

Check Summary**Transaction Date:** October 16, 2023

BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099	Payee Tax ID: 510654972 Payee ID: 1659765204 Check/EFT Trace Number: C23289N82211330 Payment Amount: 0.00 Check/EFT Date: 10/16/2023 Production End Cycle Date: 10/16/2023	Payee Name: NEUROMONITORING ASSOCIATES Payee Address: PO BOX 29650 DEPT 880257 PHOENIX, AZ 850389650
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Patient Name: WEHRLE, LAURIE**Claim Number:** 0202328462118N50H00**Claim Date:** 03/17/2023-03/17/2023 **Claim Status Code:** 1

Patient ID: CIB967434013 Patient Ctrl Nmbr: 1883346 Rendering Prvd: , Original Ref Nmbr:	Group / Policy: 000P134750000 Contract Hdr: PREFERRED PROVIDER ORGANIZATION Rendering Prv ID:	Facility Type: 99 Claim Frequency: Claim Received Date: 09/01/2023	Claim Charge: \$4,163.00 Claim Payment: \$0.00 Patient Resp: \$0.00
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Line Details**Results:** 1

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
	03/17/2023 - 03/17/2023				HC:95938 / TC / 1	N130		\$4,163.00	PR-96	\$4,163.00	\$0.00

Code Descriptions**REMARK CODE(S):**

N130=Consult plan benefit documents/guidelines for information about restrictions for this service.

GROUP CODE(S):

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):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.**CLAIM STATUS CODE(S):**

1=Processed as Primary