

**Check Summary****Transaction Date:** October 12, 2023

BLUE CROSS BLUE SHIELD OF ALABAMA 450 RIVERCHASE PKWY EAST BIRMINGHAM, AL 35244	<b>Payee Tax ID:</b>	271622508	<b>Payee Name:</b>	MONITORING ASSOCIATES LLC
	<b>Payee ID:</b>	1174916522	<b>Payee Address:</b>	DEPT 880256
	<b>Check/EFT Trace Number:</b>	216033005631808		PO BOX 29650
	<b>Payment Amount:</b>	2,425.25		PHOENIX, AZ 850389650
	<b>Check/EFT Date:</b>	10/12/2023		
	<b>Production End Cycle Date:</b>	01/01/0001		

**Patient Name:** ADAMS, TOMIE**Claim Number:** 3062792139**Claim Date:** 09/29/2022-09/29/2022 **Claim Status Code:** 1

<b>Patient ID:</b> MBG841069940	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b>	\$18,443.00
<b>Patient Ctrl Nmbr:</b> 0.2729697	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b>	\$330.91
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nmbr:</b>				

**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
7378739221Z1	09/29/2022 - 09/29/2022				HC:95938 / 26 / 1		\$44.25 (B6)	\$3,107.00	CO-45 CO-253	\$3,062.75 \$0.89	\$43.36
7378739221Z2	09/29/2022 - 09/29/2022				HC:95955 / 26 / 1		\$51.90 (B6)	\$1,755.00	CO-45 CO-253	\$1,703.10 \$1.04	\$50.86
7378739221Z3	09/29/2022 - 09/29/2022				HC:95908 / 26 / 1		\$64.52 (B6)	\$437.00	CO-45 CO-253	\$372.48 \$1.29	\$63.23
7378739221Z4	09/29/2022 - 09/29/2022				HC:95886 / 26 / 2		\$88.50 (B6)	\$2,972.00	CO-45 CO-253	\$2,883.50 \$1.77	\$86.73
7378739221Z5	09/29/2022 - 09/29/2022				HC:95886 / 26,XU / 2		\$88.50 (B6)	\$2,972.00	CO-45 CO-253	\$2,883.50 \$1.77	\$86.73
7378739221Z6	09/29/2022 - 09/29/2022				HC:95999 / / 4			\$7,200.00	PI-B1	\$7,200.00	\$0.00

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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<b>Patient Name:</b> ANDREWS, EARL	<b>Claim Number:</b> 7172755422	<b>Claim Date:</b> 12/06/2022-12/06/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> XAA820337618	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$14,197.00
<b>Patient Ctrl Nmbr:</b> 0.2814747	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$25.37
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 7
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
208121654056556001	12/06/2022 - 12/06/2022				HC:95822 / 26 / 1	N174	\$58.41 (B6)	\$1,755.00	CO-45 OA-23	\$1,696.59 \$46.54	\$11.87
208121654056556002	12/06/2022 - 12/06/2022				HC:95938 / 26 / 1	N174	\$46.51 (B6)	\$2,943.00	CO-45 OA-23	\$2,896.49 \$37.06	\$9.45
208121654056556003	12/06/2022 - 12/06/2022				HC:95861 / 26 / 1	N36		\$1,200.00	PI-A1	\$1,200.00	\$0.00
208121654056556004	12/06/2022 - 12/06/2022				HC:95861 / 26,XU / 1	N36		\$1,614.00	PI-A1	\$1,614.00	\$0.00
208121654056556005	12/06/2022 - 12/06/2022				HC:95870 / 26,XU / 1	N36		\$702.00	PI-A1	\$702.00	\$0.00
208121654056556006	12/06/2022 - 12/06/2022				HC:95870 / 26,XU / 1	N174	\$19.93 (B6)	\$583.00	CO-45 OA-23	\$563.07 \$15.88	\$4.05
208121654056556007	12/06/2022 - 12/06/2022				HC:95999 // 3	N36		\$5,400.00	PI-A1	\$5,400.00	\$0.00

