

**Check Summary****Transaction Date:** October 13, 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> 0171968707 <b>Payment Amount:</b> 21.05 <b>Check/EFT Date:</b> 10/13/2023 <b>Production End Cycle Date:</b> 10/09/2023	<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:** ASTIN, JOAN**Claim Number:** E63039694800**Claim Date:** 11/22/2022-11/22/2022 **Claim Status Code:** 2

<b>Patient ID:</b> 160184396	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$13,490.00
<b>Patient Ctrl Nmbr:</b> 0.2800018	<b>Contract Hdr:</b> NONPAR	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$21.05
<b>Rendering Prvd:</b> HSU, ANDEREW C	<b>Rendering Prv ID:</b> 100003037960	<b>Claim Received Date:</b> 09/22/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
198115859309556001	11/22/2022 - 11/22/2022				HC:95822 / 26 / 1	N219	\$11.72 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
198115859309556002	11/22/2022 - 11/22/2022				HC:95938 / 26 / 1	N219	\$9.33 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
198115859309556003	11/22/2022 - 11/22/2022				HC:95861 / 26 / 1	N219		\$1,614.00	OA-23	\$1,614.00	\$0.00
198115859309556004	11/22/2022 - 11/22/2022				HC:95861 / 26,XU / 1	N219		\$1,614.00	OA-23	\$1,614.00	\$0.00
198115859309556005	11/22/2022 - 11/22/2022				HC:95999 // 3	N219		\$5,400.00	OA-23	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$21.05 (AU)

<b>Payer:</b> REGENCE BLUECROSS BLUESHIELD OF UTAH	<b>Check/EFT Trace Number:</b> 0171968707	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$21.05
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<b>Patient Name:</b> BALDWIN, LINDA	<b>Claim Number:</b> E63015455200	<b>Claim Date:</b> 08/23/2023-08/23/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XMM780059569	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,104.00
<b>Patient Ctrl Nmbr:</b> 0.3117524	<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> 09/20/2023	<b>Patient Resp:</b> \$19,104.00
<b>Original Ref Nmbr:</b>			

**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
7305263836Z1	08/23/2023 - 08/23/2023				HC:95939 / 26 / 1	N130		\$3,814.00	PR-50	\$3,814.00	\$0.00
7305263836Z2	08/23/2023 - 08/23/2023				HC:95822 / 26 / 1	N130		\$1,755.00	PR-50	\$1,755.00	\$0.00
7305263836Z3	08/23/2023 - 08/23/2023				HC:95938 / 26 / 1	N130		\$3,107.00	PR-50	\$3,107.00	\$0.00
7305263836Z4	08/23/2023 - 08/23/2023				HC:95861 / 26 / 1	N130		\$1,614.00	PR-50	\$1,614.00	\$0.00
7305263836Z5	08/23/2023 - 08/23/2023				HC:95861 / 26,XU / 1	N130		\$1,614.00	PR-50	\$1,614.00	\$0.00
7305263836Z6	08/23/2023 - 08/23/2023				HC:95999 / / 4	N130		\$7,200.00	PR-50	\$7,200.00	\$0.00

<b>Patient Name:</b> BURROWS, CALVIN J	<b>Claim Number:</b> E62950173200	<b>Claim Date:</b> 10/25/2022-10/25/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZVU140104687	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$18,443.00
<b>Patient Ctrl Nmbr:</b> 0.2761369	<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> 09/13/2023	<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
7279008113Z1	10/25/2022 - 10/25/2022				HC:95822 / 26 / 1	M127 N202		\$1,755.00	CO-252	\$1,755.00	\$0.00

<b>Payer:</b> REGENCE BLUECROSS BLUESHIELD OF UTAH	<b>Check/EFT Trace Number:</b> 0171968707	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$21.05
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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
7279008113Z2	10/25/2022 - 10/25/2022				HC:95938 / 26 / 1	M127 N202		\$3,107.00	CO-252	\$3,107.00	\$0.00
7279008113Z3	10/25/2022 - 10/25/2022				HC:95908 / 26 / 1	M127 N202		\$437.00	CO-252	\$437.00	\$0.00
7279008113Z4	10/25/2022 - 10/25/2022				HC:95886 / 26 / 2	M127 N202		\$2,972.00	CO-252	\$2,972.00	\$0.00
7279008113Z5	10/25/2022 - 10/25/2022				HC:95886 / 26,XU / 2	M127 N202		\$2,972.00	CO-252	\$2,972.00	\$0.00
7279008113Z6	10/25/2022 - 10/25/2022				HC:95999 // 3	M127 N202		\$5,400.00	CO-252	\$5,400.00	\$0.00
7279008113Z6	10/25/2022 - 10/25/2022				HC:95999 // 1	M127 N202		\$1,800.00	CO-252	\$1,800.00	\$0.00

