

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: C23291E10356160 Payment Amount: 247.97 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
---	---	---

Patient Name: CERASUOLO, KELLEY**Claim Number:** 02023277508K8970X00**Claim Date:** 09/12/2023-09/12/2023 **Claim Status Code:** 1

Patient ID: UTS0VJ7DK4A2	Group / Policy: 0000717789007	Facility Type: 22	Claim Charge: \$16,250.00
Patient Ctrl Nmbr: 0.3137704	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: CHACHERE, DANNY M	Rendering Prv ID:	Claim Received Date: 10/04/2023	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
7370974432Z1	09/12/2023 - 09/12/2023				HC:95941 / / 1	M127		\$2,760.00	CO-252	\$2,760.00	\$0.00
7370974432Z2	09/12/2023 - 09/12/2023				HC:95938 / 26 / 1	M127		\$3,107.00	CO-252	\$3,107.00	\$0.00
7370974432Z3	09/12/2023 - 09/12/2023				HC:95955 / 26 / 1	M127		\$1,755.00	CO-252	\$1,755.00	\$0.00
7370974432Z4	09/12/2023 - 09/12/2023				HC:95861 / 26 / 1	M127		\$1,614.00	CO-252	\$1,614.00	\$0.00
7370974432Z5	09/12/2023 - 09/12/2023				HC:95861 / 26,XU / 1	M127		\$1,614.00	CO-252	\$1,614.00	\$0.00
7370974432Z6	09/12/2023 - 09/12/2023				HC:95999 / / 3	M127		\$5,400.00	CO-252	\$5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10356160	Check/EFT Date: 10/20/2023	Total Paid: \$247.97
---	--	-----------------------------------	-----------------------------

Patient Name: FAUGHN, BRANDON	Claim Number: 0202327050309G30X00	Claim Date: 07/31/2023-07/31/2023	Claim Status Code: 1
Patient ID: ID0871137787	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$14,058.00
Patient Ctrl Nmbr: 0.3089415	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$247.97
Rendering Prvd: BURNS, JONATHAN D	Rendering Prv ID:	Claim Received Date: 09/27/2023	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
7344792390Z1	07/31/2023 - 07/31/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
7344792390Z2	07/31/2023 - 07/31/2023				HC:95822 / TC / 1	N830	\$44.87 (B6)	\$5,225.00	CO-45	\$5,180.13	\$44.87
7344792390Z3	07/31/2023 - 07/31/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7344792390Z4	07/31/2023 - 07/31/2023				HC:95870 / 26 / 1	N830	\$14.14 (B6)	\$583.00	CO-45	\$568.86	\$14.14
7344792390Z5	07/31/2023 - 07/31/2023				HC:95870 / 26,XU / 1	N830	\$15.41 (B6)	\$583.00	CO-45	\$567.59	\$15.41
7344792390Z6	07/31/2023 - 07/31/2023				HC:95999 // 1			\$1,800.00	CO-45	\$1,800.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$247.97 (AU)

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10356160	Check/EFT Date: 10/20/2023	Total Paid: \$247.97
---	--	-----------------------------------	-----------------------------

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

252=An attachment/other documentation is required to adjudicate this claim/service. 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).

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