

## Check Summary

Transaction Date: November 03, 2023

REGENCE BLUECROSS BLUESHIELD OF UTAH PO BOX 30270 SALT LAKE CITY, UT 84130	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 0171983595 <b>Payment Amount:</b> 866.06 <b>Check/EFT Date:</b> 11/03/2023 <b>Production End Cycle Date:</b> 10/30/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> 9811 W CHARLESTON BLVD STE 2-641 LAS VEGAS, NV 891177528
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Patient Name: BENTLEY, DENNIS R

Claim Number: E62673808700

Claim Date: 05/23/2023-05/23/2023 Claim Status Code: 22

Patient ID: ZVU220069525	Group / Policy:	Facility Type: 22	Claim Charge:	\$-6,884.00
Patient Ctrl Nmbr: 0.3014152	Contract Hdr: NONPAR	Claim Frequency:	Claim Payment:	\$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID: 100002428811	Claim Received Date: 08/17/2023	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
7192076774Z1	05/23/2023 - 05/23/2023				HC:95867 / 26 / 1	M127 N202		\$-742.00	CO-252	\$-742.00	\$0.00
7192076774Z2	05/23/2023 - 05/23/2023				HC:95867 / 26,XU / 1	M127 N202		\$-742.00	CO-252	\$-742.00	\$0.00
7192076774Z3	05/23/2023 - 05/23/2023				HC:95999 // 2	M127 N202		\$-3,600.00	CO-252	\$-3,600.00	\$0.00
7192076774Z3	05/23/2023 - 05/23/2023				HC:95999 // 1	M127 N202		\$-1,800.00	CO-252	\$-1,800.00	\$0.00

Patient Name: BENTLEY, DENNIS R

Claim Number: E62673808701

Claim Date: 05/23/2023-05/23/2023 Claim Status Code: 1

Patient ID: ZVU220069525	Group / Policy:	Facility Type: 22	Claim Charge:	\$6,884.00
Patient Ctrl Nmbr: 0.3014152	Contract Hdr: NONPAR	Claim Frequency:	Claim Payment:	\$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID: 100002428811	Claim Received Date: 08/17/2023	Patient Resp:	\$0.00
Original Ref Nmbr: E62673808700				

<b>Payer:</b> REGENCE BLUECROSS BLUESHIELD OF UTAH	<b>Check/EFT Trace Number:</b> 0171983595	<b>Check/EFT Date:</b> 11/03/2023	<b>Total Paid:</b> \$866.06
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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
7192076774Z1	05/23/2023 - 05/23/2023				HC:95867 / 26 / 1	N115		\$742.00	CO-50	\$742.00	\$0.00
7192076774Z2	05/23/2023 - 05/23/2023				HC:95867 / 26,XU / 1	N123 N362		\$742.00	CO-96	\$742.00	\$0.00
7192076774Z3	05/23/2023 - 05/23/2023				HC:95999 // 2	N19		\$3,600.00	CO-97	\$3,600.00	\$0.00
7192076774Z3	05/23/2023 - 05/23/2023				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00

<b>Patient Name:</b> JOHNSON, DEBBRA P	<b>Claim Number:</b> E63267060200	<b>Claim Date:</b> 01/16/2023-01/16/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZVU150121910	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$18,561.00
<b>Patient Ctrl Nmbr:</b> 0.2860867	<b>Contract Hdr:</b> NONPAR	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b> 100002428811	<b>Claim Received Date:</b> 10/12/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**Line Details** **Results:** 7

