

Check Summary**Transaction Date:** October 13, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23284E08489490 Payment Amount: 297.48 Check/EFT Date: 10/13/2023 Production End Cycle Date: 10/11/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: SCHWEITZER, FORREST**Claim Number:** 020220475035V660X01**Claim Date:** 05/10/2021-05/10/2021**Claim Status Code:** 22

Patient ID: ZGP833321692	Group / Policy: 0002571140000	Facility Type: 21	Claim Charge: \$-11,016.00
Patient Ctrl Nmbr: 0.2135627	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MONDAY, KIMBERLY E	Rendering Prv ID:	Claim Received Date: 09/16/2022	Patient Resp: \$0.00
Original Ref Nmbr: 020220475035V660X00			

Line Details**Results:** 5

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
	05/10/2021 - 05/10/2021				HC:95938 / 26 / 1			\$-3,107.00	PR-1 CO-45	\$-41.62 \$-3,065.38	\$0.00
	05/10/2021 - 05/10/2021				HC:95938 / 26,XU / 1			\$-3,107.00	PR-1 CO-45	\$-41.62 \$-3,065.38	\$0.00
	05/10/2021 - 05/10/2021				HC:95941 / 59 / 1			\$-2,760.00	CO-45 PR-1	\$-2,619.22 \$-140.78	\$0.00
	05/10/2021 - 05/10/2021				HC:95955 / 26,XU / 1			\$-1,755.00	CO-45 PR-1	\$-1,706.13 \$-48.87	\$0.00
	05/10/2021 - 05/10/2021				HC:95927 / 26,59 / 1			\$-287.00	CO-45 PR-1	\$-262.41 \$-24.59	\$0.00

Patient Name: SCHWEITZER, FORREST**Claim Number:** 020220475035V660X02**Claim Date:** 05/10/2021-05/10/2021**Claim Status Code:** 1

Patient ID: ZGP833321692	Group / Policy: 0002571140000	Facility Type: 21	Claim Charge: \$11,016.00
Patient Ctrl Nmbr: 0.2135627	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$297.48
Rendering Prvd: MONDAY, KIMBERLY E	Rendering Prv ID:	Claim Received Date: 08/22/2023	Patient Resp: \$0.00
Original Ref Nmbr: 020220475035V660X01			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489490	Check/EFT Date: 10/13/2023	Total Paid: \$297.48
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Line Details											Results: 5
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
	05/10/2021 - 05/10/2021				HC:95938 / 26 / 1		\$41.62 (B6)	\$3,107.00	CO-45	\$3,065.38	\$41.62
	05/10/2021 - 05/10/2021				HC:95938 / 26,XU / 1		\$41.62 (B6)	\$3,107.00	CO-45	\$3,065.38	\$41.62
	05/10/2021 - 05/10/2021				HC:95941 / 59 / 1		\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
	05/10/2021 - 05/10/2021				HC:95955 / 26,XU / 1		\$48.87 (B6)	\$1,755.00	CO-45	\$1,706.13	\$48.87
	05/10/2021 - 05/10/2021				HC:95927 / 26,59 / 1		\$24.59 (B6)	\$287.00	CO-45	\$262.41	\$24.59

Supplemental Information - AMT/Payer Codes: \$297.48 (AU)

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

PR=Patient Responsibility
CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

1=Deductible Amount
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):

22=Reversal of Previous Payment
1=Processed as Primary