

Check Summary

Transaction Date: December 31, 2024

SENTARA HEALTH PLANS PO BOX 66189 VIRGINIA BEACH, VA 23466	Payee Tax ID:	854027060	Payee Name:	HEART OF HOPE HOME HEALTH CARE LLC
	Payee ID:	1962006544	Payee Address:	4005 WILLIAMSBURG CT
	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 Number: 24359E029613 Claim Date: 12/22/2024 - 12/22/2024 Claim Status Code: 1

Patient ID:	590044357021	Group / Policy:		Facility Type:	12	Claim Charge:	\$99.15
Patient Ctrl Nmbr:	04365-0081962006544	Contract Hdr:		Claim Frequency:		Claim Payment:	\$0.00
Rendering Prvd:		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 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:T1005 / 76 / 0	M51		\$99.15	CO-A1	\$99.15	\$0.00

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

Patient ID:	590044357021	Group / Policy:		Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04365-0011962006544	Contract Hdr:		Claim Frequency:		Claim Payment:	\$0.00
Rendering Prvd:		Rendering Prv ID:		Claim Received Date:	12/24/2024	Patient Resp:	\$0.00
Original Ref Nmbr:							

Line Details

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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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 // 0	M51		\$39.66	CO-A1	\$39.66	\$0.00

Patient Name: BROWN, DIANE L

Claim Number: 24359E020571

Claim Date: 12/16/2024 - 12/16/2024

Claim Status Code: 1

Patient ID:	590044357021	Group / Policy:		Facility Type:	12	Claim Charge:	\$178.47
Patient Ctrl Nmbr:	04364-0011962006544	Contract Hdr:		Claim Frequency:		Claim Payment:	\$0.00
Rendering Prvd:		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 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:	590044357021	Group / Policy:		Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04365-0031962006544	Contract Hdr:		Claim Frequency:		Claim Payment:	\$0.00
Rendering Prvd:		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 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 // 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

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: 590044357021	Group / Policy:	Facility Type: 12	Claim Charge: \$39.66
Patient Ctrl Nmbr: 04365-00519620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
44			
Rendering Prvd:	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 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 // 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: 590044357021	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04364-00519620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
44			
Rendering Prvd:	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 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 // 0	M51		\$178.47	CO-A1	\$178.47	\$0.00

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

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

Line Details										Results: 1
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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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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 // 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:	590044357021	Group / Policy:		Facility Type:	12	Claim Charge:	\$178.47
Patient Ctrl Nmbr:	04364-0071962006544	Contract Hdr:		Claim Frequency:		Claim Payment:	\$0.00
Rendering Prvd:		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 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:	590044357021	Group / Policy:		Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04365-0021962006544	Contract Hdr:		Claim Frequency:		Claim Payment:	\$0.00
Rendering Prvd:		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 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: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/EFT 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:	Rendering Prv ID:	Claim Received Date: 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	12/14/2024 - 12/14/2024				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:** 24358S10279 **Claim Date:** 12/14/2024 - 12/14/2024 **Claim Status Code:** 1

Patient ID: 590044357021	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04307-00619620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 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	12/14/2024 - 12/14/2024				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:** 24358S09433 **Claim Date:** 12/11/2024 - 12/11/2024 **Claim Status Code:** 1

Patient ID: 590044357021	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04307-00319620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/23/2024	Patient Resp: \$0.00
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 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	12/11/2024 - 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: 590044357021	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04307-00719620065 44	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 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:** 1

Patient ID: 590044357021	Group / Policy:	Facility Type: 12	Claim Charge: \$39.66
Patient Ctrl Nmbr: 04308-00719620065 44	Contract Hdr:	Claim Frequency:	Claim Payment: \$39.66
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 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:T1005 // 2		\$39.66 (B6)	\$39.66			\$39.66

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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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	Group / Policy:	Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04308-00119620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$39.66
	44					
Rendering Prvd:		Rendering Prv ID:	Claim Received Date:	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	12/09/2024 - 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

Patient ID:	590044357021	Group / Policy:	Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04308-00219620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$39.66
	44					
Rendering Prvd:		Rendering Prv ID:	Claim Received Date:	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	12/10/2024 - 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

Patient ID:	590044357021	Group / Policy:	Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04365-00419620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$0.00
	44					

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:	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 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

