

**Check Summary****Transaction Date:** October 24, 2023

TRIWEST HEALTHCARE ALLIANCE PO BOX 42270 PHOENIX, AZ 850802270 WWW.TRIWEST.COM	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 5400418292VT4 <b>Payment Amount:</b> 297.38 <b>Check/EFT Date:</b> 10/24/2023 <b>Production End Cycle Date:</b> 10/19/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 85038
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**Patient Name:** NISHI, GARY**Claim Number:** J290C06130000**Claim Date:** 08/08/2022-08/08/2022 **Claim Status Code:** 1

<b>Patient ID:</b> 1042547726V263927 <b>Patient Ctrl Nmbr:</b> 2303879 <b>Rendering Prvd :</b> <b>Original Ref Nmbr:</b>	<b>Group / Policy:</b> <b>Contract Hdr:</b> <b>Rendering Prv ID:</b>	<b>Facility Type:</b> <b>Claim Frequency:</b> <b>Claim Received Date:</b> 10/17/2023	<b>Claim Charge:</b> \$24,505.00 <b>Claim Payment:</b> \$0.00 <b>Patient Resp:</b> \$0.00
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**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
	08/08/2022 - 08/08/2022				HC:95938 / 26 /			\$3,107.00	CO-29	\$3,107.00	\$0.00
	08/08/2022 - 08/08/2022				HC:95955 / 26 /			\$1,755.00	CO-29	\$1,755.00	\$0.00
	08/08/2022 - 08/08/2022				HC:95909 / 26 /			\$555.00	CO-29	\$555.00	\$0.00
	08/08/2022 - 08/08/2022				HC:95886 / 26 / 2			\$5,944.00	CO-29	\$5,944.00	\$0.00
	08/08/2022 - 08/08/2022				HC:95886 / 26,XU / 2			\$5,944.00	CO-29	\$5,944.00	\$0.00
	08/08/2022 - 08/08/2022				HC:95999 / 26 / 4			\$7,200.00	CO-29	\$7,200.00	\$0.00

<b>Payer:</b> TRIWEST HEALTHCARE ALLIANCE	<b>Check/EFT Trace Number:</b> 5400418292VT4	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$297.38
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<b>Patient Name:</b> PEOPLES, DEBRA	<b>Claim Number:</b> J287X1Y980000	<b>Claim Date:</b> 10/02/2023-10/02/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 1018010882V995527	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$15,822.00
<b>Patient Ctrl Nmbr:</b> 0.3162580	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$297.38
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/14/2023	<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
286165857453556001	10/02/2023 - 10/02/2023				HC:95938 / 26 /		\$44.86 (B6)	\$3,107.00	CO-45	\$3,062.14	\$44.86
286165857453556002	10/02/2023 - 10/02/2023				HC:95955 / 26 /		\$52.66 (B6)	\$1,755.00	CO-45	\$1,702.34	\$52.66
286165857453556003	10/02/2023 - 10/02/2023				HC:95861 / 26 /		\$80.55 (B6)	\$1,614.00	CO-45	\$1,533.45	\$80.55
286165857453556004	10/02/2023 - 10/02/2023				HC:95861 / 26,XU /		\$80.55 (B6)	\$1,614.00	CO-45	\$1,533.45	\$80.55
286165857453556005	10/02/2023 - 10/02/2023				HC:95870 / 26,XU /		\$19.38 (B6)	\$1,166.00	CO-45	\$1,146.62	\$19.38
286165857453556006	10/02/2023 - 10/02/2023				HC:95870 / 26,XU /		\$19.38 (B6)	\$1,166.00	CO-45	\$1,146.62	\$19.38
286165857453556007	10/02/2023 - 10/02/2023				HC:95999 // 3			\$5,400.00	CO-222	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$297.38 (AU)

<b>Patient Name:</b> WHEELER, RONALD R	<b>Claim Number:</b> J290C03440000	<b>Claim Date:</b> 12/20/2022-12/20/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 1010382775V390884	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$13,490.00
<b>Patient Ctrl Nmbr:</b> 2572830	<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> 10/17/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> TRIWEST HEALTHCARE ALLIANCE	<b>Check/EFT Trace Number:</b> 5400418292VT4	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$297.38
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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
	12/20/2022 - 12/20/2022				HC:95938 / 26 /			\$3,107.00	CO-29	\$3,107.00	\$0.00
	12/20/2022 - 12/20/2022				HC:95955 / 26 /			\$1,755.00	CO-29	\$1,755.00	\$0.00
	12/20/2022 - 12/20/2022				HC:95861 / 26 /			\$1,614.00	CO-29	\$1,614.00	\$0.00
	12/20/2022 - 12/20/2022				HC:95861 / 26,XU /			\$1,614.00	CO-29	\$1,614.00	\$0.00
	12/20/2022 - 12/20/2022				HC:95999 // 3			\$5,400.00	CO-29	\$5,400.00	\$0.00

#### Code Descriptions

##### AMT CODE(S):

B6=Allowed - Actual  
AU=Coverage Amount

##### GROUP CODE(S):

CO=Contractual Obligations

##### CLAIM ADJUSTMENT REASON CODE(S):

29=The time limit for filing has expired.  
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.

##### CLAIM STATUS CODE(S):

1=Processed as Primary