

Check Summary

Transaction Date: October 20, 2023

WELLMARK BLUE CROSS BLUE SHIELD OF SOUTH DAKOTA 1331 GRAND AVE PO BOX 9232 DES MOINES, IA 503069232	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 3742578 Payment Amount: 78.94 Check/EFT Date: 10/20/2023 Production End Cycle Date: 10/20/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: DEPT 880256 P O BOX 29650 PHOENIX, AZ 850389650
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Patient Name: HARDER, LINDA

Claim Number: 710682295900

Claim Date: 01/10/2023-01/10/2023 Claim Status Code: 2

Patient ID: ZYNW00396406	Group / Policy: 00610620	Facility Type: 22	Claim Charge: \$18,786.00
Patient Ctrl Nmbr: 0.2854465	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$78.94
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/09/2023	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
227132223703556001	01/10/2023 - 01/10/2023				HC:95822 / 26 / 1		\$126.00 (B6)	\$1,755.00	CO-45 OA-23	\$1,698.32 \$45.16	\$11.52
227132223703556002	01/10/2023 - 01/10/2023				HC:95938 / 26 / 1		\$100.00 (B6)	\$3,107.00	CO-45 OA-23	\$3,061.89 \$35.94	\$9.17
227132223703556003	01/10/2023 - 01/10/2023				HC:95910 / 26 / 1		\$234.00 (B6)	\$780.00	CO-45 OA-23	\$675.15 \$83.54	\$21.31
227132223703556004	01/10/2023 - 01/10/2023				HC:95886 / 26 / 2		\$200.00 (B6)	\$2,972.00	CO-45 OA-23	\$2,881.12 \$72.41	\$18.47
227132223703556005	01/10/2023 - 01/10/2023				HC:95886 / 26,XU / 2		\$200.00 (B6)	\$2,972.00	CO-45 OA-23	\$2,881.12 \$72.41	\$18.47
227132223703556006	01/10/2023 - 01/10/2023				HC:95999 // 0			\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$860.00 (AU)

Code Descriptions

AMT CODE(S):

Payer: WELLMARK BLUE CROSS BLUE SHIELD OF SOUTH DAKOTA	Check/EFT Trace Number: 3742578	Check/EFT Date: 10/20/2023	Total Paid: \$78.94
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AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations
OA=Other Adjustments

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)
23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

CLAIM STATUS CODE(S):

2=Processed as Secondary