

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

MOLINA HEALTHCARE NEVADA 200 OCEANGATE 6TH FLOOR LONG BEACH, CA 90802	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: CHKHST31509606 Payment Amount: 0.00 Check/EFT Date: 10/23/2023 Production End Cycle Date: 01/01/0001	Payee Name: MONITORING ASSOCIATES LLC Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: BEATTY, MARYANN**Claim Number:** 23291151276**Claim Date:** 01/31/2023-01/31/2023 **Claim Status Code:** 1

Patient ID: 00001473366	Group / Policy:	Facility Type:	Claim Charge: \$19,104.00
Patient Ctrl Nmbr: 0.2879323	Contract Hdr: QMXBP8397	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN D	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$0.00
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
7413207131Z1	01/31/2023 - 01/31/2023				HC:95939 / 26 / 1			\$3,814.00	CO-29	\$3,814.00	\$0.00
7413207131Z2	01/31/2023 - 01/31/2023				HC:95938 / 26 / 1			\$3,107.00	CO-29	\$3,107.00	\$0.00
7413207131Z3	01/31/2023 - 01/31/2023				HC:95955 / 26 / 1			\$1,755.00	CO-29	\$1,755.00	\$0.00
7413207131Z4	01/31/2023 - 01/31/2023				HC:95861 / 26 / 1			\$1,614.00	CO-29	\$1,614.00	\$0.00
7413207131Z5	01/31/2023 - 01/31/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-29	\$1,614.00	\$0.00
7413207131Z6	01/31/2023 - 01/31/2023				HC:95999 / / 4			\$7,200.00	CO-29	\$7,200.00	\$0.00

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

CO=Contractual Obligations

Payer: MOLINA HEALTHCARE NEVADA	Check/EFT Trace Number: CHKHST31509606	Check/EFT Date: 10/23/2023	Total Paid: \$0.00
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CLAIM ADJUSTMENT REASON CODE(S):

29=The time limit for filing has expired.

CLAIM STATUS CODE(S):

1=Processed as Primary