

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

MOLINA HEALTHCARE NEVADA 200 OCEANGATE 6TH FLOOR LONG BEACH, CA 90802	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 173464 <b>Payment Amount:</b> 305.43 <b>Check/EFT Date:</b> 10/16/2023 <b>Production End Cycle Date:</b> 01/01/0001	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** CUESTA-CARDOSO, OBEL**Claim Number:** 23261173264A1**Claim Date:** 11/07/2022-11/07/2022 **Claim Status Code:** 1

<b>Patient ID:</b> 00002933233	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$17,749.00
<b>Patient Ctrl Nmbr:</b> 0.2778913	<b>Contract Hdr:</b> QMXBP8397	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$305.43
<b>Rendering Prvd:</b> BURNS, JONATHAN D	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/15/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**Line Details** **Results:** 6

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
7289283236Z1	11/07/2022 - 11/07/2022				HC:95822 / 26 / 1		\$50.32 (B6)	\$1,755.00	CO-45	\$1,704.68	\$50.32
7289283236Z2	11/07/2022 - 11/07/2022				HC:95938 / 26 / 1		\$40.41 (B6)	\$3,107.00	CO-45	\$3,066.59	\$40.41
7289283236Z3	11/07/2022 - 11/07/2022				HC:95929 / 26 / 1		\$69.92 (B6)	\$2,459.00	CO-45	\$2,389.08	\$69.92
7289283236Z4	11/07/2022 - 11/07/2022				HC:95861 / 26 / 1		\$72.39 (B6)	\$1,614.00	CO-45	\$1,541.61	\$72.39
7289283236Z5	11/07/2022 - 11/07/2022				HC:95861 / 26,XU / 1		\$72.39 (B6)	\$1,614.00	CO-45	\$1,541.61	\$72.39
7289283236Z6	11/07/2022 - 11/07/2022				HC:95999 / / 4	M15		\$7,200.00	CO-16	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$17,749.00 (AU)

**Code Descriptions****REMARK CODE(S):**

<b>Payer:</b> MOLINA HEALTHCARE NEVADA	<b>Check/EFT Trace Number:</b> 173464	<b>Check/EFT Date:</b> 10/16/2023	<b>Total Paid:</b> \$305.43
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**REMARK CODE(S):**

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

**AMT CODE(S):**

B6=Allowed - Actual

AU=Coverage Amount

**GROUP CODE(S):**

CO=Contractual Obligations

**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)

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

**CLAIM STATUS CODE(S):**

1=Processed as Primary