<b>Patient Name:</b> PIGNANELLI, PATRICIA A	<b>Claim Number:</b> E62963752000	<b>Claim Date:</b> 11/01/2022-11/01/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZVU921070030	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$18,443.00
<b>Patient Ctrl Nmbr:</b> 0.2770490	<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> 09/14/2023	<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
7283795958Z1	11/01/2022 - 11/01/2022				HC:95822 / 26 / 1	M127 N202		\$1,755.00	CO-252	\$1,755.00	\$0.00
7283795958Z2	11/01/2022 - 11/01/2022				HC:95938 / 26 / 1	M127 N202		\$3,107.00	CO-252	\$3,107.00	\$0.00
7283795958Z3	11/01/2022 - 11/01/2022				HC:95908 / 26 / 1	M127 N202		\$437.00	CO-252	\$437.00	\$0.00
7283795958Z4	11/01/2022 - 11/01/2022				HC:95886 / 26 / 2	M127 N202		\$2,972.00	CO-252	\$2,972.00	\$0.00

<b>Payer:</b> REGENCE BLUECROSS BLUESHIELD OF UTAH	<b>Check/EFT Trace Number:</b> 0171968707	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$21.05
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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
7283795958Z5	11/01/2022 - 11/01/2022				HC:95886 / 26,XU / 2	M127 N202		\$2,972.00	CO-252	\$2,972.00	\$0.00
7283795958Z6	11/01/2022 - 11/01/2022				HC:95999 // 3	M127 N202		\$5,400.00	CO-252	\$5,400.00	\$0.00
7283795958Z6	11/01/2022 - 11/01/2022				HC:95999 // 1	M127 N202		\$1,800.00	CO-252	\$1,800.00	\$0.00

<b>Patient Name:</b> WALKER, STEPHEN A	<b>Claim Number:</b> E62963979600	<b>Claim Date:</b> 10/31/2022-10/31/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZVU921336227	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$13,490.00
<b>Patient Ctrl Nmbr:</b> 0.2768915	<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> 09/14/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
7283362705Z1	10/31/2022 - 10/31/2022				HC:95822 / 26 / 1	M127 N202		\$1,755.00	CO-252	\$1,755.00	\$0.00
7283362705Z2	10/31/2022 - 10/31/2022				HC:95938 / 26 / 1	M127 N202		\$3,107.00	CO-252	\$3,107.00	\$0.00
7283362705Z3	10/31/2022 - 10/31/2022				HC:95861 / 26 / 1	M127 N202		\$1,614.00	CO-252	\$1,614.00	\$0.00
7283362705Z4	10/31/2022 - 10/31/2022				HC:95861 / 26,XU / 1	M127 N202		\$1,614.00	CO-252	\$1,614.00	\$0.00
7283362705Z5	10/31/2022 - 10/31/2022				HC:95999 // 2	M127 N202		\$3,600.00	CO-252	\$3,600.00	\$0.00
7283362705Z5	10/31/2022 - 10/31/2022				HC:95999 // 1	M127 N202		\$1,800.00	CO-252	\$1,800.00	\$0.00

**Code Descriptions**

<b>Payer:</b> REGENCE BLUECROSS BLUESHIELD OF UTAH	<b>Check/EFT Trace Number:</b> 0171968707	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$21.05
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**REMARK CODE(S):**

M127=Missing patient medical record for this service.

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

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

N219=Payment based on previous payer's allowed amount.

**AMT CODE(S):**

B6=Allowed - Actual

AU=Coverage Amount

**GROUP CODE(S):**

OA=Other Adjustments

PR=Patient Responsibility

CO=Contractual Obligations

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

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

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.

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):**

2=Processed as Secondary

1=Processed as Primary