Patient Name: BROWN, DIANE L	Claim Number: 24359E028722	Claim Date: 12/21/2024 - 12/21/2024	Claim Status Code: 1
Patient ID: 590044357021	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04364-0061962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd:	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 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: BROWN, DIANE L	Claim Number: 24359E028386	Claim Date: 12/22/2024 - 12/22/2024	Claim Status Code: 1
Patient ID: 590044357021	Group / Policy:	Facility Type: 12	Claim Charge: \$39.66
Patient Ctrl Nmbr: 04365-0071962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd:	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 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

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	12/22/2024 - 12/22/2024				HC:T1005 // 0	M51		\$39.66	CO-A1	\$39.66	\$0.00
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Patient Name: BROWN, DIANE L **Claim Number:** 24359E027934 **Claim Date:** 12/17/2024 - 12/17/2024 **Claim Status Code:** 1

Patient ID: 590044357021	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04364-00219620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
44			
Rendering Prvd:	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 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 // 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
Patient Ctrl Nmbr: 04365-00619620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
44			
Rendering Prvd:	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 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 // 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

Patient ID: 590044357021	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04307-00119620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
44			

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:	Rendering Prv ID:	Claim Received Date: 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	12/09/2024 - 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: 04307-0051962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 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	12/13/2024 - 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
Patient Ctrl Nmbr: 04364-0031962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details										Results: 1
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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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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 // 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: 590044357021	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04307-0021962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 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	12/10/2024 - 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: 04308-0031962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$39.66
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 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	12/11/2024 - 12/11/2024				HC:T1005 // 2		\$39.66 (B6)	\$39.66			\$39.66

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

Patient ID:	590044357021	Group / Policy:	Facility Type:	12	Claim Charge:	\$178.47
Patient Ctrl Nmbr:	04307-00419620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$178.47
	44					
Rendering Prvd:		Rendering Prv ID:	Claim Received Date:	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	12/12/2024 - 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
Patient Ctrl Nmbr:	04308-00419620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$39.66
	44					
Rendering Prvd:		Rendering Prv ID:	Claim Received Date:	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	12/12/2024 - 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
Patient Ctrl Nmbr:	04308-00519620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$39.66
	44					

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:	Rendering Prv ID:	Claim Received Date: 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	12/13/2024 - 12/13/2024				HC:T1005 // 2		\$39.66 (B6)	\$39.66			\$39.66

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

Patient Name: FRAZIER, LATROYA	Claim Number: 24359E024185	Claim Date: 12/18/2024 - 12/18/2024	Claim Status Code: 1
Patient ID: 590048973011	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04363-0021962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
Rendering Prvd:	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 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 // 9		\$178.47 (B6)	\$178.47			\$178.47

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

Patient Name: FRAZIER, LATROYA	Claim Number: 24359E025062	Claim Date: 12/16/2024 - 12/16/2024	Claim Status Code: 1
Patient ID: 590048973011	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04362-0011962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details	Results: 1
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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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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 // 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: 590048973011	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04363-00119620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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: FRAZIER, LATROYA **Claim Number:** 24359E026882 **Claim Date:** 12/20/2024 - 12/20/2024 **Claim Status Code:** 1

Patient ID: 590048973011	Group / Policy:	Facility Type: 12	Claim Charge: \$158.64
Patient Ctrl Nmbr: 04363-00519620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$158.64
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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	12/20/2024 - 12/20/2024				HC:T1019 / 76 / 8		\$158.64 (B6)	\$158.64			\$158.64

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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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:	590048973011	Group / Policy:	Facility Type:	12	Claim Charge:	\$158.64
Patient Ctrl Nmbr:	04363-00419620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$158.64
	44					
Rendering Prvd:		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 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: FRAZIER, LATROYA **Claim Number:** 24359E023343 **Claim Date:** 12/21/2024 - 12/21/2024 **Claim Status Code:** 1

Patient ID:	590048973011	Group / Policy:	Facility Type:	12	Claim Charge:	\$158.64
Patient Ctrl Nmbr:	04362-00219620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$158.64
	44					
Rendering Prvd:		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 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 // 8		\$158.64 (B6)	\$158.64			\$158.64

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

Patient Name: FRAZIER, LATROYA **Claim Number:** 24359E017804 **Claim Date:** 12/19/2024 - 12/19/2024 **Claim Status Code:** 1

Patient ID:	590048973011	Group / Policy:	Facility Type:	12	Claim Charge:	\$178.47
Patient Ctrl Nmbr:	04363-00319620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$178.47
	44					

