

EDI 835 REMITTANCE ADVICE

Payment to Austin Advanced Imaging Center

Remittance Summary

| | |
|------------------------|--------------------------|
| Claim Number | CLM-2024-1205-583927 |
| Patient | Jennifer L. Martinez |
| Service Date | December 5, 2024 |
| Remittance Date | December 7, 2024 |
| Claim Status | 1 - Processed as Primary |
| Payment Amount | \$680.00 |

Service Line Detail

| CPT | Modifier | Billed | Allowed | Paid | PR (Member) |
|-------|----------|------------|----------|----------|-------------|
| 73721 | RT | \$1,800.00 | \$850.00 | \$680.00 | \$170.00 |

Adjustment Reason Codes

| Code | Group | Amount | Description |
|-------|--------------|----------|---|
| CO-45 | Contractual | \$950.00 | Charge exceeds fee schedule/maximum allowable |
| PR-2 | Patient Resp | \$170.00 | Coinsurance amount |

Authorization Reference

REF#6R*AUTH-2024-MRI-78345 Prior authorization number confirmed and validated.

Remark Codes

| Code | Description |
|------|-----------------------------------|
| N381 | Prior authorization was confirmed |

Raw EDI 835

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ISA*00*      *00*      *ZZ*UNITEDHC      *ZZ*AUSTINIMAGING *241207*0800**00501*000001893*0*P*:-~G5*HP*UNITEDHC*AUSTINIMAGING*20241207*0800*1893*X*005010X221A1~ ST*835*1893*005010X221A1~-BPR*I*680**ACH*CCP*01*111000025*DA*9876543210*1357924680**01*071000013*DA*1234567890*20241209~ TRN*1*UHC202412050001*1629384750~-DTM*405*20241207~ N1*PR*UNITEDHEALTHCARE~ N3*PO BOX 740800~ N4*ATLANTA*GA*303740800~ N1*PE*AUSTIN ADVANCED IMAGING CENTER*XX*1629384750~-LX*1~ CLP*CLM241205189*1*1800*680*170*12*CLM-2024-1205-583927*11*1~ CAS*CO*45*950.00~ CAS*PR*2*170.00~-NM1*QC**MARTINEZ*JENNIFER*L**MI*UHC5839274~ NM1*82*1*****XX*1629384750~ DTM*232*20241205~ DTM*233*20241205~ SVC*HC:73721:RT*1800*680**1~-DTM*472*20241205~ CAS*CO*45*950.00~ CAS*PR*2*170.00~ REF*6R*AUTH-2024-MRI-78345~ AMT*B6*680~ LQ*HE*N381~ SE*27*1893~ GE*1*1893~ IEA*1*000001893~
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