

Check Summary
Transaction Date: November 07, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23307E14815890 Payment Amount: 9,862.25 Check/EFT Date: 11/07/2023 Production End Cycle Date: 11/03/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: BORGES, JULISSA

Claim Number: 02023139500T4720X00

Claim Date: 03/20/2023-03/20/2023 **Claim Status Code:** 22

Patient ID: JHE904006969	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-40,960.00
Patient Ctrl Nmbr: 0.2935180	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-1,453.55
Rendering Prvd: LACUEY LECUMBERRI, NURIA	Rendering Prv ID:	Claim Received Date: 05/19/2023	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
6912585992Z1	03/20/2023 - 03/20/2023				HC:95941 // 2	N830		\$-16,560.00	CO-45	\$-16,278.44	\$-281.56
6912585992Z2	03/20/2023 - 03/20/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,705.02	\$-108.98
6912585992Z3	03/20/2023 - 03/20/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,702.60	\$-52.40
6912585992Z4	03/20/2023 - 03/20/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,065.29	\$-41.71
6912585992Z5	03/20/2023 - 03/20/2023				HC:95910 / 26 / 1	N830		\$-780.00	CO-45	\$-683.06	\$-96.94
6912585992Z6	03/20/2023 - 03/20/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,887.97	\$-84.03
6912585992Z7	03/20/2023 - 03/20/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,887.97	\$-84.03
6912585992Z8	03/20/2023 - 03/20/2023				HC:95999 // 1	N830		\$-9,000.00	CO-45	\$-8,296.10	\$-703.90

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815890	Check/EFT Date: 11/07/2023	Total Paid: \$9,862.25
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Patient Name: BORGES, JULISSA	Claim Number: 02023139500T4720X01	Claim Date: 03/20/2023-03/20/2023	Claim Status Code: 1
Patient ID: JHE904006969	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$40,960.00
Patient Ctrl Nbr: 0.2935180	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$7,503.90
Rendering Prvd: LACUEY LECUMBERRI, NURIA	Rendering Prv ID:	Claim Received Date: 07/15/2023	Patient Resp: \$0.00
Original Ref Nbr: 02023139500T4720X00			

Line Details **Results:** 8

Line Ctrl Nbr	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
	03/20/2023 - 03/20/2023				HC:95941 / / 6	MA44	\$7,503.90 (B6)	\$16,560.00	CO-45	\$9,056.10	\$7,503.90
	03/20/2023 - 03/20/2023				HC:95939 / 26 / 1	MA44		\$3,814.00	CO-45	\$3,814.00	\$0.00
	03/20/2023 - 03/20/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	03/20/2023 - 03/20/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	03/20/2023 - 03/20/2023				HC:95910 / 26 / 1	MA44		\$780.00	CO-45	\$780.00	\$0.00
	03/20/2023 - 03/20/2023				HC:95886 / 26 / 2	MA44		\$2,972.00	CO-45	\$2,972.00	\$0.00
	03/20/2023 - 03/20/2023				HC:95886 / 26,XU / 2	MA44		\$2,972.00	CO-45	\$2,972.00	\$0.00
	03/20/2023 - 03/20/2023				HC:95999 / / 5	MA44		\$9,000.00	CO-45	\$9,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$7,503.90 (AU)

Patient Name: GOULDER, PAMELA	Claim Number: 020232855084F970X00	Claim Date: 09/22/2023-09/22/2023	Claim Status Code: 22
Patient ID: C4P829290256	Group / Policy: 0002735720010	Facility Type: 22	Claim Charge: \$-14,926.00
Patient Ctrl Nbr: 0.3150887	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-172.02
Rendering Prvd: FOREMAN, ADAM	Rendering Prv ID:	Claim Received Date: 10/12/2023	Patient Resp: \$0.00
Original Ref Nbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815890	Check/EFT Date: 11/07/2023	Total Paid: \$9,862.25
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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
7398203435Z1	09/22/2023 - 09/22/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,063.82	\$-43.18
7398203435Z2	09/22/2023 - 09/22/2023				HC:95955 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,704.25	\$-50.75
7398203435Z3	09/22/2023 - 09/22/2023				HC:95870 / 26 / 2	N830		\$-2,332.00	CO-45	\$-2,294.74	\$-37.26
7398203435Z4	09/22/2023 - 09/22/2023				HC:95870 / 26,XU / 2	N830		\$-2,332.00	CO-45	\$-2,291.17	\$-40.83
7398203435Z5	09/22/2023 - 09/22/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Patient Name: GOULDER, PAMELA J	Claim Number: 020232855084F970X01	Claim Date: 09/22/2023-09/22/2023	Claim Status Code: 1
Patient ID: C4P829290256	Group / Policy: 0002735720010	Facility Type: 22	Claim Charge: \$14,926.00
Patient Ctrl Nmbr: 0.3150887	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$3,983.92
Rendering Prvd: FOREMAN, ADAM	Rendering Prv ID:	Claim Received Date: 11/02/2023	Patient Resp: \$0.00
Original Ref Nmbr: 020232855084F970X00			

