

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

PGBA,LLC TRICARE WEST REGION CLAIMS P.O. BOX 202112 FLORENCE, SC 295022112	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 0060023063TA4 Payment Amount: 1,324.11 Check/EFT Date: 10/18/2023 Production End Cycle Date: 10/17/2023	Payee Name: MONITORING ASSOCIATES Payee Address: STE 2641 9811 W CHARLESTON BLVD LAS VEGAS, NV 89117
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Patient Name: BECKER, BARDWULF K**Claim Number:** J257X16H40000**Claim Date:** 08/29/2023-08/29/2023 **Claim Status Code:** 1

Patient ID: 0.3124089 Patient Ctrl Nmbr: 0.3124089 Rendering Prvd: MCAULIFFE, MATTHEW B Original Ref Nmbr:	Group / Policy: Contract Hdr: Rendering Prv ID: 521612333	Facility Type: Claim Frequency: Claim Received Date: 09/14/2023	Claim Charge: \$22,928.00 Claim Payment: \$522.56 Patient Resp: \$0.00
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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
256148279297556001	08/29/2023 - 08/29/2023				HC:95939 / 26 /	N45	\$117.24 (B6)	\$3,814.00	CO-45	\$3,696.76	\$117.24
256148279297556002	08/29/2023 - 08/29/2023				HC:95822 / 26 /	N45	\$56.38 (B6)	\$1,755.00	CO-45	\$1,698.62	\$56.38
256148279297556003	08/29/2023 - 08/29/2023				HC:95938 / 26 /	N45	\$44.86 (B6)	\$3,107.00	CO-45	\$3,062.14	\$44.86
256148279297556004	08/29/2023 - 08/29/2023				HC:95861 / 26 /	N45	\$80.54 (B6)	\$1,614.00	CO-45	\$1,533.46	\$80.54
256148279297556005	08/29/2023 - 08/29/2023				HC:95861 / 26,XU /	N45	\$80.54 (B6)	\$1,614.00	CO-45	\$1,533.46	\$80.54
256148279297556006	08/29/2023 - 08/29/2023				HC:95865 / 26 /	N45	\$81.53 (B6)	\$1,502.00	CO-45	\$1,420.47	\$81.53
256148279297556007	08/29/2023 - 08/29/2023				HC:95865 / 26,XU /	M51		\$1,502.00	CO-16	\$1,502.00	\$0.00
256148279297556008	08/29/2023 - 08/29/2023				HC:95868 / 26,XU /	N45	\$61.47 (B6)	\$1,310.00	CO-45	\$1,248.53	\$61.47

Payer: PGBA,LLC	Check/EFT Trace Number: 0060023063TA4	Check/EFT Date: 10/18/2023	Total Paid: \$1,324.11
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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
256148279297556009	08/29/2023 - 08/29/2023				HC:95868 / 26,XU /	M51		\$1,310.00	CO-16	\$1,310.00	\$0.00
256148279297556010	08/29/2023 - 08/29/2023				HC:95999 // 3	N20		\$5,400.00	CO-97	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$522.56 (AU)

Patient Name: DOVEL, JACOB M	Claim Number: J256X09HL0000	Claim Date: 08/15/2023-08/15/2023	Claim Status Code: 1
Patient ID: 0.3107188	Group / Policy:	Facility Type:	Claim Charge: \$18,561.00
Patient Ctrl Nmbr: 0.3107188	Contract Hdr:	Claim Frequency:	Claim Payment: \$360.52
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 09/13/2023	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
255147508159556001	08/15/2023 - 08/15/2023				HC:95822 / 26 /	N45	\$56.38 (B6)	\$1,755.00	CO-45	\$1,698.62	\$56.38
255147508159556002	08/15/2023 - 08/15/2023				HC:95938 / 26 /	N45	\$44.86 (B6)	\$3,107.00	CO-45	\$3,062.14	\$44.86
255147508159556003	08/15/2023 - 08/15/2023				HC:95909 / 26 /	N45	\$78.48 (B6)	\$555.00	CO-45	\$476.52	\$78.48
255147508159556004	08/15/2023 - 08/15/2023				HC:95886 / 26 / 2	N22	\$90.40 (B6)	\$2,972.00	CO-45	\$2,881.60	\$90.40
255147508159556005	08/15/2023 - 08/15/2023				HC:95886 / 26,XU / 2	N22	\$90.40 (B6)	\$2,972.00	CO-45	\$2,881.60	\$90.40
255147508159556006	08/15/2023 - 08/15/2023				HC:95999 // 4	N20		\$7,200.00	CO-97	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$360.52 (AU)

