

Check Details

Payer Name	HUMANA INC.	Payee Name	TOTAL CARE SOLUTIONS SC
Check#	164676501250805	NPI#	1447550603
Check Date	08-04-2025	Provider#	273728126
Check Amount	\$639.51		

Claim Details

Patient Name	DIANA BIRES BURKE	Payment	\$115.31	Account	BCS13759133
Insured Name	DIANA BIRES BURKE	Adjustment	\$0.00	ICN	820252100368019
MemberID	H76493709	Patient Resp	\$0.00	Provider	JACK POWITZ
Status	Processed as Primary	Remark Codes		ProviderID	1558490433
		Adjustment Codes		Adj Amount	

Service Line Details

Start DOS	End DOS	CPT	Mods	Units	Billed	Allowed	Deduct	Coins	Copay	Reduction	Other	Code	Paid	Remark
07-18-2025	07-18-2025	99349		1	\$250.00	\$117.66					\$2.35	CO253	\$115.31	N16
											\$132.34	CO45		

Total Claim Information

	Billed	Allowed	Deduct	Coins	Copay	Reduction	Other	Paid
Service Line Totals	\$250.00	\$117.66	\$0.00	\$0.00	\$0.00	\$0.00	\$134.69	\$115.31

Claim Details

Patient Name	CYNTHIA COLLINS	Payment	\$115.31	Account	BCS13759479
Insured Name	CYNTHIA COLLINS	Adjustment	\$0.00	ICN	820252100366315
MemberID	H68311885	Patient Resp	\$0.00	Provider	JACK POWITZ
Status	Processed as Primary	Remark Codes		ProviderID	1558490433
		Adjustment Codes		Adj Amount	

Service Line Details

Start DOS	End DOS	CPT	Mods	Units	Billed	Allowed	Deduct	Coins	Copay	Reduction	Other	Code	Paid	Remark
07-18-2025	07-18-2025	99349		1	\$250.00	\$117.66					\$2.35	CO253	\$115.31	N781,N782
											\$132.34	CO45		

Total Claim Information

	Billed	Allowed	Deduct	Coins	Copay	Reduction	Other	Paid
Service Line Totals	\$250.00	\$117.66	\$0.00	\$0.00	\$0.00	\$0.00	\$134.69	\$115.31

Claim Details

Patient Name	KATHLEEN ENGELS	Payment	\$97.86	Account	BCS13760169
Insured Name	KATHLEEN ENGELS	Adjustment	\$0.00	ICN	820252100367612
MemberID	H72552981	Patient Resp	\$0.00	Provider	JACK POWITZ
Status	Processed as Primary	Remark Codes		ProviderID	1558490433
		Adjustment Codes		Adj Amount	

Service Line Details

Start DOS	End DOS	CPT	Mods	Units	Billed	Allowed	Deduct	Coins	Copay	Reduction	Other	Code	Paid	Remark
07-23-2025	07-23-2025	99309		1	\$215.00	\$99.86					\$2	CO253	\$97.86	N16
											\$115.14	CO45		

Total Claim Information

	Billed	Allowed	Deduct	Coins	Copay	Reduction	Other	Paid
Service Line Totals	\$215.00	\$99.86	\$0.00	\$0.00	\$0.00	\$0.00	\$117.14	\$97.86

Claim Details

Patient Name	CAROL KIRK	Payment	\$97.86	Account	BCS13759917
Insured Name	CAROL KIRK	Adjustment	\$0.00	ICN	820252101833514
MemberID	H04370261	Patient Resp	\$0.00	Provider	JACK POWITZ
Status	Processed as Primary	Remark Codes		ProviderID	1558490433
		Adjustment Codes		Adj Amount	

Service Line Details

Start DOS	End DOS	CPT	Mods	Units	Billed	Allowed	Deduct	Coins	Copay	Reduction	Other	Code	Paid	Remark
07-23-2025	07-23-2025	99309		1	\$215.00	\$99.86					\$2	CO253	\$97.86	
											\$115.14	CO45		

Total Claim Information

	Billed	Allowed	Deduct	Coins	Copay	Reduction	Other	Paid
Service Line Totals	\$215.00	\$99.86	\$0.00	\$0.00	\$0.00	\$0.00	\$117.14	\$97.86

Claim Details

Patient Name	PATRICIA MANN A	Payment	\$97.86	Account	BCS13785981
Insured Name	PATRICIA MANN A	Adjustment	\$0.00	ICN	820252120065291
MemberID	H59014430	Patient Resp	\$0.00	Provider	JACK POWITZ
Status	Processed as Primary	Remark Codes		ProviderID	1558490433
		Adjustment Codes		Adj Amount	

Service Line Details

Start DOS	End DOS	CPT	Mods	Units	Billed	Allowed	Deduct	Coins	Copay	Reduction	Other	Code	Paid	Remark
07-03-2025	07-03-2025	99309		1	\$215.00	\$99.86					\$2	CO253	\$97.86	N16
											\$115.14	CO45		

Total Claim Information

	Billed	Allowed	Deduct	Coins	Copay	Reduction	Other	Paid
Service Line Totals	\$215.00	\$99.86	\$0.00	\$0.00	\$0.00	\$0.00	\$117.14	\$97.86

Claim Details

Patient Name	LOTTIE TAYLOR	Payment	\$115.31	Account	BCS13763385
Insured Name	LOTTIE TAYLOR	Adjustment	\$0.00	ICN	820252100375023
MemberID	H40107861	Patient Resp	\$0.00	Provider	JACK POWITZ
Status	Processed as Primary	Remark Codes		ProviderID	1558490433
		Adjustment Codes		Adj Amount	

Service Line Details

Start DOS	End DOS	CPT	Mods	Units	Billed	Allowed	Deduct	Coins	Copay	Reduction	Other	Code	Paid	Remark
07-21-2025	07-21-2025	99349		1	\$250.00	\$117.66					\$2.35	CO253	\$115.31	
											\$132.34	CO45		

Total Claim Information

	Billed	Allowed	Deduct	Coins	Copay	Reduction	Other	Paid
Service Line Totals	\$250.00	\$117.66	\$0.00	\$0.00	\$0.00	\$0.00	\$134.69	\$115.31

Total Check Information

Claims	Billed Amount	Allowed Amount	Deduct Amount	Coins Amount	Copay Amount	Reduction Amount	Other Adjust	Paid Amount
6	\$1395.00	\$652.56	\$0.00	\$0.00	\$0.00	\$0.00	\$755.49	\$639.51

Glossary

CO-253	CONTRACTUAL OBLIGATIONS - Sequestration - Reduction in Federal Spending
CO-45	CONTRACTUAL OBLIGATIONS - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
N16	Family/member Out-of-Pocket maximum has been met. Payment based on a higher percentage.
N781	Alert: No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected deductible.
N782	Alert: No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance.

