

Check Summary

Transaction Date: October 20, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23291E10356170 Payment Amount: 2,315.19 Check/EFT Date: 10/20/2023 Production End Cycle Date: 10/18/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: CRUZ, AZUCENA

Claim Number: 020232855012A510X00

Claim Date: 09/20/2023-09/20/2023 Claim Status Code: 1

Patient ID: BCS847561621	Group / Policy: 0000400200000	Facility Type: 22	Claim Charge: \$20,074.00
Patient Ctrl Nmbr: 0.3147848	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: CHACHERE, DANNY M	Rendering Prv ID:	Claim Received Date: 10/12/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details

Results: 10

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
7398090922Z1	09/20/2023 - 09/20/2023				HC:95941 / / 1	N394		\$2,760.00	CO-A1	\$2,760.00	\$0.00
7398090922Z2	09/20/2023 - 09/20/2023				HC:95938 / 26 / 1	N394		\$3,107.00	CO-A1	\$3,107.00	\$0.00
7398090922Z3	09/20/2023 - 09/20/2023				HC:95955 / 26 / 1	N394		\$1,755.00	CO-A1	\$1,755.00	\$0.00
7398090922Z4	09/20/2023 - 09/20/2023				HC:95861 / 26 / 1	N394		\$1,614.00	CO-A1	\$1,614.00	\$0.00
7398090922Z5	09/20/2023 - 09/20/2023				HC:95861 / 26,XU / 1	N394		\$1,614.00	CO-A1	\$1,614.00	\$0.00
7398090922Z6	09/20/2023 - 09/20/2023				HC:95865 / 26 / 1	N394		\$1,502.00	CO-A1	\$1,502.00	\$0.00
7398090922Z7	09/20/2023 - 09/20/2023				HC:95865 / 26,XU / 1	N394		\$1,502.00	CO-A1	\$1,502.00	\$0.00
7398090922Z8	09/20/2023 - 09/20/2023				HC:95868 / 26,XU / 1	N394		\$1,310.00	CO-A1	\$1,310.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10356170	Check/EFT Date: 10/20/2023	Total Paid: \$2,315.19
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Line Details										Results: 10	
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
7398090922Z9	09/20/2023 - 09/20/2023				HC:95868 / 26,XU / 1	N394		\$1,310.00	CO-A1	\$1,310.00	\$0.00
7398090922Z10	09/20/2023 - 09/20/2023				HC:95999 // 2	N394		\$3,600.00	CO-A1	\$3,600.00	\$0.00

Patient Name: RADCLIFF, UCHE	Claim Number: 02022300500J7950X00	Claim Date: 06/21/2022-06/21/2022	Claim Status Code: 22
Patient ID: DVR828610185	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-11,164.00
Patient Ctrl Nmbr: 0.2609721	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-3,060.72
Rendering Prvd: PATI, SANDIPAN P	Rendering Prv ID:	Claim Received Date: 10/27/2022	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 4
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
6289903520Z1	06/21/2022 - 06/21/2022				HC:95941 // 1	N830		\$-2,760.00	PR-2 CO-45	\$-34.76 \$-2,564.30	\$-160.94
6289903520Z2	06/21/2022 - 06/21/2022				HC:95865 / 26 / 1	N830		\$-1,502.00	PR-2 CO-45	\$-18.53 \$-1,387.43	\$-96.04
6289903520Z3	06/21/2022 - 06/21/2022				HC:95865 / 26,XU / 1	N830		\$-1,502.00	PR-2 CO-45	\$-18.53 \$-1,379.73	\$-103.74
6289903520Z4	06/21/2022 - 06/21/2022				HC:95999 // 3	N830		\$-5,400.00	CO-45	\$-2,700.00	\$-2,700.00

