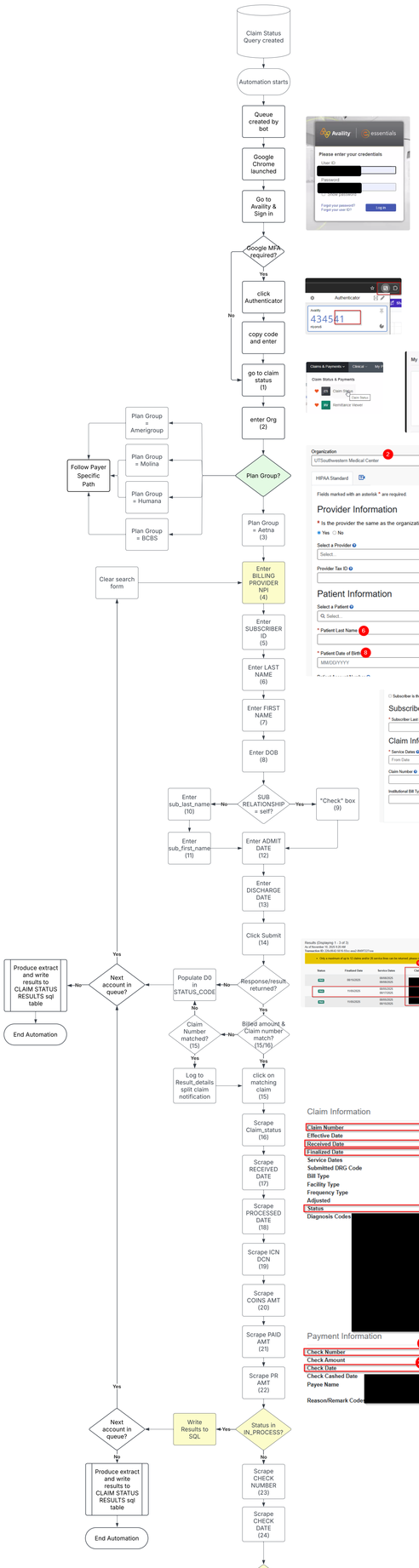
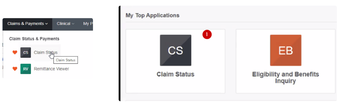
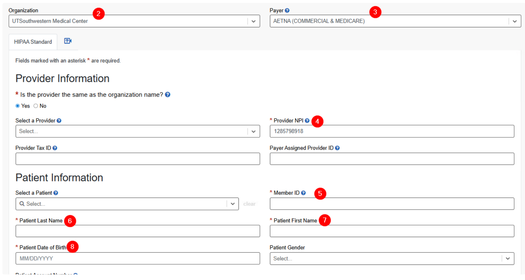
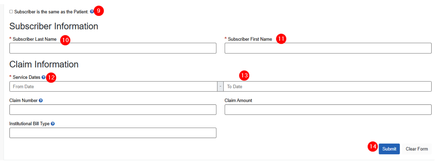
Availity Claim Status - Aetna









Claim Information

Claim Number	[redacted]
Effective Date	11/10/2025
Received Date	09/27/2025
Finalized Date	11/05/2025
Service Dates	08/05/2025 - 08/17/2025
Submitted DRG Code	
Bill Type	131 - Outpatient
Facility Type	1 - Hospital
Frequency Type	1 - Admit through Discharge Claim
Adjusted	N
Status	FINALIZED
Diagnosis Codes	[redacted]

Billed Amount	$35,708.14
Allowed Amount	$16,391.90
Coinsurance Amount	$0.00
Copayment Amount	$0.00
Deductible Amount	$0.00
Paid Amount	$16,391.90
Health Care Account Amount	$0.00
Interest or Penalty Amount	$0.00
Other Insurance Paid Amount	$0.00
Patient Paid Amount	N
Patient Responsibility Amount	$0.00

Payment Information

Check Number	
Check Amount	$297,645.67
Check Date	
Check Cashed Date	
Payee Name	[redacted]
Reason/Remark Codes	

Billing Provider NPI	[redacted]
Billing Provider Tax ID	
Billing Provider Address	
Billing Provider Name	
Billing Provider PAPI	

Line Level Information

Status	CPT Modifier	Reason/Remark Codes	Category/Status Codes	Billed	Allowed	Paid	Contract Adjustment	Copay	Deductible	Discount
[redacted]		13Z	F2	$102.50	$0.00	$0.00	$102.50	$0.00	$0.00	$0.00
		13Z	F2	$49.00	$0.00	$0.00	$49.00	$0.00	$0.00	$0.00
		13Z	F2	$16,254.00	$0.00	$0.00	$16,254.00	$0.00	$0.00	$0.00
		13Z	F2	$50.22	$0.00	$0.00	$50.22	$0.00	$0.00	$0.00
		13Z	F2	$190.00	$0.00	$0.00	$190.00	$0.00	$0.00	$0.00
		13Z	F2	$70,619.00	$0.00	$0.00	$70,619.00	$0.00	$0.00	$0.00

Codes

Type	Code	Description
Category	F1	Finalized/Payment The claim/line has been paid.
Remark	M52	The adjustment to provider payment reflects recent changes made in CMS/Medicare reimbursement levels due to sequestration. The members cost share is ... Show more...
Remark	P12	Fee paid at contracted, negotiated or regional rate. [P12]
Remark	V64	The charge for this service is part of the contracted or case rate you agreed to accept. The member only owes the copay, deductible or coinsurance and ... Show more...
Status	45	Internal review/audit

Remark	0DC	THIS PAYMENT REFLECTS THE ALLOWED AMOUNT FOR THIS SERVICE IN ACCORDANCE WITH YOUR CONTRACT.
Remark	0WN	THIS SERVICE SUBMITTED HAS BEEN MOVED TO A MORE APPROPRIATE PROCEDURE THAT MORE ACCURATELY REPRESENT THE PROCEDURE PERFORMED
Remark	13Z	THIS SERVICE IS INCLUDED IN ANOTHER SERVICE PROVIDED AT THE SAME TIME AND ISN'T ALLOWED SEPARATELY
Status	1	1- FOR MORE DETAILED INFORMATION, SEE REMITTANCE ADVICE
Status	65	65- CLAIM LINE HAS BEEN PAID