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:	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 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: 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: 04362-0031962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$158.64
Rendering Prvd:	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 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: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
Patient Ctrl Nmbr: 04352-0041962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$79.32
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details										Results: 1
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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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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 // 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
Patient Ctrl Nmbr: 04351-00219620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$118.98
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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 // 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
Patient Ctrl Nmbr: 04351-00719620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$118.98
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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	12/22/2024 - 12/22/2024				HC:T1019 // 6		\$118.98 (B6)	\$118.98			\$118.98

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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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
	44					
Rendering Prvd:		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 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 / / 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:	770099766034	Group / Policy:	Facility Type:	12	Claim Charge:	\$79.32
Patient Ctrl Nmbr:	04352-00219620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$79.32
	44					
Rendering Prvd:		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 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: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:	770099766034	Group / Policy:	Facility Type:	12	Claim Charge:	\$118.98
Patient Ctrl Nmbr:	04351-00119620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$118.98
	44					

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:	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 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 // 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: 770099766034	Group / Policy:	Facility Type: 12	Claim Charge: \$118.98
Patient Ctrl Nmbr: 04351-0041962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$118.98
Rendering Prvd:	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 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 // 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: 04351-0061962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$118.98
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details	Results: 1
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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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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 // 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
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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	12/16/2024 - 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
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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:T1005 // 4		\$79.32 (B6)	\$79.32			\$79.32

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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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:	770099766034	Group / Policy:	Facility Type:	12	Claim Charge:	\$118.98
Patient Ctrl Nmbr:	04351-00519620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$118.98
	44					
Rendering Prvd:		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 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 // 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:	770099766034	Group / Policy:	Facility Type:	12	Claim Charge:	\$118.98
Patient Ctrl Nmbr:	04351-00319620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$118.98
	44					
Rendering Prvd:		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 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: KEENE, JHERMHERRIS **Claim Number:** 24359E029051 **Claim Date:** 12/21/2024 - 12/21/2024 **Claim Status Code:** 1

Patient ID:	353701981014	Group / Policy:	Facility Type:	12	Claim Charge:	\$158.64
Patient Ctrl Nmbr:	04366-00619620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$158.64
	44					

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:	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 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 // 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: 04366-0051962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
Rendering Prvd:	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 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
Patient Ctrl Nmbr: 04366-0041962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details										Results: 1
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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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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
Patient Ctrl Nmbr:	04366-00219620065	Contract Hdr:		Claim Frequency:		Claim Payment:	\$178.47
	44						
Rendering Prvd:		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 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: 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
Patient Ctrl Nmbr:	04366-00119620065	Contract Hdr:		Claim Frequency:		Claim Payment:	\$178.47
	44						
Rendering Prvd:		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 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 // 9		\$178.47 (B6)	\$178.47			\$178.47

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

Patient ID:	353701981014	Group / Policy:	Facility Type:	12	Claim Charge:	\$178.47
Patient Ctrl Nmbr:	04366-00319620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$178.47
	44					
Rendering Prvd:		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 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 // 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 Frequency:		Claim Payment:	\$178.47
	44					
Rendering Prvd:		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 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 // 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
Patient Ctrl Nmbr:	04360-00319620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$99.15
	44					

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:	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 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 // 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: 590056822013	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04360-0071962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
Rendering Prvd:	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 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 // 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: 590056822013	Group / Policy:	Facility Type: 12	Claim Charge: \$99.15
Patient Ctrl Nmbr: 04360-0061962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$99.15
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details	Results: 1
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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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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 / 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: 590056822013	Group / Policy:	Facility Type: 12	Claim Charge: \$178.47
Patient Ctrl Nmbr: 04360-00419620065 44	Contract Hdr:	Claim Frequency:	Claim Payment: \$178.47
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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	12/19/2024 - 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: 590056822013	Group / Policy:	Facility Type: 12	Claim Charge: \$99.15
Patient Ctrl Nmbr: 04360-00119620065 44	Contract Hdr:	Claim Frequency:	Claim Payment: \$99.15
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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	12/16/2024 - 12/16/2024				HC:T1019 / / 5		\$99.15 (B6)	\$99.15			\$99.15

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

Patient ID:	590056822013	Group / Policy:	Facility Type:	12	Claim Charge:	\$79.32
Patient Ctrl Nmbr:	04360-00519620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$79.32
	44					
Rendering Prvd:		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 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 // 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 Frequency:		Claim Payment:	\$178.47
	44					
Rendering Prvd:		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 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
	44					

