Check Summary Transaction Date: October 19, 2023

MOLINA HEALTHCARE UTAH Payee Tax ID: 271622508 **Payee Name:** MONITORING ASSOCIATES LLC Payee Address: Pavee ID: 200 OCEANGATE 1174916522 DEPT 880256

6TH FLOOR **Check/EFT Trace Number:** CHKHST31497853 PO BOX 29650 **Payment Amount:** LONG BEACH, CA 90802 0.00 PHOENIX, AZ 85038

Check/EFT Date: 10/19/2023 **Production End Cycle Date:** 01/01/0001

Claim Number: 23291354699 Patient Name: MYLER, JULIE

\$6,884.00 Patient ID: 0000862846 Facility Type: Group / Policy: Claim Charge: Patient Ctrl Nmbr: 0.2880714 Contract Hdr: 18167UT0010002 Claim Frequency: **Claim Payment:** \$0.00 Rendering Prvd: NATH, AUDREY ROSA Rendering Prv ID: \$0.00 **Claim Received Date:** 10/18/2023 Patient Resp:

Original Ref Nmbr:

Line Details

Results: 3

| Line Ctrl Nmbr | Dates of Service | Rend Prov ID | Rev | Adjud Proc / Modifier / Units | Remark / Payer Code | Supp Info (AMT) | 9 | Adjustments (Qty) | Adj Amount | Payment |
|----------------|----------------------------|-----------------|-----|--------------------------------------|------------------------|-----------------|------------|----------------------|------------|---------|
| | 02/01/2023 - 02/01/2023 | | | HC:95867 / 26 / 1 | M15 | | \$742.00 | CO-234 | \$742.00 | \$0.00 |
| | 02/01/2023 - 02/01/2023 | | | HC:95867 / 26,XU / 1 | M15 | | \$742.00 | CO-234 | \$742.00 | \$0.00 |
| | 02/01/2023 - 02/01/2023 | | | HC:95999 / / 3 | M15 | | \$5,400.00 | CO-234 | \$5,400.00 | \$0.00 |

Code Descriptions

REMARK CODE(S):

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

| Payer: MOLINA HEALTHCARE UTAH | Check/EFT Trace Number: CHKHST31497853 | Check/EFT Date: 10/19/2023 | Total Paid: \$0.00 |
|-------------------------------|--|----------------------------|--------------------|
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CLAIM ADJUSTMENT REASON CODE(S):

234=This procedure is not paid separately. 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.)

CLAIM STATUS CODE(S):

1=Processed as Primary