

Check Summary

Transaction Date: October 27, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23298E12213800 Payment Amount: 1,288.57 Check/EFT Date: 10/27/2023 Production End Cycle Date: 10/25/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: GRIMES, REGINALD

Claim Number: 0202329750K13240X00

Claim Date: 07/21/2023-07/21/2023 Claim Status Code: 1

Patient ID: ETA807890784	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge:	\$27,843.00
Patient Ctrl Nmbr: 0.3080908	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment:	\$1,288.57
Rendering Prvd: CHACHERE, DANNY M	Rendering Prv ID:	Claim Received Date: 10/24/2023	Patient Resp:	\$1,350.00
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
7434942664Z1	07/21/2023 - 07/21/2023				HC:95941 // 3	N830	\$547.71 (B6)	\$10,611.00	CO-45	\$10,063.29	\$547.71
7434942664Z2	07/21/2023 - 07/21/2023				HC:95938 / 26 / 1	N830	\$44.86 (B6)	\$3,107.00	CO-45	\$3,062.14	\$44.86
7434942664Z3	07/21/2023 - 07/21/2023				HC:95908 / 26 / 1	N830	\$65.20 (B6)	\$437.00	CO-45	\$371.80	\$65.20
7434942664Z4	07/21/2023 - 07/21/2023				HC:95886 / 26 / 2	N830	\$90.40 (B6)	\$5,944.00	CO-45	\$5,853.60	\$90.40
7434942664Z5	07/21/2023 - 07/21/2023				HC:95886 / 26,XU / 2	N830	\$90.40 (B6)	\$5,944.00	CO-45	\$5,853.60	\$90.40
7434942664Z6	07/21/2023 - 07/21/2023				HC:95999 // 1		\$1,800.00 (B6)	\$1,800.00	PR-45	\$1,350.00	\$450.00

Supplemental Information - AMT/Payer Codes: \$1,288.57 (AU)

Code Descriptions

REMARK CODE(S):

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213800	Check/EFT Date: 10/27/2023	Total Paid: \$1,288.57
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REMARK CODE(S):

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations
PR=Patient Responsibility

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)

CLAIM STATUS CODE(S):

1=Processed as Primary