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:	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 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: 04355-0041962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$118.98
Rendering Prvd:	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 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 // 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
Patient Ctrl Nmbr: 04356-0041962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$39.66
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details	Results: 1
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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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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 // 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: 590048281011	Group / Policy:	Facility Type: 12	Claim Charge: \$118.98
Patient Ctrl Nmbr: 04355-00719620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$118.98
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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	12/22/2024 - 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: 590048281011	Group / Policy:	Facility Type: 12	Claim Charge: \$118.98
Patient Ctrl Nmbr: 04355-00319620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$118.98
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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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:	590048281011	Group / Policy:	Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04356-00719620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$39.66
	44					
Rendering Prvd:		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 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: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:	590048281011	Group / Policy:	Facility Type:	12	Claim Charge:	\$118.98
Patient Ctrl Nmbr:	04355-00219620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$118.98
	44					
Rendering Prvd:		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 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 // 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:	590048281011	Group / Policy:	Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04356-00119620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$39.66
	44					

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:	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 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: 590048281011	Group / Policy:	Facility Type: 12	Claim Charge: \$39.66
Patient Ctrl Nmbr: 04356-0031962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$39.66
Rendering Prvd:	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 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 // 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: 590048281011	Group / Policy:	Facility Type: 12	Claim Charge: \$39.66
Patient Ctrl Nmbr: 04356-0021962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$39.66
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details	Results: 1
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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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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: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: 590048281011	Group / Policy:	Facility Type: 12	Claim Charge: \$118.98
Patient Ctrl Nmbr: 04355-00519620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$118.98
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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	12/20/2024 - 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: 590048281011	Group / Policy:	Facility Type: 12	Claim Charge: \$39.66
Patient Ctrl Nmbr: 04356-00619620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$39.66
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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	12/21/2024 - 12/21/2024				HC:T1005 // 2		\$39.66 (B6)	\$39.66			\$39.66

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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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:	590048281011	Group / Policy:	Facility Type:	12	Claim Charge:	\$118.98
Patient Ctrl Nmbr:	04355-00119620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$118.98
	44					
Rendering Prvd:		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 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 // 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:	590048281011	Group / Policy:	Facility Type:	12	Claim Charge:	\$118.98
Patient Ctrl Nmbr:	04355-00619620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$118.98
	44					
Rendering Prvd:		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 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 // 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:	590062325030	Group / Policy:	Facility Type:	12	Claim Charge:	\$158.64
Patient Ctrl Nmbr:	04361-00319620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$158.64
	44					

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:	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 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 // 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: 590062325030	Group / Policy:	Facility Type: 12	Claim Charge: \$158.64
Patient Ctrl Nmbr: 04361-0041962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$158.64
Rendering Prvd:	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 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: 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: 04361-0011962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$158.64
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details	Results: 1
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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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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 // 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
Patient Ctrl Nmbr: 04361-00619620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$118.98
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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	12/21/2024 - 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
Patient Ctrl Nmbr: 04361-00519620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$158.64
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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	12/20/2024 - 12/20/2024				HC:T1019 // 8		\$158.64 (B6)	\$158.64			\$158.64

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

Patient ID:	590062325030	Group / Policy:	Facility Type:	12	Claim Charge:	\$158.64
Patient Ctrl Nmbr:	04361-00219620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$158.64
	44					
Rendering Prvd:		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 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 // 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 Frequency:		Claim Payment:	\$138.81
	44					
Rendering Prvd:		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 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
	44					

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:	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 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 // 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
Patient Ctrl Nmbr: 04358-0051962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$138.81
Rendering Prvd:	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 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 // 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
Patient Ctrl Nmbr: 0	Contract Hdr:	Claim Frequency:	Claim Payment: \$138.81
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 11/13/2024	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

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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					HC:T1019 // 7		\$138.81 (B6)	\$138.81		\$138.81
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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
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 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)	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
Patient Ctrl Nmbr: 04358-00419620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$138.81
44			
Rendering Prvd:	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 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 // 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:	Rendering Prv ID:	Claim Received Date: 11/13/2024	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
					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
Patient Ctrl Nmbr: 0	Contract Hdr:	Claim Frequency:	Claim Payment: \$138.81
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 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)	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	Group / Policy:	Facility Type: 12	Claim Charge: \$138.81
Patient Ctrl Nmbr: 0	Contract Hdr:	Claim Frequency:	Claim Payment: \$138.81
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 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)	Charge	Adjustments (Qty)	Adj Amount	Payment
					HC:T1019 // 7		\$138.81 (B6)	\$138.81			\$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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Supplemental Information - AMT/Payer Codes: \$138.81 (AU), \$0.46 (I)