<b>Patient Name:</b> ANDREWS, PHILLIP	<b>Claim Number:</b> 3022779683	<b>Claim Date:</b> 06/29/2023-06/29/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MBG827849503	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$26,010.00
<b>Patient Ctrl Nmbr:</b> 0.3057473	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$578.98
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<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

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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Line Details											Results: 9
Line Ctrl Nbr	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
235136957919556001	06/29/2023 - 06/29/2023				HC:95939 / 26 / 1		\$111.51 (B6)	\$3,814.00	CO-45 CO-253	\$3,702.49 \$2.23	\$109.28
235136957919556002	06/29/2023 - 06/29/2023				HC:95822 / 26 / 1		\$53.68 (B6)	\$1,755.00	CO-45 CO-253	\$1,701.32 \$1.07	\$52.61
235136957919556003	06/29/2023 - 06/29/2023				HC:95938 / 26 / 1		\$42.65 (B6)	\$3,107.00	CO-45 CO-253	\$3,064.35 \$0.85	\$41.80
235136957919556004	06/29/2023 - 06/29/2023				HC:95913 / 26 / 1		\$175.96 (B6)	\$1,224.00	CO-45 CO-253	\$1,048.04 \$3.52	\$172.44
235136957919556005	06/29/2023 - 06/29/2023				HC:95886 / 26 / 2		\$85.90 (B6)	\$2,972.00	CO-45 CO-253	\$2,886.10 \$1.72	\$84.18
235136957919556006	06/29/2023 - 06/29/2023				HC:95886 / 26,XU / 2		\$85.90 (B6)	\$2,972.00	CO-45 CO-253	\$2,886.10 \$1.72	\$84.18
235136957919556007	06/29/2023 - 06/29/2023				HC:95887 / 26 / 1		\$35.19 (B6)	\$583.00	CO-45 CO-253	\$547.81 \$0.70	\$34.49
235136957919556008	06/29/2023 - 06/29/2023				HC:95887 / 26,XU / 1			\$583.00	PI-B1	\$583.00	\$0.00
235136957919556009	06/29/2023 - 06/29/2023				HC:95999 // 5			\$9,000.00	PI-B1	\$9,000.00	\$0.00

<b>Patient Name:</b> BELL, KAREN	<b>Claim Number:</b> 3072787919	<b>Claim Date:</b> 12/02/2022-12/02/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MBG877286418	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$13,490.00
<b>Patient Ctrl Nbr:</b> 0.2809578	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$172.14
<b>Rendering Prvd:</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

Line Details											Results: 5
Line Ctrl Nbr	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
7374297520Z1	12/02/2022 - 12/02/2022				HC:95938 / 26 / 1		\$44.25 (B6)	\$3,107.00	CO-45 CO-253	\$3,062.75 \$0.89	\$43.36

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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Line Details											Results: 5
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
7374297520Z2	12/02/2022 - 12/02/2022				HC:95955 / 26 / 1		\$51.90 (B6)	\$1,755.00	CO-45 CO-253	\$1,703.10 \$1.04	\$50.86
7374297520Z3	12/02/2022 - 12/02/2022				HC:95861 / 26 / 1		\$79.51 (B6)	\$1,614.00	CO-45 CO-253	\$1,534.49 \$1.59	\$77.92
7374297520Z4	12/02/2022 - 12/02/2022				HC:95861 / 26,XU / 1			\$1,614.00	PI-B1	\$1,614.00	\$0.00
7374297520Z5	12/02/2022 - 12/02/2022				HC:95999 // 3			\$5,400.00	PI-B1	\$5,400.00	\$0.00

<b>Patient Name:</b> CAMP, CHRISTOPHER	<b>Claim Number:</b> 3112790868	<b>Claim Date:</b> 12/11/2020-12/11/2020	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PPA869005246	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$8,846.00
<b>Patient Ctrl Nmbr:</b> 0.1984773	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$2,760.00
<b>Original Ref Nmbr:</b>			

