

Check Summary**Transaction Date:** October 22, 2023

BLUECROSS BLUESHIELD OF TENNESSEE 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23299B100067676000 Payment Amount: 0.00 Check/EFT Date: 10/22/2023 Production End Cycle Date: 10/26/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: DEPT 8800256 PO BOX 29650 PHOENIX, AZ 85038
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO	AC5043019701	\$-477.56

Patient Name: HAGGARD, MELISSA**Claim Number:** AD7635128200**Claim Date:** 08/26/2023-08/26/2023 **Claim Status Code:** 22**Patient ID:** FYJ075A78011**Group / Policy:** 202222**Facility Type:** 21**Claim Charge:** \$-26,998.00**Patient Ctrl Nmbr:** 2834870**Contract Hdr:** BLUE NETWORK S**Claim Frequency:** 1**Claim Payment:** \$-1,257.22**Rendering Prvd :****Rendering Prv ID:****Claim Received Date:** 09/18/2023**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
	08/26/2023 - 08/26/2023	1265556898			HC:95941 // -2	N860		\$-7,074.00	CO-45	\$-6,819.16	\$-254.84
	08/26/2023 - 08/26/2023	1265556898			HC:95939 / 26 / -1	N860		\$-3,814.00	CO-45	\$-3,580.18	\$-233.82
	08/26/2023 - 08/26/2023	1265556898			HC:95822 / 26 / -1	N860		\$-1,755.00	CO-45	\$-1,642.50	\$-112.50
	08/26/2023 - 08/26/2023	1265556898			HC:95938 / 26 / -1	N860		\$-3,107.00	CO-45	\$-3,017.54	\$-89.46
	08/26/2023 - 08/26/2023	1265556898			HC:95861 / 26 / 0			\$-1,614.00	CO-131	\$-1,453.38	\$-160.62
	08/26/2023 - 08/26/2023	1265556898			HC:95861 / 26,XU / 0			\$-1,614.00	CO-131	\$-1,453.38	\$-160.62

Payer: BLUECROSS BLUESHIELD OF TENNESSEE	Check/EFT Trace Number: 23299B100067676000	Check/EFT Date: 10/22/2023	Total Paid: \$0.00
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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
	08/26/2023 - 08/26/2023	1265556898			HC:95868 / 26 / 0			\$-1,310.00	CO-131	\$-1,187.32	\$-122.68
	08/26/2023 - 08/26/2023	1265556898			HC:95868 / 26,XU / 0			\$-1,310.00	CO-131	\$-1,187.32	\$-122.68
	08/26/2023 - 08/26/2023	1265556898			HC:95999 // 0			\$-5,400.00	CO-131	\$-5,400.00	\$0.00

Patient Name: HAGGARD, MELISSA	Claim Number: AD7635128201	Claim Date: 08/26/2023-08/26/2023	Claim Status Code: 1
Patient ID: FYJ075A78011	Group / Policy: 202222	Facility Type: 21	Claim Charge: \$26,998.00
Patient Ctrl Nmbr: 2834870	Contract Hdr: BLUE NETWORK S	Claim Frequency: 1	Claim Payment: \$1,257.22
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 09/18/2023	Patient Resp: \$0.00
Original Ref Nmbr: AD7635128200			

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
	08/26/2023 - 08/26/2023	1265556898			HC:95941 // 2	N860	\$254.84 (B6)	\$7,074.00	CO-45	\$6,819.16	\$254.84
	08/26/2023 - 08/26/2023	1265556898			HC:95939 / 26 / 1	N860	\$233.82 (B6)	\$3,814.00	CO-45	\$3,580.18	\$233.82
	08/26/2023 - 08/26/2023	1265556898			HC:95822 / 26 / 1	N860	\$112.50 (B6)	\$1,755.00	CO-45	\$1,642.50	\$112.50
	08/26/2023 - 08/26/2023	1265556898			HC:95938 / 26 / 1	N860	\$89.46 (B6)	\$3,107.00	CO-45	\$3,017.54	\$89.46
	08/26/2023 - 08/26/2023	1265556898			HC:95861 / 26 / 1	N860	\$160.62 (B6)	\$1,614.00	CO-45	\$1,453.38	\$160.62
	08/26/2023 - 08/26/2023	1265556898			HC:95861 / 26,XU / 1	N860	\$160.62 (B6)	\$1,614.00	CO-45	\$1,453.38	\$160.62
	08/26/2023 - 08/26/2023	1265556898			HC:95868 / 26 / 1	N860	\$122.68 (B6)	\$1,310.00	CO-45	\$1,187.32	\$122.68

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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
	08/26/2023 - 08/26/2023	1265556898			HC:95868 / 26,XU / 1	N860	\$122.68 (B6)	\$1,310.00	CO-45	\$1,187.32	\$122.68
	08/26/2023 - 08/26/2023	1265556898			HC:95999 // 0	N860		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,257.22 (AU)

Patient Name: STONE, JO E	Claim Number: AD7615140400	Claim Date: 05/01/2023-05/01/2023	Claim Status Code: 1
Patient ID: VGD578W00983	Group / Policy: 202222	Facility Type: 21	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 2693863	Contract Hdr: BLUE ADVANTAGE	Claim Frequency: 1	Claim Payment: \$477.56
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 09/18/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 8
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
	05/01/2023 - 05/01/2023	1912298423			HC:95939 / 26 / 1		\$111.33 (B6)	\$3,814.00	CO-131	\$3,702.67	\$111.33
	05/01/2023 - 05/01/2023	1912298423			HC:95822 / 26 / 1		\$53.66 (B6)	\$1,755.00	CO-131	\$1,701.34	\$53.66
	05/01/2023 - 05/01/2023	1912298423			HC:95938 / 26 / 1		\$42.57 (B6)	\$3,107.00	CO-131	\$3,064.43	\$42.57
	05/01/2023 - 05/01/2023	1912298423			HC:95861 / 26 / 0		\$76.44 (B6)	\$1,614.00	CO-131	\$1,537.56	\$76.44
	05/01/2023 - 05/01/2023	1912298423			HC:95861 / 26,XU / 0		\$76.44 (B6)	\$1,614.00	CO-131	\$1,537.56	\$76.44
	05/01/2023 - 05/01/2023	1912298423			HC:95868 / 26 / 0		\$58.56 (B6)	\$1,310.00	CO-131	\$1,251.44	\$58.56
	05/01/2023 - 05/01/2023	1912298423			HC:95868 / 26,XU / 0		\$58.56 (B6)	\$1,310.00	CO-131	\$1,251.44	\$58.56

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Line Details											Results: 8
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	05/01/2023 - 05/01/2023	1912298423			HC:95999 // 0			\$7,200.00	CO-131	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$477.56 (AU)

Code Descriptions

REMARK CODE(S):

WO=Overpayment Recovery

N860=Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s).

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)

131=Claim specific negotiated discount.

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary