

**Check Summary****Transaction Date:** October 09, 2023

MOLINA HEALTHCARE UTAH 200 OCEANGATE 6TH FLOOR LONG BEACH, CA 90802	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> CHKHST31457188 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/09/2023 <b>Production End Cycle Date:</b> 01/01/0001	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 85038
--	--	--

**Patient Name:** BOSS, BRANDI MARIA**Claim Number:** 23276450166**Claim Date:** 12/07/2022-12/07/2022 **Claim Status Code:** 1

<b>Patient ID:</b> 0600568426	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$22,313.00
<b>Patient Ctrl Nmbr:</b> 0.2815847	<b>Contract Hdr:</b> TBPA0070	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/02/2023	<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
7361137907Z1	12/07/2022 - 12/07/2022				HC:95938 / 26 / 1	MA07		\$3,107.00	CO-133	\$3,107.00	\$0.00
7361137907Z2	12/07/2022 - 12/07/2022				HC:95955 / 26,XU / 1	MA07		\$1,755.00	CO-133	\$1,755.00	\$0.00
7361137907Z3	12/07/2022 - 12/07/2022				HC:95908 / 26,XU / 1	MA07		\$437.00	CO-133	\$437.00	\$0.00
7361137907Z4	12/07/2022 - 12/07/2022				HC:51785 / 26 / 1	MA07		\$1,071.00	CO-133	\$1,071.00	\$0.00
7361137907Z5	12/07/2022 - 12/07/2022				HC:51785 / 26,XU / 1	MA07		\$2,799.00	CO-133	\$2,799.00	\$0.00
7361137907Z6	12/07/2022 - 12/07/2022				HC:95886 / 26 / 2	MA07		\$2,972.00	CO-133	\$2,972.00	\$0.00
7361137907Z7	12/07/2022 - 12/07/2022				HC:95886 / 26,XU / 2	MA07		\$2,972.00	CO-133	\$2,972.00	\$0.00
7361137907Z8	12/07/2022 - 12/07/2022				HC:95999 // 4	M15		\$7,200.00	CO-234	\$7,200.00	\$0.00

<b>Payer:</b> MOLINA HEALTHCARE UTAH	<b>Check/EFT Trace Number:</b> CHKHST31457188	<b>Check/EFT Date:</b> 10/09/2023	<b>Total Paid:</b> \$0.00
--------------------------------------	---	-----------------------------------	---------------------------

<b>Patient Name:</b> PRUTSMAN, RANDY L	<b>Claim Number:</b> 23272407169	<b>Claim Date:</b> 11/22/2022-11/22/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 0910152076	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$17,360.00
<b>Patient Ctrl Nmbr:</b> 0.2799509	<b>Contract Hdr:</b> QMXBP8370	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW	<b>Rendering Prv ID:</b>	<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
7349475825Z1	11/22/2022 - 11/22/2022				HC:95938 / 26 / 1	MA07		\$3,107.00	CO-133	\$3,107.00	\$0.00
7349475825Z2	11/22/2022 - 11/22/2022				HC:95955 / 26,XU / 1	MA07		\$1,755.00	CO-133	\$1,755.00	\$0.00
7349475825Z3	11/22/2022 - 11/22/2022				HC:51785 / 26 / 1	MA07		\$1,071.00	CO-133	\$1,071.00	\$0.00
7349475825Z4	11/22/2022 - 11/22/2022				HC:51785 / 26,XU / 1	MA07		\$2,799.00	CO-133	\$2,799.00	\$0.00
7349475825Z5	11/22/2022 - 11/22/2022				HC:95861 / 26,XU / 1	MA07		\$1,614.00	CO-133	\$1,614.00	\$0.00
7349475825Z6	11/22/2022 - 11/22/2022				HC:95861 / 26,XU / 1	MA07		\$1,614.00	CO-133	\$1,614.00	\$0.00
7349475825Z7	11/22/2022 - 11/22/2022				HC:95999 // 3	M15		\$5,400.00	CO-234	\$5,400.00	\$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.

MA07=Alert: The claim information has also been forwarded to Medicaid for review.

##### GROUP CODE(S):

CO=Contractual Obligations

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

<b>Payer:</b> MOLINA HEALTHCARE UTAH	<b>Check/EFT Trace Number:</b> CHKHST31457188	<b>Check/EFT Date:</b> 10/09/2023	<b>Total Paid:</b> \$0.00
--------------------------------------	---	-----------------------------------	---------------------------

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

133=The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).

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):**

1=Processed as Primary