

Check Summary**Transaction Date:** October 19, 2023

BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23290E28850620 Payment Amount: 2,526.93 Check/EFT Date: 10/19/2023 Production End Cycle Date: 10/17/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 PHOENIX, AZ 850389650
---	---	---

Patient Name: LATZKO, LUCIANN**Claim Number:** 0202328223098250C00**Claim Date:** 08/15/2022-08/15/2022 **Claim Status Code:** 1**Patient ID:** XBM852431333**Group / Policy:** 000XOPPOX0000**Facility Type:** 21**Claim Charge:** \$40,195.00**Patient Ctrl Nmbr:** 2416365**Contract Hdr:** PREFERRED PROVIDER
ORGANIZATION**Claim Frequency:****Claim Payment:** \$2,526.93**Rendering Prvd:** ,**Claim Received Date:** 10/09/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Rendering Prv ID:****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
	08/15/2022 - 08/15/2022	1487072245			HC:95941 // 4	N830	\$782.80 (B6)	\$11,040.00	CO-45	\$10,257.20	\$782.80
	08/15/2022 - 08/15/2022	1487072245			HC:95822 // 1	N830	\$84.45 (B6)	\$6,979.00	CO-45	\$6,894.55	\$84.45
	08/15/2022 - 08/15/2022	1487072245			HC:95938 // 1	N830	\$67.26 (B6)	\$7,270.00	CO-45	\$7,202.74	\$67.26
	08/15/2022 - 08/15/2022	1487072245			HC:95861 // 1	N830	\$121.21 (B6)	\$4,753.00	CO-45	\$4,631.79	\$121.21
	08/15/2022 - 08/15/2022	1487072245			HC:95861 / XU / 1	N830	\$121.21 (B6)	\$4,753.00	CO-45	\$4,631.79	\$121.21
	08/15/2022 - 08/15/2022	1487072245			HC:95999 // 1	N830	\$1,350.00 (B6)	\$5,400.00	CO-45	\$4,050.00	\$1,350.00

Supplemental Information - AMT/Payer Codes: \$2,526.93 (AU)

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

Payer: BLUECROSS BLUESHIELD OF ILLINOIS	Check/EFT Trace Number: C23290E28850620	Check/EFT Date: 10/19/2023	Total Paid: \$2,526.93
--	--	-----------------------------------	-------------------------------

REMARK CODE(S):

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).

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)

CLAIM STATUS CODE(S):

1=Processed as Primary