

**Check Summary****Transaction Date:** October 11, 2023

MOLINA HEALTHCARE NEVADA 200 OCEANGATE 6TH FLOOR LONG BEACH, CA 90802	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> CHKHST31466074 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/11/2023 <b>Production End Cycle Date:</b> 01/01/0001	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** META, BEATRICE W**Claim Number:** 23282175900**Claim Date:** 12/23/2022-12/23/2022 **Claim Status Code:** 1

<b>Patient ID:</b> 00001965219	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$11,831.00
<b>Patient Ctrl Nmbr:</b> 0.2838468	<b>Contract Hdr:</b> QMXBP8397	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> BURNS, JONATHAN D	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/09/2023	<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
7380272920Z1	12/23/2022 - 12/23/2022				HC:95938 / 26 / 1			\$3,107.00	CO-29	\$3,107.00	\$0.00
7380272920Z2	12/23/2022 - 12/23/2022				HC:95955 / 26 / 1			\$1,755.00	CO-29	\$1,755.00	\$0.00
7380272920Z3	12/23/2022 - 12/23/2022				HC:95861 / 26 / 1			\$1,755.00	CO-29	\$1,755.00	\$0.00
7380272920Z4	12/23/2022 - 12/23/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-29	\$1,614.00	\$0.00
7380272920Z5	12/23/2022 - 12/23/2022				HC:95999 // 2			\$3,600.00	CO-29	\$3,600.00	\$0.00

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

CO=Contractual Obligations

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

29=The time limit for filing has expired.

<b>Payer:</b> MOLINA HEALTHCARE NEVADA	<b>Check/EFT Trace Number:</b> CHKHST31466074	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$0.00
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**CLAIM STATUS CODE(S):**

1=Processed as Primary