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
7375677179Z1	12/11/2020 - 12/11/2020				HC:95938 / 26 / 1			\$3,107.00	CO-109	\$3,107.00	\$0.00
7375677179Z2	12/11/2020 - 12/11/2020				HC:95941 // 1	N174		\$2,760.00	PR-96	\$2,760.00	\$0.00
7375677179Z3	12/11/2020 - 12/11/2020				HC:95955 / 26,59 / 1			\$1,755.00	CO-109	\$1,755.00	\$0.00
7375677179Z4	12/11/2020 - 12/11/2020				HC:95937 / 26 / 1			\$500.00	CO-109	\$500.00	\$0.00
7375677179Z5	12/11/2020 - 12/11/2020				HC:95908 / 26 / 1			\$437.00	CO-109	\$437.00	\$0.00
7375677179Z6	12/11/2020 - 12/11/2020				HC:95927 / 26,59 / 1			\$287.00	CO-109	\$287.00	\$0.00

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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<b>Patient Name:</b> CHILDERS JR, DONALD	<b>Claim Number:</b> 3042760151	<b>Claim Date:</b> 08/03/2023-08/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PPA888621134	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$23,963.00
<b>Patient Ctrl Nbr:</b> 0.3093647	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

Line Details											Results: 7
Line Ctrl Nbr	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
7365783494Z1	08/03/2023 - 08/03/2023				HC:95941 / / 2			\$5,520.00	CO-109	\$5,520.00	\$0.00
7365783494Z2	08/03/2023 - 08/03/2023				HC:95938 / 26 / 1			\$3,107.00	CO-109	\$3,107.00	\$0.00
7365783494Z3	08/03/2023 - 08/03/2023				HC:95955 / 26 / 1			\$1,755.00	CO-109	\$1,755.00	\$0.00
7365783494Z4	08/03/2023 - 08/03/2023				HC:95908 / 26 / 1			\$437.00	CO-109	\$437.00	\$0.00
7365783494Z5	08/03/2023 - 08/03/2023				HC:95886 / 26 / 2			\$2,972.00	CO-109	\$2,972.00	\$0.00
7365783494Z6	08/03/2023 - 08/03/2023				HC:95886 / 26,XU / 2			\$2,972.00	CO-109	\$2,972.00	\$0.00
7365783494Z7	08/03/2023 - 08/03/2023				HC:95999 / / 4			\$7,200.00	CO-109	\$7,200.00	\$0.00

<b>Patient Name:</b> DAWKINS THOMAS, SHAVONNE	<b>Claim Number:</b> 3022779680	<b>Claim Date:</b> 07/12/2022-07/12/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MBG837376055	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$13,490.00
<b>Patient Ctrl Nbr:</b> 0.2634076	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$175.73
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

Line Details											Results: 5
Line Ctrl Nbr	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

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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Line Details											Results: 5
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
223130373530556001	07/12/2022 - 07/12/2022				HC:95822 / 26 / 1		\$55.56 (B6)	\$1,755.00	CO-45 CO-253	\$1,699.44 \$1.11	\$54.45
223130373530556002	07/12/2022 - 07/12/2022				HC:95938 / 26 / 1		\$44.25 (B6)	\$3,107.00	CO-45 CO-253	\$3,062.75 \$0.89	\$43.36
223130373530556003	07/12/2022 - 07/12/2022				HC:95861 / 26 / 1		\$79.51 (B6)	\$1,614.00	CO-45 CO-253	\$1,534.49 \$1.59	\$77.92
223130373530556004	07/12/2022 - 07/12/2022				HC:95861 / 26,XU / 1			\$1,614.00	PI-B1	\$1,614.00	\$0.00
223130373530556005	07/12/2022 - 07/12/2022				HC:95999 // 3			\$5,400.00	PI-B1	\$5,400.00	\$0.00

