

HUMANA CLAIMS OFFICE
P. O. BOX 14603
LEXINGTON, KY 40512-4603



PCK10BTEOR108P0117202014480004703 -CAS
INTER COUNTY NURSING SERVICE

[REDACTED]

23596
1/24/20

PROVIDER ID: [REDACTED]
FEDERAL TAX ID: [REDACTED]
REMITTANCE ID: 202001175064756
CHECK NUMBER: 0003040810
BANK CODE: 009
CLIENT: 58

RECEIVED JAN 24 2020

HUMANA AUTOMATED REMITTANCE ADVICE

DATE OF SERVICE		SERVICE CODE	CHARGE	ALLOWED AMOUNT	DEDUCTIBLE	COPAY	COINSUR	PROVIDER DISCOUNT	FEE REDUCTION/ EXCLUDED	HUMANA/ ANSI (HIPAA) CODE	BENEFIT AMOUNT	
FROM	TO											
[REDACTED] PLAN TYPE: 3I - MEDICARE PPO REL CD: SUBSCRIBER PAT ACCT: FLU GROUP: X2630												
1	/2019	11/08/2019	90686	25.00	19.03	0.00	0.00	0.00	0.00	5.97	0MR/45 21Q/253	19.03
11/08/2019	11/08/2019	G0008	5.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00	21Q/253	5.00
CLAIM TOTALS				30.00	24.03	0.00	0.00	0.00	0.00	5.97		24.03
EST MBR RESPONSIBILITY 0.00 SEQUESTRATION REDUCTION AMOUNT 0.48 TOTAL PAID 24.03 NET PAID AFTER SEQUESTRATION REDUCTION 23.55												
REMITTANCE TOTALS												
SERVICING PROVIDER NAME/ID: INTER COUNTY NURSING SERVICE [REDACTED]												
TOTALS			30.00	24.03	0.00	0.00	0.00	0.00	0.00	5.97		24.03
EST MBR RESPONSIBILITY 0.00 SEQUESTRATION REDUCTION AMOUNT 0.48 TOTAL PAID 24.03 NET PAID AFTER SEQUESTRATION REDUCTION 23.55												
ROLLUP TOTALS FOR REMITTANCE												
TOTALS			30.00	24.03	0.00	0.00	0.00	0.00	0.00	5.97		24.03
EST MBR RESPONSIBILITY 0.00 SEQUESTRATION REDUCTION AMOUNT 0.48 TOTAL PAID 24.03 NET PAID AFTER SEQUESTRATION REDUCTION 23.55												

HUMANA CODES/DESCRIPTIONS

- 0MR MEMBER NOT RESPONSIBLE FOR EXCESS CHARGES.
- 21Q THE AMOUNT DEDUCTED REPRESENTS THE PERCENTAGE BASED ON THE SEQUESTRATION FROM THE BUDGET CONTROL ACT OF 2011. THE MEMBER SHALL NOT BE HELD FINANCIALLY RESPONSIBLE FOR THE SEQUESTRATION AMOUNT.

ANSI (HIPAA) CODES/DESCRIPTIONS

- 45 CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
- 2 SEQUESTRATION - REDUCTION IN FEDERAL PAYMENT