

Check Summary

Transaction Date: October 19, 2023

BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23290E28850630 Payment Amount: 1,014.35 Check/EFT Date: 10/19/2023 Production End Cycle Date: 10/17/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: JUCO, JONARD

Claim Number: 0202309050892F40X00

Claim Date: 05/19/2022-05/19/2022 Claim Status Code: 22

Patient ID: R60864221

Group / Policy: 0000FEP000102

Facility Type: 21

Claim Charge: \$-22,684.00

Patient Ctrl Nmbr: 0.2573901

Contract Hdr: PREFERRED PROVIDER

Claim Frequency: 1

Claim Payment: \$-772.46

Rendering Prvd: ,

ORGANIZATION

Claim Received Date: 03/31/2023

Patient Resp: \$0.00

Original Ref Nmbr:

Rendering Prv ID:

Line Details

Results: 9

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
6756654793Z1	05/19/2022 - 05/19/2022	1871679787			HC:95941 // 1	N830		\$-2,760.00	PR-2 CO-45	\$-27.84 \$-2,574.35	\$-157.81
6756654793Z2	05/19/2022 - 05/19/2022	1871679787			HC:95939 / 26 / 1	N830		\$-3,814.00	PR-2 CO-45	\$-25.19 \$-3,646.04	\$-142.77
6756654793Z3	05/19/2022 - 05/19/2022	1871679787			HC:95822 / 26 / 1	N830		\$-1,755.00	PR-2 CO-45	\$-12.16 \$-1,673.87	\$-68.97
6756654793Z4	05/19/2022 - 05/19/2022	1871679787			HC:95938 / 26 / 1	N830		\$-3,107.00	PR-2 CO-45	\$-9.74 \$-3,042.01	\$-55.25
6756654793Z5	05/19/2022 - 05/19/2022	1871679787			HC:95861 / 26 / 1	N830		\$-1,614.00	PR-2 CO-45	\$-17.43 \$-1,497.78	\$-98.79
6756654793Z6	05/19/2022 - 05/19/2022	1871679787			HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-2 CO-45	\$-17.43 \$-1,497.78	\$-98.79
6756654793Z7	05/19/2022 - 05/19/2022	1871679787			HC:95868 / 26 / 1	N830		\$-1,310.00	PR-2 CO-45	\$-13.24 \$-1,221.72	\$-75.04
6756654793Z8	05/19/2022 - 05/19/2022	1871679787			HC:95868 / 26,XU / 1	N830		\$-1,310.00	PR-2 CO-45	\$-13.24 \$-1,221.72	\$-75.04

Payer: BLUECROSS BLUESHIELD OF ILLINOIS	Check/EFT Trace Number: C23290E28850630	Check/EFT Date: 10/19/2023	Total Paid: \$1,014.35
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Line Details											Results: 9
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
6756654793Z9	05/19/2022 - 05/19/2022	1871679787			HC:95999 // 1			\$-5,400.00	PR-45	\$-5,400.00	\$0.00

Patient Name: JUCO, JONARD F	Claim Number: 0202309050892F40X01	Claim Date: 05/19/2022-05/19/2022	Claim Status Code: 1
Patient ID: R60864221	Group / Policy: 0000FEP000102	Facility Type: 21	Claim Charge: \$22,684.00
Patient Ctrl Nmbr: 0.2573901	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,786.81
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/12/2023	Patient Resp: \$136.27
Original Ref Nmbr: 0202309050892F40X00			

Line Details											Results: 9
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
	05/19/2022 - 05/19/2022	1871679787			HC:95941 // 1	N830	\$1,200.00 (B6)	\$2,760.00	PR-2 CO-45	\$27.84 \$1,560.00	\$1,172.16
	05/19/2022 - 05/19/2022	1871679787			HC:95939 / 26 / 1	N830	\$167.96 (B6)	\$3,814.00	PR-2 CO-45	\$25.19 \$3,646.04	\$142.77
	05/19/2022 - 05/19/2022	1871679787			HC:95822 / 26 / 1	N830	\$81.13 (B6)	\$1,755.00	PR-2 CO-45	\$12.16 \$1,673.87	\$68.97
	05/19/2022 - 05/19/2022	1871679787			HC:95938 / 26 / 1	N830	\$64.99 (B6)	\$3,107.00	PR-2 CO-45	\$9.74 \$3,042.01	\$55.25
	05/19/2022 - 05/19/2022	1871679787			HC:95861 / 26 / 1	N830	\$116.22 (B6)	\$1,614.00	PR-2 CO-45	\$17.43 \$1,497.78	\$98.79
	05/19/2022 - 05/19/2022	1871679787			HC:95861 / 26,XU / 1	N830	\$116.22 (B6)	\$1,614.00	PR-2 CO-45	\$17.43 \$1,497.78	\$98.79
	05/19/2022 - 05/19/2022	1871679787			HC:95868 / 26 / 1	N830	\$88.28 (B6)	\$1,310.00	PR-2 CO-45	\$13.24 \$1,221.72	\$75.04
	05/19/2022 - 05/19/2022	1871679787			HC:95868 / 26,XU / 1	N830	\$88.28 (B6)	\$1,310.00	PR-2 CO-45	\$13.24 \$1,221.72	\$75.04
	05/19/2022 - 05/19/2022	1871679787			HC:95999 // 3	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF ILLINOIS	Check/EFT Trace Number: C23290E28850630	Check/EFT Date: 10/19/2023	Total Paid: \$1,014.35
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Supplemental Information - AMT/Payer Codes: \$1,923.08 (AU)

Code Descriptions

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):

PR=Patient Responsibility
CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

2=Coinsurance Amount
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):

22=Reversal of Previous Payment
1=Processed as Primary