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
7394660419Z1	01/16/2023 - 01/16/2023				HC:95938 / 26 / 1	M127 N202		\$3,107.00	CO-252	\$3,107.00	\$0.00
7394660419Z2	01/16/2023 - 01/16/2023				HC:95955 / 26 / 1	M127 N202		\$1,755.00	CO-252	\$1,755.00	\$0.00
7394660419Z3	01/16/2023 - 01/16/2023				HC:95909 / 26 / 1	M127 N202		\$555.00	CO-252	\$555.00	\$0.00
7394660419Z4	01/16/2023 - 01/16/2023				HC:95886 / 26 / 2	M127 N202		\$2,972.00	CO-252	\$2,972.00	\$0.00
7394660419Z5	01/16/2023 - 01/16/2023				HC:95886 / 26,XU / 2	M127 N202		\$2,972.00	CO-252	\$2,972.00	\$0.00
7394660419Z6	01/16/2023 - 01/16/2023				HC:95999 // 3	M127 N202		\$5,400.00	CO-252	\$5,400.00	\$0.00

<b>Payer:</b> REGENCE BLUECROSS BLUESHIELD OF UTAH	<b>Check/EFT Trace Number:</b> 0171983595	<b>Check/EFT Date:</b> 11/03/2023	<b>Total Paid:</b> \$866.06
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Line Details										Results: 7	
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
7394660419Z6	01/16/2023 - 01/16/2023				HC:95999 // 1	M127 N202		\$1,800.00	CO-252	\$1,800.00	\$0.00

<b>Patient Name:</b> MCNALLY, GARY B	<b>Claim Number:</b> E63266666300	<b>Claim Date:</b> 01/17/2023-01/17/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZVU921375884	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$11,735.00
<b>Patient Ctrl Nbr:</b> 0.2861387	<b>Contract Hdr:</b> NONPAR	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b> 100002428811	<b>Claim Received Date:</b> 10/12/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

Line Details											Results: 5
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
7394766005Z1	01/17/2023 - 01/17/2023				HC:95938 / 26 / 1	M127 N202		\$3,107.00	CO-252	\$3,107.00	\$0.00
7394766005Z2	01/17/2023 - 01/17/2023				HC:95861 / 26 / 1	M127 N202		\$1,614.00	CO-252	\$1,614.00	\$0.00
7394766005Z3	01/17/2023 - 01/17/2023				HC:95861 / 26,XU / 1	M127 N202		\$1,614.00	CO-252	\$1,614.00	\$0.00
7394766005Z4	01/17/2023 - 01/17/2023				HC:95999 // 2	M127 N202		\$3,600.00	CO-252	\$3,600.00	\$0.00
7394766005Z4	01/17/2023 - 01/17/2023				HC:95999 // 1	M127 N202		\$1,800.00	CO-252	\$1,800.00	\$0.00

<b>Patient Name:</b> THOMPSON, DARCIE	<b>Claim Number:</b> E59519789301	<b>Claim Date:</b> 05/17/2022-05/17/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> U4E210216252	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-20,884.00
<b>Patient Ctrl Nbr:</b> 0.2571009	<b>Contract Hdr:</b> NONPAR	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-1,495.04
<b>Rendering Prvd:</b> HYSON, MORTON I	<b>Rendering Prv ID:</b> 100001430148	<b>Claim Received Date:</b> 10/26/2022	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

<b>Payer:</b> REGENCE BLUECROSS BLUESHIELD OF UTAH	<b>Check/EFT Trace Number:</b> 0171983595	<b>Check/EFT Date:</b> 11/03/2023	<b>Total Paid:</b> \$866.06
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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
6281692148Z1	05/17/2022 - 05/17/2022				HC:95941 // 1	N442 N830 N869 N877	\$-83.94 (B6)	\$-2,760.00	OA-209	\$-2,676.06	\$-83.94
6281692148Z2	05/17/2022 - 05/17/2022				HC:95939 / 26 / 1	N830	\$-132.81 (B6)	\$-3,814.00	PR-45	\$-3,681.19	\$-132.81
6281692148Z3	05/17/2022 - 05/17/2022				HC:95822 / 26 / 1	N442 N830 N869 N877	\$-73.78 (B6)	\$-1,755.00	OA-209	\$-1,681.22	\$-73.78
6281692148Z4	05/17/2022 - 05/17/2022				HC:95938 / 26 / 1	N442 N830 N869 N877	\$-58.94 (B6)	\$-3,107.00	OA-209	\$-3,048.06	\$-58.94
6281692148Z5	05/17/2022 - 05/17/2022				HC:95861 / 26 / 1	N442 N830 N869 N877	\$-106.16 (B6)	\$-1,614.00	OA-209	\$-1,507.84	\$-106.16
6281692148Z6	05/17/2022 - 05/17/2022				HC:95861 / 26,XU / 1	N123 N362 N830		\$-1,614.00	PR-96	\$-1,614.00	\$0.00
6281692148Z7	05/17/2022 - 05/17/2022				HC:95868 / 26 / 1	N442 N830 N869 N877	\$-81.00 (B6)	\$-1,310.00	OA-209	\$-1,229.00	\$-81.00
6281692148Z8	05/17/2022 - 05/17/2022				HC:95868 / 26,XU / 1	N123 N362 N830		\$-1,310.00	PR-96	\$-1,310.00	\$0.00
6281692148Z9	05/17/2022 - 05/17/2022				HC:95999 // 1	N442 N830 N869 N877	\$-958.41 (B6)	\$-1,800.00	OA-209	\$-841.59	\$-958.41

