12

```
TCN                                    HCFA 1500       LAST-CYCL: 051222 USER: 00000
LOC/DT CUR: 93 051222 PRV:     000000  ACCT-CD: 0 NORM-PAY    STAT: P DENIED
PAT:                                AGE:       SEX:    CAP IND:    PAY IND:    NOTE: Y
RID: 1     :    PRG: N EMP: N AUT:    OTH:    OTH-INS: Y ICD10: Y REF: 1881969111
DT-ACCD: 000000 LST-XRAY: 000000 MPASS/LI: 1881969111 0411178 PA: 0000000000
DIAG: N20.0     R79.89                                                              1
    FROM     TO    PL PROC  MODS          DIAG-REL     SUB-CHRG UNITS    ALLW-CHG/S
01 032522 032522 11 99214 25            1  2            331.00     1        0.00 K
   TPL:     85.13 COPAY:      0.00 CBK:      EP/FP:      TYP/SPEC/COS:
   EOB: 097 000 OVR: 000 PROV: 1629480207 0000000 ZIP 000000000 NDC
02 032522 032522 11 81003 QW            1                 7.50     1        0.00 K
   TPL:      0.00 COPAY:      0.00 CBK:      EP/FP:      TYP/SPEC/COS:
   EOB: 097 000 OVR: 000 PROV: 1629480207 0000000 ZIP 000000000 NDC
PAT-ACT: 569490          TOT-CHG:      338.50 TPL-AMT:       85.13 SPEND:      0.00
NETCHG:        0.00   PAY-PROV 1689210155 0225348 TP-PAYOR
PROV:                    ; TAXNMY: 208800000X SVC-ZIP: 503258287 CARR-DENY: N
EOB: 329 000 OVR-LOC/ERR: 00 000  ADJ-R:     TCN: 00000000000000000 DATE: 051622
ACN:                         RA-NO: 8091150  CHK-NO: 0000000  REIMB:        0.00
LI ERR ST ID    LI ERR ST ID    LI ERR ST ID    LI ERR ST ID    LI ERR ST ID +
02 275 2 00000  01 410 2 00000  00 595 5 00000  00 597 5 00000  00 598 5 00000
 275 SERVICE NOT COVERED FOR RECIPIENT. RECIPIENT ELIGIBILITY FILE SHOWS
     LIMITED OR NO MEDICAID BENEFITS FOR DATE. ***MEDICARE X-OVERS SHOULD BE
     FORCED FOR RECIP WITH FUND CODE & EXCEPTION IND OF 9,Q; A,0, OR C,0. ***
     IF INPT & RECIP IS ELIGIBLE 1 MONTH BUT NOT OTHER, FORCE 275     (EE)
```

Exhibit A