Patient Name: RADCLIFF, UCHE	Claim Number: 02022300500J7950X01	Claim Date: 06/21/2022-06/21/2022	Claim Status Code: 1
Patient ID: DVR828610185	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$11,164.00
Patient Ctrl Nmbr: 0.2609721	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$4,500.18
Rendering Prvd: PATI, SANDIPAN P	Rendering Prv ID:	Claim Received Date: 10/16/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02022300500J7950X00			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10356170	Check/EFT Date: 10/20/2023	Total Paid: \$2,315.19
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Line Details											Results: 4
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
	06/21/2022 - 06/21/2022				HC:95941 // 1	N830	\$1,452.18 (B6)	\$2,760.00	CO-45	\$1,307.82	\$1,452.18
	06/21/2022 - 06/21/2022				HC:95865 / 26 / 1		\$1,502.00 (B6)	\$1,502.00			\$1,502.00
	06/21/2022 - 06/21/2022				HC:95865 / 26,XU / 1		\$1,502.00 (B6)	\$1,502.00			\$1,502.00
	06/21/2022 - 06/21/2022				HC:95999 // 3	N830	\$44.00 (B6)	\$5,400.00	CO-45	\$5,356.00	\$44.00

Supplemental Information - AMT/Payer Codes: \$4,572.00 (AU)

Patient Name: SCHWABE, KEITH	Claim Number: 0202328350W50450X00	Claim Date: 09/07/2023-09/07/2023	Claim Status Code: 1
Patient ID: T2G925868162	Group / Policy: 0000008590001	Facility Type: 21	Claim Charge: \$32,565.00
Patient Ctrl Nmbr: 0.3133690	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$875.73
Rendering Prvd: HSU, ANDREW C	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 10
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
7389188095Z1	09/07/2023 - 09/07/2023				HC:95941 // 3	N830	\$422.34 (B6)	\$10,611.00	CO-45	\$10,188.66	\$422.34
7389188095Z2	09/07/2023 - 09/07/2023				HC:95939 / 26 / 1	N830	\$114.23 (B6)	\$3,814.00	CO-45	\$3,699.77	\$114.23
7389188095Z3	09/07/2023 - 09/07/2023				HC:95938 / 26 / 1	N830	\$43.69 (B6)	\$3,107.00	CO-45	\$3,063.31	\$43.69
7389188095Z4	09/07/2023 - 09/07/2023				HC:95955 / 26 / 1	N830	\$51.35 (B6)	\$1,755.00	CO-45	\$1,703.65	\$51.35
7389188095Z5	09/07/2023 - 09/07/2023				HC:95910 / 26 / 1	N830	\$101.70 (B6)	\$780.00	CO-45	\$678.30	\$101.70

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10356170	Check/EFT Date: 10/20/2023	Total Paid: \$2,315.19
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Line Details											Results: 10
Line Ctrl Nbr	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
7389188095Z6	09/07/2023 - 09/07/2023				HC:95885 / 26 / 2	N830	\$35.18 (B6)	\$1,166.00	CO-45	\$1,130.82	\$35.18
7389188095Z7	09/07/2023 - 09/07/2023				HC:95885 / 26,XU / 2	N830	\$35.18 (B6)	\$1,166.00	CO-45	\$1,130.82	\$35.18
7389188095Z8	09/07/2023 - 09/07/2023				HC:95887 / 26 / 1	N830	\$36.03 (B6)	\$583.00	CO-45	\$546.97	\$36.03
7389188095Z9	09/07/2023 - 09/07/2023				HC:95887 / 26,XU / 1	N830	\$36.03 (B6)	\$583.00	CO-45	\$546.97	\$36.03
7389188095Z10	09/07/2023 - 09/07/2023				HC:95999 // 1	N830		\$9,000.00	CO-45	\$9,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$875.73 (AU)

Code Descriptions

REMARK CODE(S):

N394=Incomplete/invalid progress notes/report.

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

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

A1=Claim/Service denied. 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.) Usage: Use this code only when a more specific Claim Adjustment Reason Code is not available.

2=Coinsurance Amount

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10356170	Check/EFT Date: 10/20/2023	Total Paid: \$2,315.19
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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

22=Reversal of Previous Payment