<b>Payer:</b> REGENCE BLUECROSS BLUESHIELD OF UTAH	<b>Check/EFT Trace Number:</b> 0171983595	<b>Check/EFT Date:</b> 11/03/2023	<b>Total Paid:</b> \$866.06
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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
6281692148Z9	05/17/2022 - 05/17/2022				HC:95999 // 1	N123 N362 N830		\$-1,800.00	PR-96	\$-1,800.00	\$0.00

<b>Patient Name:</b> THOMPSON, DARCIE	<b>Claim Number:</b> E59519789302	<b>Claim Date:</b> 05/17/2022-05/17/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> U4E210216252	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$20,884.00
<b>Patient Ctrl Nmbr:</b> 0.2571009	<b>Contract Hdr:</b> NONPAR	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$2,361.10
<b>Rendering Prvd:</b> HYSON, MORTON I	<b>Rendering Prv ID:</b> 100001430148	<b>Claim Received Date:</b> 10/26/2022	<b>Patient Resp:</b> \$8,405.19
<b>Original Ref Nmbr:</b> E59519789301			

**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
6281692148Z1	05/17/2022 - 05/17/2022				HC:95941 // 1	N442 N830 N869 N877	\$83.94 (B6)	\$2,760.00	OA-209	\$2,676.06	\$83.94
6281692148Z2	05/17/2022 - 05/17/2022				HC:95939 / 26 / 1	N830	\$132.81 (B6)	\$3,814.00	PR-45	\$3,681.19	\$132.81
6281692148Z3	05/17/2022 - 05/17/2022				HC:95822 / 26 / 1	N442 N830 N869 N877	\$73.78 (B6)	\$1,755.00	OA-209	\$1,681.22	\$73.78
6281692148Z4	05/17/2022 - 05/17/2022				HC:95938 / 26 / 1	N442 N830 N869 N877	\$925.00 (B6)	\$3,107.00	OA-209	\$2,182.00	\$925.00
6281692148Z5	05/17/2022 - 05/17/2022				HC:95861 / 26 / 1	N442 N830 N869 N877	\$106.16 (B6)	\$1,614.00	OA-209	\$1,507.84	\$106.16

<b>Payer:</b> REGENCE BLUECROSS BLUESHIELD OF UTAH	<b>Check/EFT Trace Number:</b> 0171983595	<b>Check/EFT Date:</b> 11/03/2023	<b>Total Paid:</b> \$866.06
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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
6281692148Z6	05/17/2022 - 05/17/2022				HC:95861 / 26,XU / 1	N123 N362 N830		\$1,614.00	PR-96	\$1,614.00	\$0.00
6281692148Z7	05/17/2022 - 05/17/2022				HC:95868 / 26 / 1	N442 N830 N869 N877	\$81.00 (B6)	\$1,310.00	OA-209	\$1,229.00	\$81.00
6281692148Z8	05/17/2022 - 05/17/2022				HC:95868 / 26,XU / 1	N123 N362 N830		\$1,310.00	PR-96	\$1,310.00	\$0.00
6281692148Z9	05/17/2022 - 05/17/2022				HC:95999 // 1	N442 N830 N869 N877	\$958.41 (B6)	\$1,800.00	OA-209	\$841.59	\$958.41
6281692148Z9	05/17/2022 - 05/17/2022				HC:95999 // 1	N123 N362 N830		\$1,800.00	PR-96	\$1,800.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$2,361.10 (AU)