Patient Name: TURNER, LEONARD **Claim Number:** 24359E029317 **Claim Date:** 12/16/2024 - 12/16/2024 **Claim Status Code:** 1

Patient ID:	351931825019	Group / Policy:	Facility Type:	12	Claim Charge:	\$138.81
Patient Ctrl Nmbr:	04358-00119620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$138.81
	44					
Rendering Prvd:		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 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
Patient Ctrl Nmbr:	0	Contract Hdr:	Claim Frequency:		Claim Payment:	\$138.81
Rendering Prvd:		Rendering Prv ID:	Claim Received Date:	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)	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: WILLIAMS, KHAYA K **Claim Number:** 24359E016962 **Claim Date:** 12/22/2024 - 12/22/2024 **Claim Status Code:** 1

Patient ID:	590058043020	Group / Policy:	Facility Type:	12	Claim Charge:	\$99.15
Patient Ctrl Nmbr:	04357-00519620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$99.15
	44					
Rendering Prvd:		Rendering Prv ID:	Claim Received Date:	12/24/2024	Patient Resp:	\$0.00

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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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	12/22/2024 - 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: 590058043020	Group / Policy:	Facility Type: 12	Claim Charge: \$99.15
Patient Ctrl Nmbr: 04357-00219620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$99.15
44			
Rendering Prvd:	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 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 // 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: 590058043020	Group / Policy:	Facility Type: 12	Claim Charge: \$99.15
Patient Ctrl Nmbr: 04357-00119620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$99.15
44			
Rendering Prvd:	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 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

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 - 12/16/2024				HC:T1019 // 5		\$99.15 (B6)	\$99.15		\$99.15
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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
44			
Rendering Prvd:	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 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 // 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
44			
Rendering Prvd:	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 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 // 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/EFT 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:	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 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		\$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: 12	Claim Charge: \$46.68
Patient Ctrl Nmbr: 04368-00119620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$46.68
44			
Rendering Prvd:	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 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		\$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

Patient ID: 350261330017	Group / Policy:	Facility Type: 12	Claim Charge: \$46.68
Patient Ctrl Nmbr: 04368-00719620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$46.68
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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 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	12/22/2024 - 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:	350261330017	Group / Policy:	12	Facility Type:	12	Claim Charge:	\$140.04
Patient Ctrl Nmbr:	04367-00119620065 44	Contract Hdr:		Claim Frequency:		Claim Payment:	\$140.04
Rendering Prvd:		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 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 // 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:	350261330017	Group / Policy:	12	Facility Type:	12	Claim Charge:	\$46.68
Patient Ctrl Nmbr:	04368-00319620065 44	Contract Hdr:		Claim Frequency:		Claim Payment:	\$46.68
Rendering Prvd:		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 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 // 2		\$46.68 (B6)	\$46.68		\$46.68

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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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	Group / Policy:	Facility Type:	12	Claim Charge:	\$140.04
Patient Ctrl Nmbr:	04367-00319620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$140.04
	44					
Rendering Prvd:		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 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		\$140.04 (B6)	\$140.04			\$140.04

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

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

Patient ID:	350261330017	Group / Policy:	Facility Type:	12	Claim Charge:	\$140.04
Patient Ctrl Nmbr:	04367-00219620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$140.04
	44					
Rendering Prvd:		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 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 // 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

Patient ID:	350261330017	Group / Policy:	Facility Type:	12	Claim Charge:	\$140.04
Patient Ctrl Nmbr:	04367-00519620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$140.04
	44					

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:	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 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 // 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: 350261330017	Group / Policy:	Facility Type: 12	Claim Charge: \$46.68
Patient Ctrl Nmbr: 04368-00419620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$46.68
44			
Rendering Prvd:	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 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 // 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: 350261330017	Group / Policy:	Facility Type: 12	Claim Charge: \$116.70
Patient Ctrl Nmbr: 04367-00619620065	Contract Hdr:	Claim Frequency:	Claim Payment: \$116.70
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details										Results: 1
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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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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 // 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 Frequency:	Claim Payment: \$140.04
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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	12/19/2024 - 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