<b>Patient Name:</b> DUNKIN, CONNIE	<b>Claim Number:</b> 3072764300	<b>Claim Date:</b> 09/28/2023-09/28/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> EDU880319448	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$16,295.00
<b>Patient Ctrl Nmbr:</b> 0.3158084	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 5
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
7361871538Z1	09/28/2023 - 09/28/2023				HC:95941 // 1			\$2,760.00	CO-109	\$2,760.00	\$0.00
7361871538Z2	09/28/2023 - 09/28/2023				HC:95938 / 26 / 1			\$3,107.00	CO-109	\$3,107.00	\$0.00
7361871538Z3	09/28/2023 - 09/28/2023				HC:95861 / 26 / 1			\$1,614.00	CO-109	\$1,614.00	\$0.00
7361871538Z4	09/28/2023 - 09/28/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-109	\$1,614.00	\$0.00
7361871538Z5	09/28/2023 - 09/28/2023				HC:95999 // 4			\$7,200.00	CO-109	\$7,200.00	\$0.00

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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<b>Patient Name:</b> ENFINGER, PEGGY	<b>Claim Number:</b> 3022779684	<b>Claim Date:</b> 10/18/2022-10/18/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MBG811692177	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$13,490.00
<b>Patient Ctrl Nmbr:</b> 0.2751671	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$175.73
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 5
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
145086845387556001	10/18/2022 - 10/18/2022				HC:95822 / 26 / 1		\$55.56 (B6)	\$1,755.00	CO-45 CO-253	\$1,699.44 \$1.11	\$54.45
145086845387556002	10/18/2022 - 10/18/2022				HC:95938 / 26 / 1		\$44.25 (B6)	\$3,107.00	CO-45 CO-253	\$3,062.75 \$0.89	\$43.36
145086845387556003	10/18/2022 - 10/18/2022				HC:95861 / 26 / 1		\$79.51 (B6)	\$1,614.00	CO-45 CO-253	\$1,534.49 \$1.59	\$77.92
145086845387556004	10/18/2022 - 10/18/2022				HC:95861 / 26,XU / 1			\$1,614.00	PI-B1	\$1,614.00	\$0.00
145086845387556005	10/18/2022 - 10/18/2022				HC:95999 // 3			\$5,400.00	PI-B1	\$5,400.00	\$0.00

<b>Patient Name:</b> HAMILTON JR, WILLIAM	<b>Claim Number:</b> 3002629494	<b>Claim Date:</b> 08/27/2023-08/27/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> YGZ573W06979	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$21,724.00
<b>Patient Ctrl Nmbr:</b> 0.3121127	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7304725677Z1	08/27/2023 - 08/27/2023				HC:95939 / 26 / 1			\$3,814.00	CO-97	\$3,814.00	\$0.00
7304725677Z2	08/27/2023 - 08/27/2023				HC:95822 / 26 / 1			\$1,755.00	CO-97	\$1,755.00	\$0.00

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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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
7304725677Z3	08/27/2023 - 08/27/2023				HC:95938 / 26 / 1			\$3,107.00	CO-97	\$3,107.00	\$0.00
7304725677Z4	08/27/2023 - 08/27/2023				HC:95861 / 26 / 1			\$1,614.00	CO-97	\$1,614.00	\$0.00
7304725677Z5	08/27/2023 - 08/27/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-97	\$1,614.00	\$0.00
7304725677Z6	08/27/2023 - 08/27/2023				HC:95868 / 26 / 1			\$1,310.00	CO-97	\$1,310.00	\$0.00
7304725677Z7	08/27/2023 - 08/27/2023				HC:95868 / 26,XU / 1			\$1,310.00	CO-97	\$1,310.00	\$0.00
7304725677Z8	08/27/2023 - 08/27/2023				HC:95999 // 4	N26		\$7,200.00	CO-252	\$7,200.00	\$0.00

