

Check Summary**Transaction Date:** October 18, 2023

MOLINA HEALTHCARE NEVADA 200 OCEANGATE 6TH FLOOR LONG BEACH, CA 90802	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: CHKHST31492494 Payment Amount: 0.00 Check/EFT Date: 10/18/2023 Production End Cycle Date: 01/01/0001	Payee Name: MONITORING ASSOCIATES LLC Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: JAYNES, JUSTIN M**Claim Number:** 23289190050**Claim Date:** 01/17/2023-01/17/2023 **Claim Status Code:** 1

Patient ID: 00002990548	Group / Policy:	Facility Type:	Claim Charge: \$8,462.00
Patient Ctrl Nmbr: 0.2861994	Contract Hdr: QMXBP8397	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN D	Rendering Prv ID:	Claim Received Date: 10/13/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details **Results:** 3

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
7402221962Z1	01/17/2023 - 01/17/2023				HC:95938 / 26 / 1			\$3,107.00	CO-29	\$3,107.00	\$0.00
7402221962Z2	01/17/2023 - 01/17/2023				HC:95955 / 26 / 1			\$1,755.00	CO-29	\$1,755.00	\$0.00
7402221962Z3	01/17/2023 - 01/17/2023				HC:95999 // 2			\$3,600.00	CO-29	\$3,600.00	\$0.00

Patient Name: PULIDO, LOURDES**Claim Number:** 23290151961**Claim Date:** 01/23/2023-01/23/2023 **Claim Status Code:** 1

Patient ID: 5Q65RN5NW52	Group / Policy:	Facility Type:	Claim Charge: \$11,690.00
Patient Ctrl Nmbr: 0.2868937	Contract Hdr: QMXBP8397	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HSU, ANDREW	Rendering Prv ID:	Claim Received Date: 10/16/2023	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
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Payer: MOLINA HEALTHCARE NEVADA	Check/EFT Trace Number: CHKHST31492494	Check/EFT Date: 10/18/2023	Total Paid: \$0.00
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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
7408142156Z1	01/23/2023 - 01/23/2023				HC:95938 / 26 / 1			\$3,107.00	CO-29	\$3,107.00	\$0.00
7408142156Z2	01/23/2023 - 01/23/2023				HC:95955 / 26 / 1			\$1,755.00	CO-29	\$1,755.00	\$0.00
7408142156Z3	01/23/2023 - 01/23/2023				HC:95861 / 26 / 1			\$1,614.00	CO-29	\$1,614.00	\$0.00
7408142156Z4	01/23/2023 - 01/23/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-29	\$1,614.00	\$0.00
7408142156Z5	01/23/2023 - 01/23/2023				HC:95999 / / 2			\$3,600.00	CO-29	\$3,600.00	\$0.00

Patient Name: PULIDO, LOURDES	Claim Number: 23290151965	Claim Date: 01/24/2023-01/24/2023	Claim Status Code: 1
Patient ID: 5Q65RN5NW52	Group / Policy:	Facility Type:	Claim Charge: \$24,387.00
Patient Ctrl Nmbr: 0.2870826	Contract Hdr: QMXBP8397	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN D	Rendering Prv ID:	Claim Received Date: 10/16/2023	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
7408414801Z1	01/24/2023 - 01/24/2023				HC:95938 / 26 / 1			\$3,107.00	CO-29	\$3,107.00	\$0.00
7408414801Z2	01/24/2023 - 01/24/2023				HC:95955 / 26 / 1			\$1,755.00	CO-29	\$1,755.00	\$0.00
7408414801Z3	01/24/2023 - 01/24/2023				HC:95908 / 26 / 1			\$437.00	CO-29	\$437.00	\$0.00
7408414801Z4	01/24/2023 - 01/24/2023				HC:95886 / 26 / 2			\$5,944.00	CO-29	\$5,944.00	\$0.00
7408414801Z5	01/24/2023 - 01/24/2023				HC:95886 / 26,XU / 2			\$5,944.00	CO-29	\$5,944.00	\$0.00

Payer: MOLINA HEALTHCARE NEVADA	Check/EFT Trace Number: CHKHST31492494	Check/EFT Date: 10/18/2023	Total Paid: \$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
7408414801Z6	01/24/2023 - 01/24/2023				HC:95999 // 4			\$7,200.00	CO-29	\$7,200.00	\$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