original Ref Nmbr:

Line Details											INCOURTS: I
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/22/2024 - 12/22/2024				HC:T1005 / / 2		\$39.66 (B6)	\$39.66			\$39.66

Supplemental Information - AMT/Payer Codes: \$39.66 (AU)

Patient Name: WOMACK, JERMAINE **Claim Number:** 24359E025747 Claim Date: 12/16/2024 - 12/16/2024 Claim Status Code: 1

Group / Policy: Patient ID: 352167656017 Facility Type: 12 Claim Charge: \$158.64 Patient Ctrl Nmbr: 04353-00119620065 Contract Hdr: **Claim Frequency:** Claim Payment: \$158.64

Rendering Prvd: Claim Received \$0.00 Rendering Prv ID: 12/24/2024 **Patient Resp:**

Date:

Original Ref Nmbr:

Line Details Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	_	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
1	12/16/2024 - 12/16/2024				HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Patient Name: WOMACK, JERMAINE **Claim Number:** 24359E028988 Claim Date: 12/21/2024 - 12/21/2024 Claim Status Code: 1

Group / Policy: Patient ID: 352167656017 Facility Type: 12 Claim Charge: \$158.64 Patient Ctrl Nmbr: 04353-00619620065 Contract Hdr: **Claim Payment: Claim Frequency:** \$158.64

44 **Rendering Prvd:** Rendering Prv ID: **Claim Received** 12/24/2024 **Patient Resp:** \$0.00

Date:

Original Ref Nmbr:

Results: 1 **Line Details**

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	 Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)		Adjustments (Qty)	Adj Amount	Payment
1	12/21/2024 - 12/21/2024			HC:T1019 / / 8		\$158.64 (B6)	\$158.64			\$158.64

Supplemental Information - AMT/Payer Codes: \$158.64 (AU)

Code Descriptions

REMARK CODE(S):

M51 = Missing/incomplete/invalid procedure code(s).

AMT CODE(S):

B6 = Allowed - Actual AU = Coverage Amount I = Interest

GROUP CODE(S):

CO = Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

A1 = Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Use this code only when a more specific Claim Adjustment Reason Code is not available.

CLAIM STATUS CODE(S):

1 = Processed as Primary