<b>Patient Name:</b> WALKER, STEPHEN A	<b>Claim Number:</b> E63302915500	<b>Claim Date:</b> 01/23/2023-01/23/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZVU921336227	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$24,505.00
<b>Patient Ctrl Nmbr:</b> 0.2869053	<b>Contract Hdr:</b> NONPAR	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b> 100002428811	<b>Claim Received Date:</b> 10/16/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**Line Details** **Results:** 7

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
7408073041Z1	01/23/2023 - 01/23/2023				HC:95938 / 26 / 1	M127 N202		\$3,107.00	CO-252	\$3,107.00	\$0.00

<b>Payer:</b> REGENCE BLUECROSS BLUESHIELD OF UTAH	<b>Check/EFT Trace Number:</b> 0171983595	<b>Check/EFT Date:</b> 11/03/2023	<b>Total Paid:</b> \$866.06
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Line Details											Results: 7
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
7408073041Z2	01/23/2023 - 01/23/2023				HC:95955 / 26 / 1	M127 N202		\$1,755.00	CO-252	\$1,755.00	\$0.00
7408073041Z3	01/23/2023 - 01/23/2023				HC:95909 / 26 / 1	M127 N202		\$555.00	CO-252	\$555.00	\$0.00
7408073041Z4	01/23/2023 - 01/23/2023				HC:95886 / 26 / 2	M127 N202		\$5,944.00	CO-252	\$5,944.00	\$0.00
7408073041Z5	01/23/2023 - 01/23/2023				HC:95886 / 26,XU / 2	M127 N202		\$5,944.00	CO-252	\$5,944.00	\$0.00
7408073041Z6	01/23/2023 - 01/23/2023				HC:95999 // 3	M127 N202		\$5,400.00	CO-252	\$5,400.00	\$0.00
7408073041Z6	01/23/2023 - 01/23/2023				HC:95999 // 1	M127 N202		\$1,800.00	CO-252	\$1,800.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

M127=Missing patient medical record for this service.

N115=This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at [www.cms.gov/mcd](http://www.cms.gov/mcd), or if you do not have web access, you may contact the contractor to request a copy of the LCD.

N123=Alert: This is a split service and represents a portion of the units from the originally submitted service.

N19=Procedure code incidental to primary procedure.

N202=Alert: Additional information/explanation will be sent separately.

N362=The number of Days or Units of Service exceeds our acceptable maximum.

N442=Payment based on an alternate fee schedule.

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).

N869=Alert: Cost sharing was calculated based on the qualifying payment amount, in accordance with the No Surprises Act.

N877=Alert: This initial payment is provided in accordance with the No Surprises Act. The provider or facility may initiate open negotiation if they desire to negotiate a higher out-of-network rate.

##### AMT CODE(S):

B6=Allowed - Actual

<b>Payer:</b> REGENCE BLUECROSS BLUESHIELD OF UTAH	<b>Check/EFT Trace Number:</b> 0171983595	<b>Check/EFT Date:</b> 11/03/2023	<b>Total Paid:</b> \$866.06
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**AMT CODE(S):**

AU=Coverage Amount

**GROUP CODE(S):**

CO=Contractual Obligations

OA=Other Adjustments

PR=Patient Responsibility

**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).

50=These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

96=Non-covered charge(s). 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: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

209=Per regulatory or other agreement. The provider cannot collect this amount from the patient. However, this amount may be billed to subsequent payer. Refund to patient if collected. (Use only with Group code OA)

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