

**Check Summary****Transaction Date:** October 20, 2023

AMERIGROUP INSURANCE COMPANY PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 9022451308 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/20/2023 <b>Production End Cycle Date:</b> 10/20/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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**Patient Name:** PETERSON, MARGARET**Claim Number:** 255886422100512**Claim Date:** 01/10/2023-01/10/2023 **Claim Status Code:** 1

<b>Patient ID:</b> 118W10996	<b>Group / Policy:</b> TXMCR000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$6,662.00
<b>Patient Ctrl Nmbr:</b> 0.2853705	<b>Contract Hdr:</b> HOUSTON MEDICARE	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> DE JESUS, MARIA	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/10/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
7388958095Z1	01/10/2023 - 01/10/2023				HC:95822 / 26 / 0	M127		\$1,755.00	CO-252	\$1,755.00	\$0.00
7388958095Z2	01/10/2023 - 01/10/2023				HC:95938 / 26 / 0	M127		\$3,107.00	CO-252	\$3,107.00	\$0.00
7388958095Z3	01/10/2023 - 01/10/2023				HC:95999 // 0	M127		\$1,800.00	CO-252	\$1,800.00	\$0.00

**Code Descriptions****REMARK CODE(S):**

M127=Missing patient medical record for this service.

**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).

<b>Payer:</b> AMERIGROUP INSURANCE COMPANY	<b>Check/EFT Trace Number:</b> 9022451308	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$0.00
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**CLAIM STATUS CODE(S):**

1=Processed as Primary