<b>Patient Name:</b> HOFMAN, MICHAEL T	<b>Claim Number:</b> 3092774884	<b>Claim Date:</b> 12/14/2022-12/14/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MBG875524447	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$22,832.00
<b>Patient Ctrl Nmbr:</b> 0.2826557	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$482.08
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7366554496Z1	12/14/2022 - 12/14/2022				HC:95938 / 26 / 1		\$44.25 (B6)	\$3,107.00	CO-45 CO-253	\$3,062.75 \$0.89	\$43.36
7366554496Z2	12/14/2022 - 12/14/2022				HC:95955 / 26,XU / 1		\$51.90 (B6)	\$1,755.00	CO-45 CO-253	\$1,703.10 \$1.04	\$50.86
7366554496Z3	12/14/2022 - 12/14/2022				HC:95911 / 26,XU / 1		\$128.42 (B6)	\$956.00	CO-45 CO-253	\$827.58 \$2.57	\$125.85
7366554496Z4	12/14/2022 - 12/14/2022				HC:51785 / 26 / 1		\$90.36 (B6)	\$1,071.00	CO-45 CO-253	\$980.64 \$1.81	\$88.55



<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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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
7366554496Z5	12/14/2022 - 12/14/2022				HC:51785 / 26,XU / 1			\$2,799.00	PI-B1	\$2,799.00	\$0.00
7366554496Z6	12/14/2022 - 12/14/2022				HC:95886 / 26 / 2		\$88.50 (B6)	\$2,972.00	CO-45 CO-253	\$2,883.50 \$1.77	\$86.73
7366554496Z7	12/14/2022 - 12/14/2022				HC:95886 / 26,XU / 2		\$88.50 (B6)	\$2,972.00	CO-45 CO-253	\$2,883.50 \$1.77	\$86.73
7366554496Z8	12/14/2022 - 12/14/2022				HC:95999 / / 4			\$7,200.00	PI-B1	\$7,200.00	\$0.00

<b>Patient Name:</b> MARABLE, SANDRA	<b>Claim Number:</b> 3112790869	<b>Claim Date:</b> 11/23/2020-11/23/2020	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PPA803934904	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$11,516.00
<b>Patient Ctrl Nmbr:</b> 0.1965244	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$2,760.00
<b>Original Ref Nmbr:</b>			

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
7375684505Z1	11/23/2020 - 11/23/2020				HC:95938 / 26,59 / 1			\$3,107.00	CO-109	\$3,107.00	\$0.00
7375684505Z2	11/23/2020 - 11/23/2020				HC:95938 / 26,XU / 1			\$3,107.00	CO-109	\$3,107.00	\$0.00
7375684505Z3	11/23/2020 - 11/23/2020				HC:95941 / 59 / 1	N174		\$2,760.00	PR-96	\$2,760.00	\$0.00
7375684505Z4	11/23/2020 - 11/23/2020				HC:95955 / 26,XU / 1			\$1,755.00	CO-109	\$1,755.00	\$0.00
7375684505Z5	11/23/2020 - 11/23/2020				HC:95937 / 26,59 / 1			\$500.00	CO-109	\$500.00	\$0.00
7375684505Z6	11/23/2020 - 11/23/2020				HC:95927 / 26,59 / 1			\$287.00	CO-109	\$287.00	\$0.00

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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<b>Patient Name:</b> MASON, KATHRYN	<b>Claim Number:</b> 3022779681	<b>Claim Date:</b> 01/03/2023-01/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MBG842015279	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$13,490.00
<b>Patient Ctrl Nmbr:</b> 0.2845949	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$165.96
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 5
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
271157035067556001	01/03/2023 - 01/03/2023				HC:95938 / 26 / 1		\$42.65 (B6)	\$3,107.00	CO-45 CO-253	\$3,064.35 \$0.85	\$41.80
271157035067556002	01/03/2023 - 01/03/2023				HC:95955 / 26 / 1		\$50.12 (B6)	\$1,755.00	CO-45 CO-253	\$1,704.88 \$1.00	\$49.12
271157035067556003	01/03/2023 - 01/03/2023				HC:95861 / 26 / 1		\$76.57 (B6)	\$1,614.00	CO-45 CO-253	\$1,537.43 \$1.53	\$75.04
271157035067556004	01/03/2023 - 01/03/2023				HC:95861 / 26,XU / 1			\$1,614.00	PI-B1	\$1,614.00	\$0.00
271157035067556005	01/03/2023 - 01/03/2023				HC:95999 // 3			\$5,400.00	PI-B1	\$5,400.00	\$0.00

