

**Check Summary****Transaction Date:** October 16, 2023

Florida Blue 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 850696256 <b>Payment Amount:</b> 242.18 <b>Check/EFT Date:</b> 10/16/2023 <b>Production End Cycle Date:</b> 10/16/2023	<b>Payee Name:</b> MONITORING ASSOCIATES, LLC <b>Payee Address:</b> PO BOX 29650 Phoenix, AZ 850389650
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**Patient Name:** ROZMAN JR, GEORGE J**Claim Number:** Q100001091376135**Claim Date:** 12/27/2022-12/27/2022 **Claim Status Code:** 1

<b>Patient ID:</b> XJIH3906340301	<b>Group / Policy:</b> 9999623801	<b>Facility Type:</b>	<b>Claim Charge:</b> \$16,110.00
<b>Patient Ctrl Nmbr:</b> 0.2840998	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$242.18
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/05/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> Q100001091376135			

**Line Details** **Results:** 8

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
7375945332Z1	12/27/2022 - 12/27/2022				HC:95938 / 26 / 1	LIABN PVM26 N13 N381	\$45.31 (B6)	\$3,107.00	CO-45	\$3,061.69	\$45.31
7375945332Z2	12/27/2022 - 12/27/2022				HC:95955 / 26 / 1	LIABN PVM26 N13 N381	\$53.04 (B6)	\$1,755.00	CO-45	\$1,701.96	\$53.04
7375945332Z3	12/27/2022 - 12/27/2022				HC:95861 / 26 / 0	CDDUP PVM26 N13 N552	\$81.56 (B6)	\$1,614.00	OA-18	\$1,614.00	\$0.00
7375945332Z4	12/27/2022 - 12/27/2022				HC:95861 / 26,XU / 1	LIABN PVM26 N13 N381	\$81.56 (B6)	\$1,614.00	CO-45	\$1,532.44	\$81.56

<b>Payer:</b> Florida Blue	<b>Check/EFT Trace Number:</b> 850696256	<b>Check/EFT Date:</b> 10/16/2023	<b>Total Paid:</b> \$242.18
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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
7375945332Z5	12/27/2022 - 12/27/2022				HC:95868 / 26 / 0	CDDUP PVM26 N13 N552	\$62.27 (B6)	\$1,310.00	OA-18	\$1,310.00	\$0.00
7375945332Z6	12/27/2022 - 12/27/2022				HC:95868 / 26,XU / 1	LIABN PVM26 N13 N381	\$62.27 (B6)	\$1,310.00	CO-45	\$1,247.73	\$62.27
7375945332Z7	12/27/2022 - 12/27/2022				HC:95999 // 0	PPSCH N381	\$1,800.00 (B6)	\$5,400.00	CO-163 OA-97	\$1,800.00 \$3,600.00	\$0.00
7375945332Z7	12/27/2022 - 12/27/2022				HC:95999 // 0	PPSCH N381	\$3,600.00 (B6)	\$0.00	CO-119 OA-94	\$3,600.00 \$-3,600.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

N13=Payment based on professional/technical component modifier(s).

N381=Consult our contractual agreement for restrictions/billing/payment information related to these charges.

N552=Payment adjusted to reverse a previous withhold/bonus amount.

##### PAYER CODE(S):

LIABN=In network provider utilized. Therefore no patient responsibility.

PVM26=Claim Amount adjusted based on Place of Service and Professional Service Allowance.

CDDUP=Daily Maximum Units of Service Exceeded

PPSCH=Payment based on maximum allowable amount.

##### AMT CODE(S):

B6=Allowed - Actual

##### GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

<b>Payer:</b> Florida Blue	<b>Check/EFT Trace Number:</b> 850696256	<b>Check/EFT Date:</b> 10/16/2023	<b>Total Paid:</b> \$242.18
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**CLAIM ADJUSTMENT REASON CODE(S):**

45=Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

163=Attachment/other documentation referenced on the claim was not received.

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.

119=Benefit maximum for this time period or occurrence has been reached.

94=Processed in Excess of charges.

**CLAIM STATUS CODE(S):**

1=Processed as Primary

**Do you disagree with this determination?**

For providers not participating with Florida Blue Medicare Advantage that disagree with this determination, an appeal and waiver of liability must be filed within 60 calendar days after the date of this Remittance Advice.

[View Appeal Form](#)

[View Waiver of Liability](#)

Providers are prohibited from charging cost sharing to beneficiaries for Medicare Part A and B services when provided to certain individuals who are dually eligible for Medicare and Medicaid.