

Check Summary**Transaction Date:** October 18, 2023

TRIWEST HEALTHCARE ALLIANCE PO BOX 42270 PHOENIX, AZ 850802270 WWW.TRIWEST.COM	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 5480434286VT4 Payment Amount: 1,169.72 Check/EFT Date: 10/18/2023 Production End Cycle Date: 10/13/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 85038
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Patient Name: CULLEN, MICHAEL**Claim Number:** J285X2LLS0000**Claim Date:** 07/17/2023-07/17/2023 **Claim Status Code:** 1

Patient ID: 1019671933V298734 Patient Ctrl Nmbr: 0.3073888 Rendering Prvd: , Original Ref Nmbr:	Group / Policy: Contract Hdr: Rendering Prv ID:	Facility Type: Claim Frequency: Claim Received Date: 10/12/2023	Claim Charge: \$21,724.00 Claim Payment: \$493.27 Patient Resp: \$0.00
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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
284164343402556001	07/17/2023 - 07/17/2023				HC:95939 / 26 /		\$115.04 (B6)	\$3,814.00	CO-45	\$3,698.96	\$115.04
284164343402556002	07/17/2023 - 07/17/2023				HC:95822 / 26 /		\$55.38 (B6)	\$1,755.00	CO-45	\$1,699.62	\$55.38
284164343402556003	07/17/2023 - 07/17/2023				HC:95938 / 26 /		\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
284164343402556004	07/17/2023 - 07/17/2023				HC:95861 / 26 /		\$79.02 (B6)	\$1,614.00	CO-45	\$1,534.98	\$79.02
284164343402556005	07/17/2023 - 07/17/2023				HC:95861 / 26,XU /		\$79.02 (B6)	\$1,614.00	CO-45	\$1,534.98	\$79.02
284164343402556006	07/17/2023 - 07/17/2023				HC:95868 / 26 /		\$60.40 (B6)	\$1,310.00	CO-45	\$1,249.60	\$60.40
284164343402556007	07/17/2023 - 07/17/2023				HC:95868 / 26,XU /		\$60.40 (B6)	\$1,310.00	CO-45	\$1,249.60	\$60.40
284164343402556008	07/17/2023 - 07/17/2023				HC:95999 // 4			\$7,200.00	CO-222	\$7,200.00	\$0.00

Payer: TRIWEST HEALTHCARE ALLIANCE	Check/EFT Trace Number: 5480434286VT4	Check/EFT Date: 10/18/2023	Total Paid: \$1,169.72
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Supplemental Information - AMT/Payer Codes: \$493.27 (AU)

Patient Name: MALLOY, PATRICK	Claim Number: J283C33690000	Claim Date: 01/24/2023-01/24/2023	Claim Status Code: 1
Patient ID: 1046603546V129197	Group / Policy:	Facility Type:	Claim Charge: \$18,124.00
Patient Ctrl Nmbr: 2602427	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/10/2023	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
	01/24/2023 - 01/24/2023				HC:95939 / 26 /			\$3,814.00	CO-29	\$3,814.00	\$0.00
	01/24/2023 - 01/24/2023				HC:95822 / 26 /			\$1,755.00	CO-29	\$1,755.00	\$0.00
	01/24/2023 - 01/24/2023				HC:95938 / 26 /			\$3,107.00	CO-29	\$3,107.00	\$0.00
	01/24/2023 - 01/24/2023				HC:95861 / 26 /			\$1,614.00	CO-29	\$1,614.00	\$0.00
	01/24/2023 - 01/24/2023				HC:95861 / 26,XU /			\$1,614.00	CO-29	\$1,614.00	\$0.00
	01/24/2023 - 01/24/2023				HC:95868 / 26 /			\$1,310.00	CO-29	\$1,310.00	\$0.00
	01/24/2023 - 01/24/2023				HC:95868 / 26,XU /			\$1,310.00	CO-29	\$1,310.00	\$0.00
	01/24/2023 - 01/24/2023				HC:95999 // 2			\$3,600.00	CO-29	\$3,600.00	\$0.00

Patient Name: STANCLIFF, FREDERICK	Claim Number: J285X2LLR0000	Claim Date: 09/05/2023-09/05/2023	Claim Status Code: 1
Patient ID: 1034735147V060950	Group / Policy:	Facility Type:	Claim Charge: \$19,104.00
Patient Ctrl Nmbr: 0.3130085	Contract Hdr:	Claim Frequency:	Claim Payment: \$420.63
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/12/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: TRIWEST HEALTHCARE ALLIANCE	Check/EFT Trace Number: 5480434286VT4	Check/EFT Date: 10/18/2023	Total Paid: \$1,169.72
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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
284164343404556001	09/05/2023 - 09/05/2023				HC:95939 / 26 /		\$114.23 (B6)	\$3,814.00	CO-45	\$3,699.77	\$114.23
284164343404556002	09/05/2023 - 09/05/2023				HC:95938 / 26 /		\$43.69 (B6)	\$3,107.00	CO-45	\$3,063.31	\$43.69
284164343404556003	09/05/2023 - 09/05/2023				HC:95954 / 26 /		\$105.81 (B6)	\$1,755.00	CO-45	\$1,649.19	\$105.81
284164343404556004	09/05/2023 - 09/05/2023				HC:95861 / 26 /		\$78.45 (B6)	\$1,614.00	CO-45	\$1,535.55	\$78.45
284164343404556005	09/05/2023 - 09/05/2023				HC:95861 / 26,XU /		\$78.45 (B6)	\$1,614.00	CO-45	\$1,535.55	\$78.45
284164343404556006	09/05/2023 - 09/05/2023				HC:95999 // 4			\$7,200.00	CO-222	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$420.63 (AU)

Patient Name: THORNHILL, JAVAN	Claim Number: J285X2LLT0000	Claim Date: 07/14/2023-07/14/2023	Claim Status Code: 1
Patient ID: 1015600695V264276	Group / Policy:	Facility Type:	Claim Charge: \$13,253.00
Patient Ctrl Nmbr: 0.3072207	Contract Hdr:	Claim Frequency:	Claim Payment: \$255.82
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/12/2023	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
284164343814556001	07/14/2023 - 07/14/2023				HC:95938 / 26 /		\$45.31 (B6)	\$3,107.00	CO-45	\$3,061.69	\$45.31
284164343814556002	07/14/2023 - 07/14/2023				HC:95955 / 26 /		\$53.27 (B6)	\$1,755.00	CO-45	\$1,701.73	\$53.27
284164343814556003	07/14/2023 - 07/14/2023				HC:95929 / 26 /		\$79.04 (B6)	\$2,459.00	CO-45	\$2,379.96	\$79.04

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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
284164343814556004	07/14/2023 - 07/14/2023				HC:95870 / 26 / 2		\$39.10 (B6)	\$1,166.00	CO-45	\$1,126.90	\$39.10
284164343814556005	07/14/2023 - 07/14/2023				HC:95870 / 26,XU / 2		\$39.10 (B6)	\$1,166.00	CO-45	\$1,126.90	\$39.10
284164343814556006	07/14/2023 - 07/14/2023				HC:95999 // 2			\$3,600.00	CO-222	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$255.82 (AU)

Code Descriptions

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)
222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
29=The time limit for filing has expired.

CLAIM STATUS CODE(S):

1=Processed as Primary