

**Check Summary****Transaction Date:** October 25, 2023

TRIWEST HEALTHCARE ALLIANCE PO BOX 42270 PHOENIX, AZ 850802270 WWW.TRIWEST.COM	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> R35031025003349 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/25/2023 <b>Production End Cycle Date:</b> 10/25/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 85038
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**Patient Name:** GALLUZZO, MICHAEL A**Claim Number:** J296V24330000**Claim Date:** 03/29/2023-03/29/2023 **Claim Status Code:** 1

<b>Patient ID:</b> 1003128385V016741	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$13,186.00
<b>Patient Ctrl Nmbr:</b> 2663206	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/23/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
	03/29/2023 - 03/29/2023				HC:95822 / 26 /			\$1,755.00	CO-29	\$1,755.00	\$0.00
	03/29/2023 - 03/29/2023				HC:95938 / 26 /			\$3,107.00	CO-29	\$3,107.00	\$0.00
	03/29/2023 - 03/29/2023				HC:95861 / 26 /			\$1,614.00	CO-29	\$1,614.00	\$0.00
	03/29/2023 - 03/29/2023				HC:95868 / 26 /			\$1,310.00	CO-29	\$1,310.00	\$0.00
	03/29/2023 - 03/29/2023				HC:95999 // 3			\$5,400.00	CO-29	\$5,400.00	\$0.00

**Patient Name:** GUTIERREZ, ANGEL**Claim Number:** J296C07950000**Claim Date:** 07/28/2022-07/28/2022 **Claim Status Code:** 1

<b>Patient ID:</b> 570738530	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$21,724.00
<b>Patient Ctrl Nmbr:</b> 2412789	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/23/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> TRIWEST HEALTHCARE ALLIANCE	<b>Check/EFT Trace Number:</b> R35031025003349	<b>Check/EFT Date:</b> 10/25/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 8
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
	07/28/2022 - 07/28/2022				HC:95939 / 26 /			\$3,814.00	CO-29	\$3,814.00	\$0.00
	07/28/2022 - 07/28/2022				HC:95822 / 26 /			\$1,755.00	CO-29	\$1,755.00	\$0.00
	07/28/2022 - 07/28/2022				HC:95938 / 26 /			\$3,107.00	CO-29	\$3,107.00	\$0.00
	07/28/2022 - 07/28/2022				HC:95861 / 26 /			\$1,614.00	CO-29	\$1,614.00	\$0.00
	07/28/2022 - 07/28/2022				HC:95861 / 26,XU /			\$1,614.00	CO-29	\$1,614.00	\$0.00
	07/28/2022 - 07/28/2022				HC:95868 / 26 /			\$1,310.00	CO-29	\$1,310.00	\$0.00
	07/28/2022 - 07/28/2022				HC:95868 / 26,XU /			\$1,310.00	CO-29	\$1,310.00	\$0.00
	07/28/2022 - 07/28/2022				HC:95999 // 4			\$7,200.00	CO-29	\$7,200.00	\$0.00

<b>Patient Name:</b> HEATH, PHILLIP J	<b>Claim Number:</b> J296C07960000	<b>Claim Date:</b> 11/17/2022-11/17/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 1023603729V165012	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$21,724.00
<b>Patient Ctrl Nmbr:</b> 2534556	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/23/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 8
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
	11/17/2022 - 11/17/2022				HC:95939 / 26 /			\$3,814.00	CO-29	\$3,814.00	\$0.00
	11/17/2022 - 11/17/2022				HC:95822 / 26 /			\$1,755.00	CO-29	\$1,755.00	\$0.00

<b>Payer:</b> TRIWEST HEALTHCARE ALLIANCE	<b>Check/EFT Trace Number:</b> R35031025003349	<b>Check/EFT Date:</b> 10/25/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 8
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
	11/17/2022 - 11/17/2022				HC:95938 / 26 /			\$3,107.00	CO-29	\$3,107.00	\$0.00
	11/17/2022 - 11/17/2022				HC:95861 / 26 /			\$1,614.00	CO-29	\$1,614.00	\$0.00
	11/17/2022 - 11/17/2022				HC:95861 / 26,XU /			\$1,614.00	CO-29	\$1,614.00	\$0.00
	11/17/2022 - 11/17/2022				HC:95868 / 26 /			\$1,310.00	CO-29	\$1,310.00	\$0.00
	11/17/2022 - 11/17/2022				HC:95868 / 26,XU /			\$1,310.00	CO-29	\$1,310.00	\$0.00
	11/17/2022 - 11/17/2022				HC:95999 // 4			\$7,200.00	CO-29	\$7,200.00	\$0.00

<b>Patient Name:</b> JACKSON, CLAYTON	<b>Claim Number:</b> J296C19160000	<b>Claim Date:</b> 09/14/2022-09/14/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 1037136018V539233	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$15,205.00
<b>Patient Ctrl Nmbr:</b> 2466477	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/23/2023	<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
	09/14/2022 - 09/14/2022				HC:95938 / 26 /			\$4,163.00	CO-29	\$4,163.00	\$0.00
	09/14/2022 - 09/14/2022				HC:95822 / 26 /			\$1,755.00	CO-29	\$1,755.00	\$0.00
	09/14/2022 - 09/14/2022				HC:95929 / 26 /			\$2,459.00	CO-29	\$2,459.00	\$0.00
	09/14/2022 - 09/14/2022				HC:95861 / 26 /			\$1,614.00	CO-29	\$1,614.00	\$0.00

<b>Payer:</b> TRIWEST HEALTHCARE ALLIANCE	<b>Check/EFT Trace Number:</b> R35031025003349	<b>Check/EFT Date:</b> 10/25/2023	<b>Total Paid:</b> \$0.00
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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
	09/14/2022 - 09/14/2022				HC:95861 / 26,XU /			\$1,614.00	CO-29	\$1,614.00	\$0.00
	09/14/2022 - 09/14/2022				HC:95999 // 2			\$3,600.00	CO-29	\$3,600.00	\$0.00

#### Code Descriptions

#### GROUP CODE(S):

CO=Contractual Obligations

#### CLAIM ADJUSTMENT REASON CODE(S):

29=The time limit for filing has expired.

#### CLAIM STATUS CODE(S):

1=Processed as Primary