

Check Summary**Transaction Date:** October 16, 2023

MOLINA HEALTHCARE UTAH 200 OCEANGATE 6TH FLOOR LONG BEACH, CA 90802	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: CHKHST31482785 Payment Amount: 0.00 Check/EFT Date: 10/16/2023 Production End Cycle Date: 01/01/0001	Payee Name: MONITORING ASSOCIATES LLC Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 85038
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Patient Name: AL-DAGHESTANI, HUSSEIN**Claim Number:** 23284345109**Claim Date:** 01/11/2023-01/11/2023 **Claim Status Code:** 1

Patient ID: 0312748401	Group / Policy:	Facility Type:	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 0.2856071	Contract Hdr: TBPA0074	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW	Rendering Prv ID:	Claim Received Date: 10/10/2023	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
7389659424Z1	01/11/2023 - 01/11/2023				HC:95939 / 26 / 1	N130		\$3,814.00	CO-204	\$3,814.00	\$0.00
7389659424Z2	01/11/2023 - 01/11/2023				HC:95938 / 26 / 1	MA07		\$3,107.00	CO-133	\$3,107.00	\$0.00
7389659424Z3	01/11/2023 - 01/11/2023				HC:95955 / 26 / 1	MA07		\$1,755.00	CO-133	\$1,755.00	\$0.00
7389659424Z4	01/11/2023 - 01/11/2023				HC:95861 / 26 / 1	MA07		\$1,614.00	CO-133	\$1,614.00	\$0.00
7389659424Z5	01/11/2023 - 01/11/2023				HC:95861 / 26,XU / 1	MA07		\$1,614.00	CO-133	\$1,614.00	\$0.00
7389659424Z6	01/11/2023 - 01/11/2023				HC:95868 / 26 / 1	MA07		\$1,310.00	CO-133	\$1,310.00	\$0.00
7389659424Z7	01/11/2023 - 01/11/2023				HC:95868 / 26,XU / 1	MA07		\$1,310.00	CO-133	\$1,310.00	\$0.00
7389659424Z8	01/11/2023 - 01/11/2023				HC:95999 // 4	M15		\$7,200.00	CO-234	\$7,200.00	\$0.00

Payer: MOLINA HEALTHCARE UTAH	Check/EFT Trace Number: CHKHST31482785	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Patient Name: CALL, SARA	Claim Number: 23285364642	Claim Date: 01/17/2023-01/17/2023	Claim Status Code: 1
Patient ID: 0705820295	Group / Policy:	Facility Type:	Claim Charge: \$9,935.00
Patient Ctrl Nmbr: 0.2861859	Contract Hdr: TBPA0070	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW	Rendering Prv ID:	Claim Received Date: 10/12/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 4
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
7394789807Z1	01/17/2023 - 01/17/2023				HC:95938 / 26 / 1	MA07		\$3,107.00	CO-133	\$3,107.00	\$0.00
7394789807Z2	01/17/2023 - 01/17/2023				HC:95861 / 26 / 1	MA07		\$1,614.00	CO-133	\$1,614.00	\$0.00
7394789807Z3	01/17/2023 - 01/17/2023				HC:95861 / 26,XU / 1	MA07		\$1,614.00	CO-133	\$1,614.00	\$0.00
7394789807Z4	01/17/2023 - 01/17/2023				HC:95999 // 2	M15		\$3,600.00	CO-234	\$3,600.00	\$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.

MA07=Alert: The claim information has also been forwarded to Medicaid for review.

N130=Consult plan benefit documents/guidelines for information about restrictions for this service.

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

204=This service/equipment/drug is not covered under the patient's current benefit plan

133=The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).

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):

Payer: MOLINA HEALTHCARE UTAH	Check/EFT Trace Number: CHKHST31482785	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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CLAIM STATUS CODE(S):

1=Processed as Primary