<b>Patient Name:</b> RUCKS, MICHALE	<b>Claim Number:</b> 3002766954	<b>Claim Date:</b> 12/12/2022-12/12/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MBG868658610	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$17,910.00
<b>Patient Ctrl Nmbr:</b> 0.2822678	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$231.79
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 7
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
7366018779Z1	12/12/2022 - 12/12/2022				HC:95938 / 26 / 1		\$44.25 (B6)	\$3,107.00	CO-45 CO-253	\$3,062.75 \$0.89	\$43.36
7366018779Z2	12/12/2022 - 12/12/2022				HC:95955 / 26 / 1		\$51.90 (B6)	\$1,755.00	CO-45 CO-253	\$1,703.10 \$1.04	\$50.86

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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Line Details											Results: 7
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
7366018779Z3	12/12/2022 - 12/12/2022				HC:95861 / 26 / 1		\$79.51 (B6)	\$1,614.00	CO-45 CO-253	\$1,534.49 \$1.59	\$77.92
7366018779Z4	12/12/2022 - 12/12/2022				HC:95861 / 26,XU / 1			\$1,614.00	PI-B1	\$1,614.00	\$0.00
7366018779Z5	12/12/2022 - 12/12/2022				HC:95868 / 26 / 1		\$60.87 (B6)	\$1,310.00	CO-45 CO-253	\$1,249.13 \$1.22	\$59.65
7366018779Z6	12/12/2022 - 12/12/2022				HC:95868 / 26,XU / 1			\$1,310.00	PI-B1	\$1,310.00	\$0.00
7366018779Z7	12/12/2022 - 12/12/2022				HC:95999 // 4			\$7,200.00	PI-B1	\$7,200.00	\$0.00

<b>Patient Name:</b> SELLERS, JOHN	<b>Claim Number:</b> 3042760150	<b>Claim Date:</b> 09/28/2023-09/28/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PPA825528791	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$23,963.00
<b>Patient Ctrl Nmbr:</b> 0.3158857	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 7
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
7365675222Z1	09/28/2023 - 09/28/2023				HC:95941 // 2			\$5,520.00	CO-109	\$5,520.00	\$0.00
7365675222Z2	09/28/2023 - 09/28/2023				HC:95938 / 26 / 1			\$3,107.00	CO-109	\$3,107.00	\$0.00
7365675222Z3	09/28/2023 - 09/28/2023				HC:95955 / 26 / 1			\$1,755.00	CO-109	\$1,755.00	\$0.00
7365675222Z4	09/28/2023 - 09/28/2023				HC:95908 / 26 / 1			\$437.00	CO-109	\$437.00	\$0.00
7365675222Z5	09/28/2023 - 09/28/2023				HC:95886 / 26 / 2			\$2,972.00	CO-109	\$2,972.00	\$0.00

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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Line Details											Results: 7
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
7365675222Z6	09/28/2023 - 09/28/2023				HC:95886 / 26,XU / 2			\$2,972.00	CO-109	\$2,972.00	\$0.00
7365675222Z7	09/28/2023 - 09/28/2023				HC:95999 // 4			\$7,200.00	CO-109	\$7,200.00	\$0.00

<b>Patient Name:</b> SWEATT, DIANE	<b>Claim Number:</b> 3042623394	<b>Claim Date:</b> 07/19/2023-07/19/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MBG868765999	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$5,028.00
<b>Patient Ctrl Nmbr:</b> 0.3077849	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$75.04
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 3
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
7304335040Z1	07/19/2023 - 07/19/2023				HC:95861 / 26 / 1		\$76.57 (B6)	\$1,614.00	CO-45 CO-253	\$1,537.43 \$1.53	\$75.04
7304335040Z2	07/19/2023 - 07/19/2023				HC:95861 / 26,XU / 1			\$1,614.00	PI-B1	\$1,614.00	\$0.00
7304335040Z3	07/19/2023 - 07/19/2023				HC:95999 // 1	N26		\$1,800.00	CO-252	\$1,800.00	\$0.00