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
	09/22/2023 - 09/22/2023				HC:95938 / 26 / 1	MA44	\$3,000.00 (B6)	\$3,107.00	CO-45	\$107.00	\$3,000.00
	09/22/2023 - 09/22/2023				HC:95955 / 26 / 1	MA44	\$983.92 (B6)	\$1,755.00	CO-45	\$771.08	\$983.92
	09/22/2023 - 09/22/2023				HC:95870 / 26 / 2	MA44		\$2,332.00	CO-45	\$2,332.00	\$0.00
	09/22/2023 - 09/22/2023				HC:95870 / 26,XU / 2	MA44		\$2,332.00	CO-45	\$2,332.00	\$0.00
	09/22/2023 - 09/22/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815890	Check/EFT Date: 11/07/2023	Total Paid: \$9,862.25
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Supplemental Information - AMT/Payer Codes: \$3,983.92 (AU)

Patient Name: RICHARDSON, VONDA	Claim Number: 0202230250F55020X00	Claim Date: 07/13/2022-07/13/2022	Claim Status Code: 22
Patient ID: XUP201620446	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-18,488.00
Patient Ctrl Nmbr: 0.2635016	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-696.03
Rendering Prvd: THOMPSON, STEPHEN A	Rendering Prv ID:	Claim Received Date: 10/29/2022	Patient Resp: \$0.00
Original Ref Nmbr:			

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
6293887076Z1	07/13/2022 - 07/13/2022				HC:95941 // 4	N830		\$-11,040.00	CO-45	\$-10,476.88	\$-563.12
6293887076Z2	07/13/2022 - 07/13/2022				HC:95867 / 26 / 1	N830		\$-742.00	CO-45	\$-709.49	\$-32.51
6293887076Z3	07/13/2022 - 07/13/2022				HC:95867 / 26,XU / 1	N830		\$-742.00	CO-45	\$-709.29	\$-32.71
6293887076Z4	07/13/2022 - 07/13/2022				HC:92653 // 1	N830		\$-564.00	CO-45	\$-496.31	\$-67.69
6293887076Z5	07/13/2022 - 07/13/2022				HC:95999 // 3	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Patient Name: RICHARDSON, VONDA	Claim Number: 0202230250F55020X01	Claim Date: 07/13/2022-07/13/2022	Claim Status Code: 1
Patient ID: XUP201620446	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$18,488.00
Patient Ctrl Nmbr: 0.2635016	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$696.03
Rendering Prvd: THOMPSON, STEPHEN A	Rendering Prv ID:	Claim Received Date: 10/20/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202230250F55020X00			

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
	07/13/2022 - 07/13/2022				HC:95941 // 4	N830	\$563.12 (B6)	\$11,040.00	CO-45	\$10,476.88	\$563.12

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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
	07/13/2022 - 07/13/2022				HC:95867 / 26 / 1	N830	\$32.51 (B6)	\$742.00	CO-45	\$709.49	\$32.51
	07/13/2022 - 07/13/2022				HC:95867 / 26,XU / 1	N830	\$32.71 (B6)	\$742.00	CO-45	\$709.29	\$32.71
	07/13/2022 - 07/13/2022				HC:92653 // 1	N830	\$67.69 (B6)	\$564.00	CO-45	\$496.31	\$67.69
	07/13/2022 - 07/13/2022				HC:95999 // 3	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$696.03 (AU)

Patient Name: VILLALVA, TAMMY	Claim Number: 0202329650202J50X00	Claim Date: 07/24/2023-07/24/2023	Claim Status Code: 1
Patient ID: ZGP824844961	Group / Policy: 0003660100001	Facility Type: 21	Claim Charge: \$17,027.00
Patient Ctrl Nmbr: 0.3082394	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: CHACHERE, DANNY M	Rendering Prv ID:	Claim Received Date: 10/23/2023	Patient Resp: \$17,027.00
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
7431595912Z1	07/24/2023 - 07/24/2023				HC:95941 // 1	M15	\$3,537.00 (B6)	\$3,537.00	PR-97	\$3,537.00	\$0.00
7431595912Z2	07/24/2023 - 07/24/2023				HC:95938 / 26 / 1	M15	\$3,107.00 (B6)	\$3,107.00	PR-97	\$3,107.00	\$0.00
7431595912Z3	07/24/2023 - 07/24/2023				HC:95955 / 26 / 1	M15	\$1,755.00 (B6)	\$1,755.00	PR-97	\$1,755.00	\$0.00
7431595912Z4	07/24/2023 - 07/24/2023				HC:95861 / 26 / 1	M15	\$1,614.00 (B6)	\$1,614.00	PR-97	\$1,614.00	\$0.00
7431595912Z5	07/24/2023 - 07/24/2023				HC:95861 / 26,XU / 1	M15	\$1,614.00 (B6)	\$1,614.00	PR-97	\$1,614.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815890	Check/EFT Date: 11/07/2023	Total Paid: \$9,862.25
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Line Details										Results: 6	
Line Ctrl Nbr	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
7431595912Z6	07/24/2023 - 07/24/2023				HC:95999 // 1	M15	\$5,400.00 (B6)	\$5,400.00	PR-97	\$5,400.00	\$0.00

Code Descriptions

REMARK CODE(S):

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

MA44=Alert: No appeal rights. Adjudicative decision based on law.

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

PR=Patient Responsibility

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)

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.

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary