

Check Summary**Transaction Date:** October 23, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23296N36925610 Payment Amount: 0.00 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/23/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: ALLEN, PAMELA S**Claim Number:** 0202133303123480C00**Claim Date:** 11/16/2020-11/16/2020 **Claim Status Code:** 22**Patient ID:** M2R824596720**Group / Policy:** 0002726840005**Facility Type:** 21**Claim Charge:** \$-13,944.00**Patient Ctrl Nmbr:** 1746306**Contract Hdr:** PREFERRED PROVIDER**Claim Frequency:****Claim Payment:** \$0.00**Rendering Prvd:** MONITORING ASSOCIATES LLC,

ORGANIZATION

Claim Received Date: 11/29/2021**Patient Resp:** \$0.00**Original Ref Nmbr:****Rendering Prv ID:****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
	11/16/2020 - 11/16/2020				HC:95941 / 59 / 2	N557		\$-5,520.00	CO-109	\$-5,520.00	\$0.00
	11/16/2020 - 11/16/2020				HC:95938 / 26,59 / 1	N557		\$-3,107.00	CO-109	\$-3,107.00	\$0.00
	11/16/2020 - 11/16/2020				HC:95955 / 26,XU / 1	N557		\$-1,755.00	CO-109	\$-1,755.00	\$0.00
	11/16/2020 - 11/16/2020				HC:95861 / 26,59 / 1	N557		\$-1,614.00	CO-109	\$-1,614.00	\$0.00
	11/16/2020 - 11/16/2020				HC:95868 / 26,59 / 1	N557		\$-1,310.00	CO-109	\$-1,310.00	\$0.00
	11/16/2020 - 11/16/2020				HC:95937 / 26,59 / 1	N557		\$-500.00	CO-109	\$-500.00	\$0.00
	11/16/2020 - 11/16/2020				HC:95907 / 26,59 / 1	N557		\$-138.00	CO-109	\$-138.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23296N36925610	Check/EFT Date: 10/23/2023	Total Paid: \$0.00
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Patient Name: ALLEN, PAMELA S	Claim Number: 0202133303123480C01	Claim Date: 11/16/2020-11/16/2020	Claim Status Code: 1
Patient ID: M2R824596720	Group / Policy: 0002726840005	Facility Type: 21	Claim Charge: \$13,944.00
Patient Ctrl Nmbr: 1746306	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MONITORING ASSOCIATES LLC,	Rendering Prv ID:	Claim Received Date: 09/27/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202133303123480C00			

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
	11/16/2020 - 11/16/2020				HC:95941 / 59 / 2	N122		\$5,520.00	CO-234	\$5,520.00	\$0.00
	11/16/2020 - 11/16/2020				HC:95938 / 26,59 / 1			\$3,107.00	CO-29	\$3,107.00	\$0.00
	11/16/2020 - 11/16/2020				HC:95955 / 26,XU / 1			\$1,755.00	CO-29	\$1,755.00	\$0.00
	11/16/2020 - 11/16/2020				HC:95861 / 26,59 / 1			\$1,614.00	CO-29	\$1,614.00	\$0.00
	11/16/2020 - 11/16/2020				HC:95868 / 26,59 / 1			\$1,310.00	CO-29	\$1,310.00	\$0.00
	11/16/2020 - 11/16/2020				HC:95937 / 26,59 / 1			\$500.00	CO-29	\$500.00	\$0.00
	11/16/2020 - 11/16/2020				HC:95907 / 26,59 / 1			\$138.00	CO-29	\$138.00	\$0.00

Code Descriptions

REMARK CODE(S):

N122=Add-on code cannot be billed by itself.

N557=This claim/service is not payable under our service area. The claim must be filed to the Payer/Plan in whose service area the specimen was collected.

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

109=Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23296N36925610	Check/EFT Date: 10/23/2023	Total Paid: \$0.00
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CLAIM ADJUSTMENT REASON CODE(S):

234=This procedure is not paid separately. 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.)

29=The time limit for filing has expired.

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary