


**Electronic Payments and Statements**

THERANOSTIX INC  
8000 VIRGINIA MANOR RD SUITE 170  
BELTSVILLE MD 207054230

**Electronic Provider Remittance Advice**

UnitedHealthcare Services Inc and Its  
Affiliates  
9900 Bren Road  
Minnetonka MN 553439664  
Phone: (877) 842-3210  
Payment Date: 08/02/2018  
TIN:\*\*\*\*\*5972  
NPI: 1992812473  
Payment Number: 1341918783  
Payment Amount: \$931.36

Account Number	Patient Name/ Patient ID			Subscriber ID/ Corrected ID		Rendering Provider		Claim #/Claim Type			Group Policy Number/Product Name
Date(s) of Service	Description of Service	Amount Charged	Claim / Service Adj	Prov Adj Discount	Amount Allowed	Deduct/ Coins/ Copay	Paid to Provider	Adj Reason Code	RMK Code	Patient Resp	
PP8T003007	DANNETTE BUERKLE/ 952155412			952155412				PVS0882208700/N574			12932/ AARP MEDICARECOMPLE TE PLAN 3
05/10/2018 - 05/10/2018	HC:88305:TC	\$900.00	-\$900.00	--	--	--	--	183	N574	--	
05/10/2018 - 05/10/2018	HC:88305:TC:59	\$900.00	-\$900.00	--	--	--	--	183	N574	--	
<b>Subtotal</b>		<b>\$1,800.00</b>	<b>-\$1,800.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>			<b>\$0.00</b>	
PP8T003001	LILIANA GULEY/ 908729383			908729383				PVS0882208500			54001/ AARP MCARECOMPLETE ESSENTIAL
05/09/2018 - 05/09/2018	HC:88305:TC	\$900.00	--	-\$685.41	\$218.76	-\$10.00	\$204.59	253, 45, 3		\$10.00	
05/09/2018 - 05/09/2018	HC:88305:TC:59	\$900.00	--	-\$685.61	\$218.76	--	\$214.39	253, 45		--	
<b>Subtotal</b>		<b>\$1,800.00</b>	<b>\$0.00</b>	<b>-\$1,371.02</b>	<b>\$437.52</b>	<b>-\$10.00</b>	<b>\$418.98</b>			<b>\$10.00</b>	
PP8T003011	ELBERT SAMICK/ 917335645			917335645				PVS0882208800			51001/ AARP MEDICARECOMPLE TE PLAN 2
05/10/2018 - 05/10/2018	HC:88112:TC	\$225.00	--	-\$176.94	\$49.04	--	\$48.06	253, 45		--	
<b>Subtotal</b>		<b>\$225.00</b>	<b>\$0.00</b>	<b>-\$176.94</b>	<b>\$49.04</b>	<b>\$0.00</b>	<b>\$48.06</b>			<b>\$0.00</b>	
PP8T003005	ZACHARIAH WATROUS/ 956563380			956563380				PVS0882208600/N574			50263/ STATE OF RHODE ISLAND
05/10/2018 - 05/10/2018	HC:88305:TC	\$900.00	-\$900.00	--	--	--	--	183	N574	--	
05/10/2018 - 05/10/2018	HC:88305:TC:59	\$900.00	-\$900.00	--	--	--	--	183	N574	--	
<b>Subtotal</b>		<b>\$1,800.00</b>	<b>-\$1,800.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>			<b>\$0.00</b>	
PP8T003029	DELORSE WIMS/ 906730738			906730738				PVS0882208900			51901/ AARP MEDICARECOMPLE TE PLAN 1
05/14/2018 - 05/14/2018	HC:88305:TC	\$900.00	--	-\$685.55	\$218.76	-\$3.00	\$211.45	253, 45, 3		\$3.00	
05/14/2018 - 05/14/2018	HC:88305:TC:59	\$900.00	--	-\$685.61	\$218.76	--	\$214.39	253, 45		--	
05/14/2018 - 05/14/2018	HC:88305:TC:59	\$150.00	--	-\$114.26	\$36.46	--	\$35.74	253, 45		--	


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Subtotal		\$1,950.00	\$0.00	-\$1,485.42	\$473.98	-\$3.00	\$461.58			\$3.00	

"--" indicates payer has not supplied this information.

Total Paid to Provider : \$931.36

N574 - Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider.

L6 - Interest Owed

3 - Co-Payment Amount

45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication.

183 - The referring provider is not eligible to refer the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

253 - Sequestration - reduction in federal payment

Provider Level Adjustments		
Adj Reason Code	Reference #	Amount
L6	2018-05-09 PP8T003001	-\$1.24
L6	2018-05-10 PP8T003011	-\$0.14
L6	2018-05-14 PP8T003029	-\$1.36
L6	Total	\$2.74