

Check Summary**Transaction Date:** October 23, 2023

REGENCE BLUECROSS BLUESHIELD OF OREGON PO BOX 1271 PORTLAND, OR 97207	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 0154867491 Payment Amount: 780.80 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/17/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD STE 2-641 LAS VEGAS, NV 891177528
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Patient Name: BUNNELL, JAMES K**Claim Number:** E62538281400**Claim Date:** 07/20/2023-07/20/2023 **Claim Status Code:** 22

Patient ID: RWG949423102	Group / Policy:	Facility Type: 21	Claim Charge: \$-30,804.00
Patient Ctrl Nmbr: 0.3080041	Contract Hdr: NONPAR	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HSU, ANDEREW C	Rendering Prv ID: 100003186352	Claim Received Date: 08/04/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details **Results:** 10

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7151743138Z1	07/20/2023 - 07/20/2023				HC:95941 / / 3	M127 N202 N830		\$-8,280.00	PI-252	\$-8,280.00	\$0.00
7151743138Z2	07/20/2023 - 07/20/2023				HC:95939 / 26 / 1	M127 N202 N830		\$-3,814.00	PI-252	\$-3,814.00	\$0.00
7151743138Z3	07/20/2023 - 07/20/2023				HC:95822 / 26 / 1	M127 N202 N830		\$-1,755.00	PI-252	\$-1,755.00	\$0.00
7151743138Z4	07/20/2023 - 07/20/2023				HC:95938 / 26 / 1	M127 N202 N830		\$-3,107.00	PI-252	\$-3,107.00	\$0.00
7151743138Z5	07/20/2023 - 07/20/2023				HC:95861 / 26 / 1	M127 N202 N830		\$-1,614.00	PI-252	\$-1,614.00	\$0.00

Payer: REGENCE BLUECROSS BLUESHIELD OF OREGON	Check/EFT Trace Number: 0154867491	Check/EFT Date: 10/23/2023	Total Paid: \$780.80
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Line Details **Results:** 10

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7151743138Z6	07/20/2023 - 07/20/2023				HC:95861 / 26,XU / 1	M127 N202 N830		\$-1,614.00	PI-252	\$-1,614.00	\$0.00
7151743138Z7	07/20/2023 - 07/20/2023				HC:95868 / 26 / 1	M127 N202 N830		\$-1,310.00	PI-252	\$-1,310.00	\$0.00
7151743138Z8	07/20/2023 - 07/20/2023				HC:95868 / 26,XU / 1	M127 N202 N830		\$-1,310.00	PI-252	\$-1,310.00	\$0.00
7151743138Z9	07/20/2023 - 07/20/2023				HC:95999 // 3	M127 N202 N830		\$-6,000.00	PI-252	\$-6,000.00	\$0.00
7151743138Z9	07/20/2023 - 07/20/2023				HC:95999 // 1	M127 N202 N830		\$-2,000.00	PI-252	\$-2,000.00	\$0.00

Patient Name: BUNNELL, JAMES K	Claim Number: E62538281401	Claim Date: 07/20/2023-07/20/2023	Claim Status Code: 1
Patient ID: RWG949423102	Group / Policy:	Facility Type: 21	Claim Charge: \$30,804.00
Patient Ctrl Nmbr: 0.3080041	Contract Hdr: NONPAR	Claim Frequency:	Claim Payment: \$780.80
Rendering Prvd: HSU, ANDEREW C	Rendering Prv ID: 100003186352	Claim Received Date: 08/04/2023	Patient Resp: \$10,924.00
Original Ref Nmbr: E62538281400			

Line Details **Results:** 10

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7151743138Z1	07/20/2023 - 07/20/2023				HC:95941 // 3	N442 N830 N869 N877	\$271.17 (B6)	\$8,280.00	OA-209	\$8,008.83	\$271.17

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7151743138Z2	07/20/2023 - 07/20/2023				HC:95939 / 26 / 1	N442 N830 N869 N877	\$165.15 (B6)	\$3,814.00	OA-209	\$3,648.85	\$165.15
7151743138Z3	07/20/2023 - 07/20/2023				HC:95822 / 26 / 1	N442 N830 N869 N877	\$79.45 (B6)	\$1,755.00	OA-209	\$1,675.55	\$79.45
7151743138Z4	07/20/2023 - 07/20/2023				HC:95938 / 26 / 1	N442 N830 N869 N877	\$63.48 (B6)	\$3,107.00	OA-209	\$3,043.52	\$63.48
7151743138Z5	07/20/2023 - 07/20/2023				HC:95861 / 26 / 1	N442 N830 N869 N877	\$114.32 (B6)	\$1,614.00	OA-209	\$1,499.68	\$114.32
7151743138Z6	07/20/2023 - 07/20/2023				HC:95861 / 26,XU / 1	N123 N362 N830		\$1,614.00	PR-96	\$1,614.00	\$0.00
7151743138Z7	07/20/2023 - 07/20/2023				HC:95868 / 26 / 1	N442 N830 N869 N877	\$87.23 (B6)	\$1,310.00	OA-209	\$1,222.77	\$87.23
7151743138Z8	07/20/2023 - 07/20/2023				HC:95868 / 26,XU / 1	N123 N362 N830		\$1,310.00	PR-96	\$1,310.00	\$0.00
7151743138Z9	07/20/2023 - 07/20/2023				HC:95999 // 3	N123 N362 N830		\$6,000.00	PR-96	\$6,000.00	\$0.00
7151743138Z9	07/20/2023 - 07/20/2023				HC:95999 // 1	N19 N830		\$2,000.00	PR-97	\$2,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$780.80 (AU)

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Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

N123=Alert: This is a split service and represents a portion of the units from the originally submitted service.

N19=Procedure code incidental to primary procedure.

N202=Alert: Additional information/explanation will be sent separately.

N362=The number of Days or Units of Service exceeds our acceptable maximum.

N442=Payment based on an alternate fee schedule.

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

N869=Alert: Cost sharing was calculated based on the qualifying payment amount, in accordance with the No Surprises Act.

N877=Alert: This initial payment is provided in accordance with the No Surprises Act. The provider or facility may initiate open negotiation if they desire to negotiate a higher out-of-network rate.

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

PI=Payor Initiated Reductions

OA=Other Adjustments

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

252=An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).

209=Per regulatory or other agreement. The provider cannot collect this amount from the patient. However, this amount may be billed to subsequent payer. Refund to patient if collected. (Use only with Group code OA)

96=Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary