Check Summary **Transaction Date:** October 13, 2023

BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099	**Payee Tax ID:** **Payee ID:** **Check/EFT Trace Number:** **Payment Amount:** **Check/EFT Date:** **Production End Cycle Date:**	271622508 1174916522 C23284E28278290 16,168.56 10/13/2023 10/11/2023	**Payee Name:** **Payee Address:**	MONITORING ASSOCIATES LLC PO BOX 29650 PHOENIX, AZ 850389650	

Patient Name: KENNELLY, SUSZETTE **Claim Number:** 0202324850T33480X00 **Claim Date:** 05/11/2023-05/11/2023 **Claim Status Code:** 1

Patient ID: IWAAN4391209	**Group / Policy:** 000XOPPOX0000	**Facility Type:** 21		**Claim Charge:**	$27,488.00
Patient Ctrl Nmbr: 0.2999330	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$16,168.56
Rendering Prvd: HSU, ANDREW		**Claim Received Date:**	09/05/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

Line Details **Results:** 11

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
7247864151Z1	05/11/2023 - 05/11/2023				HC:95941 / / 1	N830	$1,600.00 (B6)	$2,760.00	CO-45	$1,160.00	$1,600.00
7247864151Z2	05/11/2023 - 05/11/2023				HC:95939 / 26 / 1	N830	$1,805.52 (B6)	$3,814.00	CO-45	$2,008.48	$1,805.52
7247864151Z3	05/11/2023 - 05/11/2023				HC:95822 / 26 / 1	N830	$220.80 (B6)	$1,755.00	CO-45	$1,534.20	$220.80
7247864151Z4	05/11/2023 - 05/11/2023				HC:95938 / 26 / 1	N830	$675.48 (B6)	$3,107.00	CO-45	$2,431.52	$675.48
7247864151Z5	05/11/2023 - 05/11/2023				HC:95861 / 26 / 1	N830	$349.44 (B6)	$1,614.00	CO-45	$1,264.56	$349.44
7247864151Z6	05/11/2023 - 05/11/2023				HC:95861 / 26,XU / 1	N830	$349.44 (B6)	$1,614.00	CO-45	$1,264.56	$349.44
7247864151Z7	05/11/2023 - 05/11/2023				HC:95865 / 26 / 1	N830	$1,439.76 (B6)	$1,502.00	CO-45	$62.24	$1,439.76
7247864151Z8	05/11/2023 - 05/11/2023				HC:95865 / 26,XU / 1	N830	$1,439.76 (B6)	$1,502.00	CO-45	$62.24	$1,439.76

Payer: BLUECROSS BLUESHIELD OF ILLINOIS	Check/EFT Trace Number: C23284E28278290	Check/EFT Date: 10/13/2023	Total Paid: $16,168.56

Line Details **Results:** 11

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
7247864151Z9	05/11/2023 - 05/11/2023				HC:95868 / 26,XU / 1	N640	$544.18 (B6)	$1,310.00	PI-222	$765.82	$544.18
7247864151Z10	05/11/2023 - 05/11/2023				HC:95868 / 26,XU / 1	M127	$544.18 (B6)	$1,310.00	PI-252	$765.82	$544.18
7247864151Z11	05/11/2023 - 05/11/2023				HC:95999 / / 1		$7,200.00 (B6)	$7,200.00			$7,200.00

Supplemental Information - AMT/Payer Codes: $16,168.56 (AU)

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.
N640=Exceeds number/frequency approved/allowed within time period.
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
PI=Payor Initiated Reductions

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)
222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
252=An attachment/other documentation is required to adjudicate this claim/service. 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).

Payer: BLUECROSS BLUESHIELD OF ILLINOIS	**Check/EFT Trace Number:** C23284E28278290	**Check/EFT Date:** 10/13/2023	**Total Paid:** $16,168.56

CLAIM STATUS CODE(S):

1=Processed as Primary