Payer: PGBA,LLC	Check/EFT Trace Number: 0060023063TA4	Check/EFT Date: 10/18/2023	Total Paid: \$1,324.11
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Patient Name: JENSEN, SVEN	Claim Number: J256X09HK0000	Claim Date: 08/15/2023-08/15/2023	Claim Status Code: 1
Patient ID: 0.3106974	Group / Policy:	Facility Type:	Claim Charge: \$18,124.00
Patient Ctrl Nmbr: 0.3106974	Contract Hdr:	Claim Frequency:	Claim Payment: \$441.03
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 09/13/2023	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
255147508633556001	08/15/2023 - 08/15/2023				HC:95939 / 26 /		\$117.24 (B6)	\$3,814.00	CO-45	\$3,696.76	\$117.24
255147508633556002	08/15/2023 - 08/15/2023				HC:95822 / 26 /		\$56.38 (B6)	\$1,755.00	CO-45	\$1,698.62	\$56.38
255147508633556003	08/15/2023 - 08/15/2023				HC:95938 / 26 /		\$44.86 (B6)	\$3,107.00	CO-45	\$3,062.14	\$44.86
255147508633556004	08/15/2023 - 08/15/2023				HC:95861 / 26 /		\$80.54 (B6)	\$1,614.00	CO-45	\$1,533.46	\$80.54
255147508633556005	08/15/2023 - 08/15/2023				HC:95861 / 26,XU /		\$80.54 (B6)	\$1,614.00	CO-45	\$1,533.46	\$80.54
255147508633556006	08/15/2023 - 08/15/2023				HC:95868 / 26 /		\$61.47 (B6)	\$1,310.00	CO-45	\$1,248.53	\$61.47
255147508633556007	08/15/2023 - 08/15/2023				HC:95868 / 26,XU /	M51		\$1,310.00	CO-16	\$1,310.00	\$0.00
255147508633556008	08/15/2023 - 08/15/2023				HC:95999 // 2	N20		\$3,600.00	CO-97	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$441.03 (AU)

Patient Name: SCOTT, CARL R	Claim Number: J251X089J0000	Claim Date: 08/08/2023-08/08/2023	Claim Status Code: 1
Patient ID: 0.3099557	Group / Policy:	Facility Type:	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.3099557	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN D	Rendering Prv ID: 146684318	Claim Received Date: 09/08/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: PGBA,LLC	Check/EFT Trace Number: 0060023063TA4	Check/EFT Date: 10/18/2023	Total Paid: \$1,324.11
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Line Details											Results: 5
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
250144916094556001	08/08/2023 - 08/08/2023				HC:95822 / 26 /	M60		\$1,755.00	CO-252	\$1,755.00	\$0.00
250144916094556002	08/08/2023 - 08/08/2023				HC:95938 / 26 /	M60		\$3,107.00	CO-252	\$3,107.00	\$0.00
250144916094556003	08/08/2023 - 08/08/2023				HC:95861 / 26 /	M60		\$1,614.00	CO-252	\$1,614.00	\$0.00
250144916094556004	08/08/2023 - 08/08/2023				HC:95861 / 26,XU /	M60		\$1,614.00	CO-252	\$1,614.00	\$0.00
250144916094556005	08/08/2023 - 08/08/2023				HC:95999 // 3	M60		\$5,400.00	CO-252	\$5,400.00	\$0.00

Code Descriptions

REMARK CODE(S):

M51=Missing/incomplete/invalid procedure code(s).

M60=Missing Certificate of Medical Necessity.

N20=Service not payable with other service rendered on the same date.

N22=Alert: This procedure code was added/changed because it more accurately describes the services rendered.

N45=Payment based on authorized amount.

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)

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Payer: PGBA,LLC	Check/EFT Trace Number: 0060023063TA4	Check/EFT Date: 10/18/2023	Total Paid: \$1,324.11
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CLAIM ADJUSTMENT REASON CODE(S):

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.

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).

CLAIM STATUS CODE(S):

1=Processed as Primary