

Check Summary**Transaction Date:** November 07, 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: M23310E27468930 Payment Amount: 508.93 Check/EFT Date: 11/07/2023 Production End Cycle Date: 11/06/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: DALEIDEN, CHONG S**Claim Number:** 232900004900**Claim Date:** 01/23/2023-01/23/2023 **Claim Status Code:** 1

Patient ID: 804272635	Group / Policy:	Facility Type: 21	Claim Charge: \$34,018.00
Patient Ctrl Nmbr: 0.2869129	Contract Hdr: H500100A	Claim Frequency:	Claim Payment: \$508.93
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/17/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details**Results:** 11

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
7408020815Z1	01/23/2023 - 01/23/2023				HC:95939 / 26 / 1		\$119.78 (B6)	\$3,814.00	CO-45 CO-253	\$3,694.22 \$2.40	\$117.38
7408020815Z2	01/23/2023 - 01/23/2023				HC:95938 / 26 / 1		\$45.84 (B6)	\$3,107.00	CO-45 CO-253	\$3,061.16 \$0.92	\$44.92
7408020815Z3	01/23/2023 - 01/23/2023				HC:95955 / 26 / 1		\$53.79 (B6)	\$1,755.00	CO-45 CO-253	\$1,701.21 \$1.08	\$52.71
7408020815Z4	01/23/2023 - 01/23/2023				HC:95911 / 26 / 1		\$132.93 (B6)	\$956.00	CO-45 CO-253	\$823.07 \$2.66	\$130.27
7408020815Z5	01/23/2023 - 01/23/2023				HC:95886 / 26 / 2		\$92.36 (B6)	\$5,944.00	CO-45 CO-253	\$5,851.64 \$1.85	\$90.51
7408020815Z6	01/23/2023 - 01/23/2023				HC:95886 / 26,XU / 0	N1		\$5,944.00	OA-18	\$5,944.00	\$0.00
7408020815Z7	01/23/2023 - 01/23/2023				HC:95887 / 26 / 1		\$37.88 (B6)	\$583.00	CO-45 CO-253	\$545.12 \$0.76	\$37.12
7408020815Z8	01/23/2023 - 01/23/2023				HC:95887 / 26,XU / 0	N1		\$583.00	OA-18	\$583.00	\$0.00

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Line Details											Results: 11
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
7408020815Z9	01/23/2023 - 01/23/2023				HC:95885 / 26,XU / 2		\$36.76 (B6)	\$1,166.00	CO-45 CO-253	\$1,129.24 \$0.74	\$36.02
7408020815Z10	01/23/2023 - 01/23/2023				HC:95885 / 26,XU / 0	N1		\$1,166.00	OA-18	\$1,166.00	\$0.00
7408020815Z11	01/23/2023 - 01/23/2023				HC:95999 // 0	M53 N1 M53 N1		\$9,000.00	PI-16	\$9,000.00	\$0.00

Code Descriptions

REMARK CODE(S):

M53=Missing/incomplete/invalid days or units of service.

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.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

PI=Payor Initiated Reductions

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)

253=Sequestration - reduction in federal payment

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

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.

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CLAIM STATUS CODE(S):

1=Processed as Primary