

## Check Summary

Transaction Date: October 23, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> C23292E10728460 <b>Payment Amount:</b> 809.34 <b>Check/EFT Date:</b> 10/23/2023 <b>Production End Cycle Date:</b> 10/19/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: CURRAN, SANDRA

Claim Number: 020232925782Z720X00

Claim Date: 01/27/2023-01/27/2023 Claim Status Code: 2

Patient ID: ZGM860676660	Group / Policy: 0000TX2140000	Facility Type: 21	Claim Charge: \$19,806.00
Patient Ctrl Nmbr: 0.2874444	Contract Hdr: MEDICARE CROSSOVER CLAIM	Claim Frequency: 1	Claim Payment: \$67.34
Rendering Prvd: MOCHIZUKI, KEVIN S	Rendering Prv ID:	Claim Received Date: 10/19/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

## Line Details Results: 6

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
257149037874556001	01/27/2023 - 01/27/2023				HC:95822 / 26 / 1		\$10.94 (B6)	\$1,755.00	OA-23	\$1,744.06	\$10.94
257149037874556002	01/27/2023 - 01/27/2023				HC:95938 / 26 / 1		\$8.70 (B6)	\$3,107.00	OA-23	\$3,098.30	\$8.70
257149037874556003	01/27/2023 - 01/27/2023				HC:95908 / 26 / 1		\$12.66 (B6)	\$1,800.00	OA-23	\$1,787.34	\$12.66
257149037874556004	01/27/2023 - 01/27/2023				HC:95886 / 26 / 2		\$17.52 (B6)	\$2,972.00	OA-23	\$2,954.48	\$17.52
257149037874556005	01/27/2023 - 01/27/2023				HC:95886 / 26,XU / 2		\$17.52 (B6)	\$2,972.00	OA-23	\$2,954.48	\$17.52
257149037874556006	01/27/2023 - 01/27/2023				HC:95999 // 4			\$7,200.00	OA-23	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$336.75 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23292E10728460	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$809.34
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<b>Patient Name:</b> GUERIN, MAGALIE	<b>Claim Number:</b> 0202328350X88820X00	<b>Claim Date:</b> 09/06/2023-09/06/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> VER921376947	<b>Group / Policy:</b> 0000006550001	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$23,644.00
<b>Patient Ctrl Nmbr:</b> 0.3132177	<b>Contract Hdr:</b> HEALTH MAINTENANCE ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$742.00
<b>Rendering Prvd:</b> HSU, ANDREW C	<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: 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
7389017981Z1	09/06/2023 - 09/06/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
7389017981Z2	09/06/2023 - 09/06/2023				HC:95939 / 26 / 1	N830	\$114.23 (B6)	\$3,814.00	CO-45	\$3,699.77	\$114.23
7389017981Z3	09/06/2023 - 09/06/2023				HC:95938 / 26 / 1	N830	\$43.69 (B6)	\$3,107.00	CO-45	\$3,063.31	\$43.69
7389017981Z4	09/06/2023 - 09/06/2023				HC:95955 / 26 / 1	N830	\$51.35 (B6)	\$1,755.00	CO-45	\$1,703.65	\$51.35
7389017981Z5	09/06/2023 - 09/06/2023				HC:95861 / 26 / 1	N830	\$78.45 (B6)	\$1,614.00	CO-45	\$1,535.55	\$78.45
7389017981Z6	09/06/2023 - 09/06/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
7389017981Z7	09/06/2023 - 09/06/2023				HC:95868 / 26 / 1	N830	\$60.01 (B6)	\$1,310.00	CO-45	\$1,249.99	\$60.01
7389017981Z8	09/06/2023 - 09/06/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
7389017981Z9	09/06/2023 - 09/06/2023				HC:95999 // 1	N830		\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$742.00 (AU)

#### Code Descriptions

REMARK CODE(S):

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23292E10728460	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$809.34
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**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):**

OA=Other Adjustments  
CO=Contractual Obligations

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

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)  
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):**

2=Processed as Secondary  
1=Processed as Primary