

**Check Summary****Transaction Date:** October 03, 2023

SENIOR WHOLE HEALTH MASSACHUSETTS 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> CHKHST35588402 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/03/2023 <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
---	--	--

**Patient Name:** BROUILLARD, JANICE**Claim Number:** 23249155698**Claim Date:** 09/13/2022-09/13/2022 **Claim Status Code:** 1

<b>Patient ID:</b> 100010298568	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$16,761.00
<b>Patient Ctrl Nmbr:</b> 0.2709424	<b>Contract Hdr:</b> QMXBP8440	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MOCHIZUKI, KEVIN S	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/06/2023	<b>Patient Resp:</b> \$11,361.00
<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
7249259053Z1	09/13/2022 - 09/13/2022				HC:95822 / 26 / 1	" "		\$1,755.00	PR-B7	\$1,755.00	\$0.00
7249259053Z2	09/13/2022 - 09/13/2022				HC:95938 / 26 / 1	" "		\$3,107.00	PR-B7	\$3,107.00	\$0.00
7249259053Z3	09/13/2022 - 09/13/2022				HC:95909 / 26 / 1	" "		\$555.00	PR-B7	\$555.00	\$0.00
7249259053Z4	09/13/2022 - 09/13/2022				HC:95886 / 26 / 2	" "		\$2,972.00	PR-B7	\$2,972.00	\$0.00
7249259053Z5	09/13/2022 - 09/13/2022				HC:95886 / 26,XU / 2	" "		\$2,972.00	PR-B7	\$2,972.00	\$0.00
7249259053Z6	09/13/2022 - 09/13/2022				HC:95999 / / 3	M15		\$5,400.00	CO-234	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$-11,361.00 (AU)

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

<b>Payer:</b> SENIOR WHOLE HEALTH MASSACHUSETTS	<b>Check/EFT Trace Number:</b> CHKHST35588402	<b>Check/EFT Date:</b> 10/03/2023	<b>Total Paid:</b> \$0.00
---	---	-----------------------------------	---------------------------

**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.

**AMT CODE(S):**

AU=Coverage Amount

**GROUP CODE(S):**

PR=Patient Responsibility

CO=Contractual Obligations

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

B7=This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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.)

**CLAIM STATUS CODE(S):**

1=Processed as Primary