

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

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| BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099 | Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23292E29112620 Payment Amount: 20.10 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/19/2023 | Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 PHOENIX, AZ 850389650 |
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Patient Name: ROGERS, ROY**Claim Number:** 0202329257419E70X00**Claim Date:** 12/13/2022-12/13/2022 **Claim Status Code:** 2**Patient ID:** 850549656**Group / Policy:** 0000699530000**Facility Type:** 22**Claim Charge:** \$13,490.00**Patient Ctrl Nmbr:** 0.2823368**Contract Hdr:** MEDICARE CROSSOVER
CLAIM**Claim Frequency:** 1**Claim Payment:** \$20.10**Rendering Prvd:** MOCHIZUKI, KEVIN**Rendering Prv ID:****Claim Received Date:** 10/19/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details** **Results:** 5

| 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 |
|--------------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|------------|-------------------|------------|---------|
| 207120825353556001 | 12/13/2022 - 12/13/2022 | | | | HC:95822 / 26 / 1 | | \$11.19 (B6) | \$1,755.00 | OA-23 | \$1,743.81 | \$11.19 |
| 207120825353556002 | 12/13/2022 - 12/13/2022 | | | | HC:95938 / 26 / 1 | | \$8.91 (B6) | \$3,107.00 | OA-23 | \$3,098.09 | \$8.91 |
| 207120825353556003 | 12/13/2022 - 12/13/2022 | | | | HC:95861 / 26 / 1 | | | \$1,614.00 | OA-23 | \$1,614.00 | \$0.00 |
| 207120825353556004 | 12/13/2022 - 12/13/2022 | | | | HC:95861 / 26,XU / 1 | | | \$1,614.00 | OA-23 | \$1,614.00 | \$0.00 |
| 207120825353556005 | 12/13/2022 - 12/13/2022 | | | | HC:95999 // 3 | | | \$5,400.00 | OA-23 | \$5,400.00 | \$0.00 |

Supplemental Information - AMT/Payer Codes: \$100.47 (AU)

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

B6=Allowed - Actual

AU=Coverage Amount

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| Payer: BLUECROSS BLUESHIELD OF ILLINOIS | Check/EFT Trace Number: C23292E29112620 | Check/EFT Date: 10/23/2023 | Total Paid: \$20.10 |
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GROUP CODE(S):

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

CLAIM STATUS CODE(S):

2=Processed as Secondary