

## Check Summary

Transaction Date: October 16, 2023

BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> C23285E28404180 <b>Payment Amount:</b> 2,286.16 <b>Check/EFT Date:</b> 10/16/2023 <b>Production End Cycle Date:</b> 10/12/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: LETTERLY, WENDY

Claim Number: 02023284505224Q0X00

Claim Date: 09/14/2023-09/14/2023 Claim Status Code: 1

Patient ID: XOF829639088	Group / Policy: 000PA06250000	Facility Type: 21	Claim Charge: \$25,444.00
Patient Ctrl Nmbr: 0.3142654	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$2,286.16
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/11/2023	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
7394415035Z1	09/14/2023 - 09/14/2023	1881910255			HC:95941 // 2	N830	\$365.14 (B6)	\$5,520.00	CO-45	\$5,154.86	\$365.14
7394415035Z2	09/14/2023 - 09/14/2023	1881910255			HC:95939 / 26 / 1	N830	\$122.03 (B6)	\$3,814.00	CO-45	\$3,691.97	\$122.03
7394415035Z3	09/14/2023 - 09/14/2023	1881910255			HC:95938 / 26 / 1	N830	\$46.74 (B6)	\$3,107.00	CO-45	\$3,060.26	\$46.74
7394415035Z4	09/14/2023 - 09/14/2023	1881910255			HC:95955 / 26 / 1	N830	\$54.67 (B6)	\$1,755.00	CO-45	\$1,700.33	\$54.67
7394415035Z5	09/14/2023 - 09/14/2023	1881910255			HC:95861 / 26 / 1	N830	\$83.87 (B6)	\$1,614.00	CO-45	\$1,530.13	\$83.87
7394415035Z6	09/14/2023 - 09/14/2023	1881910255			HC:95861 / 26,XU / 1	N830	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
7394415035Z7	09/14/2023 - 09/14/2023	1881910255			HC:95868 / 26 / 1	N830	\$63.64 (B6)	\$1,310.00	CO-45	\$1,246.36	\$63.64
7394415035Z8	09/14/2023 - 09/14/2023	1881910255			HC:95868 / 26,XU / 1	N830	\$86.31 (B6)	\$1,310.00	CO-45	\$1,223.69	\$86.31

<b>Payer:</b> BLUECROSS BLUESHIELD OF ILLINOIS	<b>Check/EFT Trace Number:</b> C23285E28404180	<b>Check/EFT Date:</b> 10/16/2023	<b>Total Paid:</b> \$2,286.16
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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
7394415035Z9	09/14/2023 - 09/14/2023	1881910255			HC:95999 // 1	N830	\$1,350.00 (B6)	\$5,400.00	CO-45	\$4,050.00	\$1,350.00

Supplemental Information - AMT/Payer Codes: \$2,286.16 (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):

CO=Contractual Obligations

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

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):

1=Processed as Primary