

**Check Summary****Transaction Date:** October 17, 2023

REGENCE BLUECROSS BLUESHIELD OF UTAH PO BOX 30270 SALT LAKE CITY, UT 84130	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 15021075211 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/17/2023 <b>Production End Cycle Date:</b> 10/16/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> 9811 W CHARLESTON BLVD STE 2-641 LAS VEGAS, NV 891177528
--	---	---

**Patient Name:** CONLIN, GAIL B**Claim Number:** E63129734500**Claim Date:** 11/30/2022-11/30/2022 **Claim Status Code:** 1

<b>Patient ID:</b> ZVU921214148	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$18,443.00
<b>Patient Ctrl Nmbr:</b> 0.2806236	<b>Contract Hdr:</b> NONPAR	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b> 100002428811	<b>Claim Received Date:</b> 09/29/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**Line Details****Results:** 7

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
7354181327Z1	11/30/2022 - 11/30/2022				HC:95938 / 26 / 1	M127 N202		\$3,107.00	CO-252	\$3,107.00	\$0.00
7354181327Z2	11/30/2022 - 11/30/2022				HC:95955 / 26 / 1	M127 N202		\$1,755.00	CO-252	\$1,755.00	\$0.00
7354181327Z3	11/30/2022 - 11/30/2022				HC:95908 / 26 / 1	M127 N202		\$437.00	CO-252	\$437.00	\$0.00
7354181327Z4	11/30/2022 - 11/30/2022				HC:95886 / 26 / 2	M127 N202		\$2,972.00	CO-252	\$2,972.00	\$0.00
7354181327Z5	11/30/2022 - 11/30/2022				HC:95886 / 26,XU / 2	M127 N202		\$2,972.00	CO-252	\$2,972.00	\$0.00
7354181327Z6	11/30/2022 - 11/30/2022				HC:95999 // 3	M127 N202		\$5,400.00	CO-252	\$5,400.00	\$0.00
7354181327Z6	11/30/2022 - 11/30/2022				HC:95999 // 1	M127 N202		\$1,800.00	CO-252	\$1,800.00	\$0.00

**Code Descriptions**

<b>Payer:</b> REGENCE BLUECROSS BLUESHIELD OF UTAH	<b>Check/EFT Trace Number:</b> 15021075211	<b>Check/EFT Date:</b> 10/17/2023	<b>Total Paid:</b> \$0.00
--	--	-----------------------------------	---------------------------

**REMARK CODE(S):**

M127=Missing patient medical record for this service.

N202=Alert: Additional information/explanation will be sent separately.

**GROUP CODE(S):**

CO=Contractual Obligations

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

252=An attachment/other documentation is required to adjudicate this claim/service. 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).

**CLAIM STATUS CODE(S):**

1=Processed as Primary