

**Check Summary**
**Transaction Date:** October 19, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> C23290E09976710 <b>Payment Amount:</b> 240.23 <b>Check/EFT Date:</b> 10/19/2023 <b>Production End Cycle Date:</b> 10/17/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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**Patient Name:** GOODWIN, DENA

**Claim Number:** 02023193509X9080X00

**Claim Date:** 05/24/2023-05/24/2023 **Claim Status Code:** 22

<b>Patient ID:</b> ZGN925514963	<b>Group / Policy:</b> 0000006310006	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-27,244.00
<b>Patient Ctrl Nmbr:</b> 0.3016363	<b>Contract Hdr:</b> HEALTH MAINTENANCE ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$-2,227.77
<b>Rendering Prvd:</b> PATI, SANDIPAN P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 07/12/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**Line Details** **Results:** 9

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
7075251601Z1	05/24/2023 - 05/24/2023				HC:15941 // 2	N830		\$-5,520.00	CO-45	\$-3,701.32	\$-1,818.68
7075251601Z2	05/24/2023 - 05/24/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,699.77	\$-114.23
7075251601Z3	05/24/2023 - 05/24/2023				HC:95822 / 26 / 1	N19		\$-1,755.00	PI-97	\$-1,755.00	\$0.00
7075251601Z4	05/24/2023 - 05/24/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,063.31	\$-43.69
7075251601Z5	05/24/2023 - 05/24/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,535.55	\$-78.45
7075251601Z6	05/24/2023 - 05/24/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
7075251601Z7	05/24/2023 - 05/24/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,249.99	\$-60.01
7075251601Z8	05/24/2023 - 05/24/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976710	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$240.23
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Line Details											Results: 9
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
7075251601Z9	05/24/2023 - 05/24/2023				HC:95999 // 1	N830		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

<b>Patient Name:</b> GOODWIN, DENA	<b>Claim Number:</b> 02023193509X9080X01	<b>Claim Date:</b> 05/24/2023-05/24/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZGN925514963	<b>Group / Policy:</b> 0000006310006	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$27,244.00
<b>Patient Ctrl Nmbr:</b> 0.3016363	<b>Contract Hdr:</b> HEALTH MAINTENANCE ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$2,468.00
<b>Rendering Prvd:</b> PATI, SANDIPAN P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/16/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 02023193509X9080X00			

Line Details											Results: 9
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
	05/24/2023 - 05/24/2023				HC:15941 // 2	MA44	\$2,058.91 (B6)	\$5,520.00	CO-45	\$3,461.09	\$2,058.91
	05/24/2023 - 05/24/2023				HC:95939 / 26 / 1	MA44	\$114.23 (B6)	\$3,814.00	CO-45	\$3,699.77	\$114.23
	05/24/2023 - 05/24/2023				HC:95822 / 26 / 1	N19		\$1,755.00	PI-97	\$1,755.00	\$0.00
	05/24/2023 - 05/24/2023				HC:95938 / 26 / 1	MA44	\$43.69 (B6)	\$3,107.00	CO-45	\$3,063.31	\$43.69
	05/24/2023 - 05/24/2023				HC:95861 / 26 / 1	MA44	\$78.45 (B6)	\$1,614.00	CO-45	\$1,535.55	\$78.45
	05/24/2023 - 05/24/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	05/24/2023 - 05/24/2023				HC:95868 / 26 / 1	MA44	\$60.01 (B6)	\$1,310.00	CO-45	\$1,249.99	\$60.01
	05/24/2023 - 05/24/2023				HC:95868 / 26,XU / 1	MA44	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	05/24/2023 - 05/24/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976710	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$240.23
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Supplemental Information - AMT/Payer Codes: \$2,468.00 (AU)

### Code Descriptions

#### REMARK CODE(S):

MA44=Alert: No appeal rights. Adjudicative decision based on law.

N19=Procedure code incidental to primary procedure.

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)

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

#### CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary