

Check Summary
Transaction Date: October 25, 2023

BCBS HEALTHCARE PLAN OF GA PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908 ANTHEM.COM	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 9022580851 Payment Amount: 0.00 Check/EFT Date: 10/25/2023 Production End Cycle Date: 10/25/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: HOLBROOK, ALISHA

Claim Number: 2023276DT8570

Claim Date: 09/28/2023-09/28/2023 **Claim Status Code:** 4

Patient ID: E3K2503454AB	Group / Policy: 174287M020	Facility Type:	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.3158119	Contract Hdr: OPEN ACCESS POS	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: CRUZ, MARCOS	Rendering Prv ID:	Claim Received Date: 10/03/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7364975589Z1	09/28/2023 - 09/28/2023				HC:95941 / / 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
7364975589Z2	09/28/2023 - 09/28/2023				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
7364975589Z3	09/28/2023 - 09/28/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7364975589Z4	09/28/2023 - 09/28/2023				HC:95955 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7364975589Z5	09/28/2023 - 09/28/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7364975589Z6	09/28/2023 - 09/28/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7364975589Z7	09/28/2023 - 09/28/2023				HC:95868 / 26 / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00
7364975589Z8	09/28/2023 - 09/28/2023				HC:95868 / 26,XU / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00

Payer: BCBS HEALTHCARE PLAN OF GA	Check/EFT Trace Number: 9022580851	Check/EFT Date: 10/25/2023	Total Paid: \$0.00
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7364975589Z9	09/28/2023 - 09/28/2023				HC:95999 // 0	M15		\$7,200.00	PI-234	\$7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

GROUP CODE(S):

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

234=This procedure is not paid separately. 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):

4=Denied