

**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

**Total Claim Information**

Service Line Totals		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

**Total Claim Information**

Service Line Totals		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

**Total Claim Information**

Service Line Totals		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	N16

**Total Claim Information**

Service Line Totals		Billed \$215.00	Allowed \$99.86	Deduct \$0.00	Coins \$0.00	Copay \$0.00	Reduction \$0.00	Other \$117.14	Paid \$97.86
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### 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 \$115.14	CO253 CO45	\$97.86	N16

### Total Claim Information

Service Line Totals		Billed \$215.00	Allowed \$99.86	Deduct \$0.00	Coins \$0.00	Copay \$0.00	Reduction \$0.00	Other \$117.14	Paid \$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 \$132.34	CO253 CO45	\$115.31	

### Total Claim Information

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

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