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
44			
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
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:T1005 // 2		\$46.68 (B6)	\$46.68			\$46.68

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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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:	350261330017	Group / Policy:	Facility Type:	12	Claim Charge:	\$46.68
Patient Ctrl Nmbr:	04368-00619620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$46.68
	44					
Rendering Prvd:		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 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		\$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
	44					
Rendering Prvd:		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 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 / / 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:	352167656017	Group / Policy:	Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04354-00119620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$39.66
	44					

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:	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 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: WOMACK, JERMAINE	Claim Number: 24359E028343	Claim Date: 12/21/2024 - 12/21/2024	Claim Status Code: 1
Patient ID: 352167656017	Group / Policy:	Facility Type: 12	Claim Charge: \$39.66
Patient Ctrl Nmbr: 04354-0061962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$39.66
Rendering Prvd:	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 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: WOMACK, JERMAINE	Claim Number: 24359E016897	Claim Date: 12/22/2024 - 12/22/2024	Claim Status Code: 1
Patient ID: 352167656017	Group / Policy:	Facility Type: 12	Claim Charge: \$158.64
Patient Ctrl Nmbr: 04353-0071962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$158.64
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details	Results: 1
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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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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 // 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:	352167656017	Group / Policy:		Facility Type:	12	Claim Charge:	\$158.64
Patient Ctrl Nmbr:	04353-00519620065	Contract Hdr:		Claim Frequency:		Claim Payment:	\$158.64
	44						
Rendering Prvd:		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 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: WOMACK, JERMAINE **Claim Number:** 24359E029529 **Claim Date:** 12/19/2024 - 12/19/2024 **Claim Status Code:** 1

Patient ID:	352167656017	Group / Policy:		Facility Type:	12	Claim Charge:	\$158.64
Patient Ctrl Nmbr:	04353-00419620065	Contract Hdr:		Claim Frequency:		Claim Payment:	\$158.64
	44						
Rendering Prvd:		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 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

Payer: SENTARA HEALTH PLANS	Check/EFT Trace Number: 1292011	Check/EFT Date: 12/31/2024	Total Paid: \$12,942.73
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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 Date:	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	12/18/2024 - 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:	352167656017	Group / Policy:	Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04354-00419620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$39.66
	44					
Rendering Prvd:		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 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 // 2		\$39.66 (B6)	\$39.66			\$39.66

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

Patient Name: WOMACK, JERMAINE **Claim Number:** 24359E020533 **Claim Date:** 12/20/2024 - 12/20/2024 **Claim Status Code:** 1

Patient ID:	352167656017	Group / Policy:	Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04354-00519620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$39.66
	44					

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:	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 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: 352167656017	Group / Policy:	Facility Type: 12	Claim Charge: \$158.64
Patient Ctrl Nmbr: 04353-0021962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$158.64
Rendering Prvd:	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 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 // 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: 04354-0031962006544	Contract Hdr:	Claim Frequency:	Claim Payment: \$39.66
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 12/24/2024	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details	Results: 1
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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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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 // 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:	352167656017	Group / Policy:		Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04354-00219620065	Contract Hdr:		Claim Frequency:		Claim Payment:	\$39.66
	44						
Rendering Prvd:		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 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: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	Group / Policy:		Facility Type:	12	Claim Charge:	\$39.66
Patient Ctrl Nmbr:	04354-00719620065	Contract Hdr:		Claim Frequency:		Claim Payment:	\$39.66
	44						
Rendering Prvd:		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 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:T1005 // 2		\$39.66 (B6)	\$39.66			\$39.66

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

Patient ID:	352167656017	Group / Policy:	Facility Type:	12	Claim Charge:	\$158.64
Patient Ctrl Nmbr:	04353-00119620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$158.64
	44					
Rendering Prvd:		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 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 // 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

Patient ID:	352167656017	Group / Policy:	Facility Type:	12	Claim Charge:	\$158.64
Patient Ctrl Nmbr:	04353-00619620065	Contract Hdr:	Claim Frequency:		Claim Payment:	\$158.64
	44					
Rendering Prvd:		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 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 // 8		\$158.64 (B6)	\$158.64			\$158.64

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Code Descriptions

REMARK CODE(S):
M51 = Missing/incomplete/invalid procedure code(s).

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