<b>Patient Name:</b> WATKINS, ARTHUR	<b>Claim Number:</b> 7172765311	<b>Claim Date:</b> 01/12/2023-01/12/2023	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> XAA871819846	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$9,890.00
<b>Patient Ctrl Nmbr:</b> 0.2857726	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$11.52
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 5
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

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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Line Details											Results: 5
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
233135460845556001	01/12/2023 - 01/12/2023				HC:95822 / 26 / 1	N174	\$56.68 (B6)	\$1,755.00	CO-45 OA-23	\$1,698.32 \$45.16	\$11.52
233135460845556002	01/12/2023 - 01/12/2023				HC:95938 / 26 / 1	N36		\$3,107.00	PI-A1	\$3,107.00	\$0.00
233135460845556003	01/12/2023 - 01/12/2023				HC:95861 / 26 / 1	N36		\$1,614.00	PI-A1	\$1,614.00	\$0.00
233135460845556004	01/12/2023 - 01/12/2023				HC:95861 / 26,XU / 1	N36		\$1,614.00	PI-A1	\$1,614.00	\$0.00
233135460845556005	01/12/2023 - 01/12/2023				HC:95999 // 1	N36		\$1,800.00	PI-A1	\$1,800.00	\$0.00

<b>Patient Name:</b> WOODS, JERRY	<b>Claim Number:</b> 0012480582	<b>Claim Date:</b> 05/05/2022-05/05/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XYL842747068	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,519.00
<b>Patient Ctrl Nmbr:</b> 2329555	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b>	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	05/05/2022 - 05/05/2022				HC:51785 / XU,28 / 1			\$1,071.00	CO-97	\$1,071.00	\$0.00
	05/05/2022 - 05/05/2022				HC:95927 / 26,XU / 1			\$287.00	CO-97	\$287.00	\$0.00
	05/05/2022 - 05/05/2022				HC:95999 // 5			\$9,000.00	CO-109	\$9,000.00	\$0.00
	05/05/2022 - 05/05/2022				HC:95938 / 26 / 1			\$3,107.00	CO-97	\$3,107.00	\$0.00
	05/05/2022 - 05/05/2022				HC:95822 / 26,XU / 1			\$1,755.00	CO-97	\$1,755.00	\$0.00

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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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
	05/05/2022 - 05/05/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-97	\$1,614.00	\$0.00
	05/05/2022 - 05/05/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-97	\$1,614.00	\$0.00
	05/05/2022 - 05/05/2022				HC:51785 / 26 / 1			\$1,071.00	CO-97	\$1,071.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

N174=This is not a covered service/procedure/ equipment/bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.

N26=Missing itemized bill/statement.

N36=Claim must meet primary payer's processing requirements before we can consider payment.

##### AMT CODE(S):

B6=Allowed - Actual

##### GROUP CODE(S):

CO=Contractual Obligations

PI=Payor Initiated Reductions

OA=Other Adjustments

PR=Patient Responsibility

##### 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)

253=Sequestration - reduction in federal payment

B1=Non-covered visits.

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

A1=Claim/Service denied. 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.) Usage: Use this code only when a more specific Claim Adjustment Reason Code is not available.

109=Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.

<b>Payer:</b> BLUE CROSS BLUE SHIELD OF ALABAMA	<b>Check/EFT Trace Number:</b> 216033005631808	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,425.25
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**CLAIM ADJUSTMENT REASON CODE(S):**

96=Non-covered charge(s). 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.)

Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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.

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).

**CLAIM STATUS CODE(S):**

1=Processed as Primary

2=Processed as Secondary