

Check Summary

Transaction Date: October 20, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23291E10356150 Payment Amount: 4,334.13 Check/EFT Date: 10/20/2023 Production End Cycle Date: 10/18/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: HAWTHORNE, AMIYAH

Claim Number: 02023174507325T0X00

Claim Date: 06/07/2023-06/07/2023 Claim Status Code: 22

Patient ID: JEA010285600	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$-28,670.00
Patient Ctrl Nmbr: 0.3031940	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-99.53
Rendering Prvd: PATI, SANDIPAN P	Rendering Prv ID:	Claim Received Date: 06/23/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7021660478Z1	06/07/2023 - 06/07/2023				HC:95941 / / 2	N830		\$-13,800.00	PR-1 CO-45	\$-281.56 \$-13,518.44	\$0.00
7021660478Z2	06/07/2023 - 06/07/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	PR-1 CO-45	\$-125.65 \$-3,688.35	\$0.00
7021660478Z3	06/07/2023 - 06/07/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45 PR-1	\$-1,694.49 \$-60.51	\$0.00
7021660478Z4	06/07/2023 - 06/07/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 PR-2 CO-45	\$-32.28 \$-6.31 \$-3,058.94	\$-9.47
7021660478Z5	06/07/2023 - 06/07/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-2 CO-45	\$-34.52 \$-1,527.70	\$-51.78
7021660478Z6	06/07/2023 - 06/07/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-2 CO-45	\$-25.51 \$-1,550.21	\$-38.28
7021660478Z7	06/07/2023 - 06/07/2023				HC:95870 / 26,XU / 1	M127		\$-583.00	PI-252	\$-583.00	\$0.00
7021660478Z8	06/07/2023 - 06/07/2023				HC:95870 / 26,XU / 1	M127		\$-583.00	PI-252	\$-583.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10356150	Check/EFT Date: 10/20/2023	Total Paid: \$4,334.13
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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
7021660478Z9	06/07/2023 - 06/07/2023				HC:95999 // 1	N830		\$-1,800.00	CO-45	\$-1,800.00	\$0.00

Patient Name: HAWTHORNE, AMIYAH C	Claim Number: 02023174507325T0X01	Claim Date: 06/07/2023-06/07/2023	Claim Status Code: 1
Patient ID: JEA010285600	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$28,670.00
Patient Ctrl Nmbr: 0.3031940	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$4,433.66
Rendering Prvd: PATI, SANDIPAN P	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$2,366.34
Original Ref Nmbr: 02023174507325T0X00			

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
	06/07/2023 - 06/07/2023				HC:95941 // 5	MA44	\$4,615.69 (B6)	\$13,800.00	PR-1 CO-45	\$281.56 \$9,184.31	\$4,334.13
	06/07/2023 - 06/07/2023				HC:95939 / 26 / 1	MA44	\$125.65 (B6)	\$3,814.00	PR-1 CO-45	\$125.65 \$3,688.35	\$0.00
	06/07/2023 - 06/07/2023				HC:95822 / 26 / 1	MA44	\$60.51 (B6)	\$1,755.00	PR-1 CO-45	\$60.51 \$1,694.49	\$0.00
	06/07/2023 - 06/07/2023				HC:95938 / 26 / 1	MA44	\$48.06 (B6)	\$3,107.00	PR-1 PR-2 CO-45	\$32.28 \$6.31 \$3,058.94	\$9.47
	06/07/2023 - 06/07/2023				HC:95861 / 26 / 1	MA44	\$86.30 (B6)	\$1,614.00	PR-2 CO-45	\$34.52 \$1,527.70	\$51.78
	06/07/2023 - 06/07/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-2 CO-45	\$25.51 \$1,550.21	\$38.28
	06/07/2023 - 06/07/2023				HC:95870 / 26,XU / 1	M127		\$583.00	PI-252	\$583.00	\$0.00
	06/07/2023 - 06/07/2023				HC:95870 / 26,XU / 1	M127		\$583.00	PI-252	\$583.00	\$0.00
	06/07/2023 - 06/07/2023				HC:95999 // 1		\$1,800.00 (B6)	\$1,800.00	PR-45	\$1,800.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10356150	Check/EFT Date: 10/20/2023	Total Paid: \$4,334.13
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Supplemental Information - AMT/Payer Codes: \$5,000.00 (AU)

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

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

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):

PR=Patient Responsibility

CO=Contractual Obligations

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

1=Deductible Amount

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)

2=Coinsurance Amount

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):

22=Reversal of Previous Payment

1=Processed as Primary