

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

BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS PO BOX 3686 SCRANTON, PA 18505	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23296B1000003268 Payment Amount: 0.00 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/23/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: JACKSON, JAMES O**Claim Number:** 232730835900**Claim Date:** 01/03/2023-01/03/2023 **Claim Status Code:** 1

Patient ID: 804269381	Group / Policy:	Facility Type: 21	Claim Charge: \$18,144.00
Patient Ctrl Nmbr: 0.2846586	Contract Hdr: HM001001	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/30/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7353419274Z1	01/03/2023 - 01/03/2023				HC:95938 / 26 / 0	N1		\$3,107.00	PI-B11	\$3,107.00	\$0.00
7353419274Z2	01/03/2023 - 01/03/2023				HC:95955 / 26 / 0	N1		\$1,755.00	PI-B11	\$1,755.00	\$0.00
7353419274Z3	01/03/2023 - 01/03/2023				HC:95907 / 26 / 0	N1		\$138.00	PI-B11	\$138.00	\$0.00
7353419274Z4	01/03/2023 - 01/03/2023				HC:95886 / 26 / 0	N1		\$2,972.00	PI-B11	\$2,972.00	\$0.00
7353419274Z5	01/03/2023 - 01/03/2023				HC:95886 / 26,XU / 0	N1		\$2,972.00	PI-B11	\$2,972.00	\$0.00
7353419274Z6	01/03/2023 - 01/03/2023				HC:95999 / / 0	N1		\$7,200.00	PI-B11	\$7,200.00	\$0.00

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

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: 23296B1000003268	Check/EFT Date: 10/23/2023	Total Paid: \$0.00
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REMARK CODE(S):

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

GROUP CODE(S):

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

B11=The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

CLAIM STATUS CODE(S):

1=Processed as Primary