

Check Summary**Transaction Date:** October 13, 2023

BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS PO BOX 3686 SCRANTON, PA 18505	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: M23285E26818650 Payment Amount: 757.96 Check/EFT Date: 10/13/2023 Production End Cycle Date: 10/12/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------

Patient Name: KANAPICK JR, JOHN J**Claim Number:** 232630842700**Claim Date:** 08/16/2023-08/16/2023 **Claim Status Code:** 1

Patient ID: 804133508	Group / Policy:	Facility Type: 22	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.3108718	Contract Hdr: PP016000	Claim Frequency:	Claim Payment: \$184.26
Rendering Prvd: THOMAS, GEORGE	Rendering Prv ID:	Claim Received Date: 09/20/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7304408400Z1	08/16/2023 - 08/16/2023				HC:95822 / 26 / 1		\$58.23 (B6)	\$1,755.00	CO-45 CO-253	\$1,696.77 \$1.16	\$57.07
7304408400Z2	08/16/2023 - 08/16/2023				HC:95938 / 26 / 1		\$46.44 (B6)	\$3,107.00	CO-45 CO-253	\$3,060.56 \$0.93	\$45.51
7304408400Z3	08/16/2023 - 08/16/2023				HC:95861 / 26 / 1		\$83.35 (B6)	\$1,614.00	CO-45 CO-253	\$1,530.65 \$1.67	\$81.68
7304408400Z4	08/16/2023 - 08/16/2023				HC:95861 / 26,XU / 0	N1		\$1,614.00	CO-18	\$1,614.00	\$0.00
7304408400Z5	08/16/2023 - 08/16/2023				HC:95999 // 0	M53 N1 M53 N1		\$5,400.00	PI-16	\$5,400.00	\$0.00

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: M23285E26818650	Check/EFT Date: 10/13/2023	Total Paid: \$757.96
---------------------------------------------------------------	------------------------------------------------	-----------------------------------	-----------------------------

Patient Name: KUBOWICZ, LORRAINE A	Claim Number: 232630832200	Claim Date: 08/28/2023-08/28/2023	Claim Status Code: 1
Patient ID: 804348500	Group / Policy:	Facility Type: 21	Claim Charge: \$18,786.00
Patient Ctrl Nmbr: 0.3122077	Contract Hdr: PP014000	Claim Frequency:	Claim Payment: \$299.92
Rendering Prvd: THOMAS, GEORGE	Rendering Prv ID:	Claim Received Date: 09/20/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7304692809Z1	08/28/2023 - 08/28/2023				HC:95822 / 26 / 1		\$58.23 (B6)	\$1,755.00	CO-45 CO-253	\$1,696.77 \$1.16	\$57.07
7304692809Z2	08/28/2023 - 08/28/2023				HC:95938 / 26 / 1		\$46.44 (B6)	\$3,107.00	CO-45 CO-253	\$3,060.56 \$0.93	\$45.51
7304692809Z3	08/28/2023 - 08/28/2023				HC:95910 / 26 / 1		\$107.79 (B6)	\$780.00	CO-45 CO-253	\$672.21 \$2.16	\$105.63
7304692809Z4	08/28/2023 - 08/28/2023				HC:95886 / 26 / 2		\$93.58 (B6)	\$2,972.00	CO-45 CO-253	\$2,878.42 \$1.87	\$91.71
7304692809Z5	08/28/2023 - 08/28/2023				HC:95886 / 26,XU / 0	N1		\$2,972.00	CO-18	\$2,972.00	\$0.00
7304692809Z6	08/28/2023 - 08/28/2023				HC:95999 / / 0	M53 N1 M53 N1		\$7,200.00	PI-16	\$7,200.00	\$0.00

Patient Name: RENELLO, ANTHONY	Claim Number: 232630022900	Claim Date: 08/16/2023-08/16/2023	Claim Status Code: 1
Patient ID: 804237338	Group / Policy:	Facility Type: 21	Claim Charge: \$18,561.00
Patient Ctrl Nmbr: 0.3108062	Contract Hdr: PP016000	Claim Frequency:	Claim Payment: \$273.78
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/20/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
----------------	------------------	--------------	-----	-----------------------------	-------------------------------	---------------------	-----------------	--------	-------------------	------------	---------

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: M23285E26818650	Check/EFT Date: 10/13/2023	Total Paid: \$757.96
---------------------------------------------------------------	------------------------------------------------	-----------------------------------	-----------------------------

Line Details											Results: 6
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
7304362907Z1	08/16/2023 - 08/16/2023				HC:95822 / 26 / 1		\$58.23 (B6)	\$1,755.00	CO-45 CO-253	\$1,696.77 \$1.16	\$57.07
7304362907Z2	08/16/2023 - 08/16/2023				HC:95938 / 26 / 1		\$46.44 (B6)	\$3,107.00	CO-45 CO-253	\$3,060.56 \$0.93	\$45.51
7304362907Z3	08/16/2023 - 08/16/2023				HC:95909 / 26 / 1		\$81.11 (B6)	\$555.00	CO-45 CO-253	\$473.89 \$1.62	\$79.49
7304362907Z4	08/16/2023 - 08/16/2023				HC:95886 / 26 / 2		\$93.58 (B6)	\$2,972.00	CO-45 CO-253	\$2,878.42 \$1.87	\$91.71
7304362907Z5	08/16/2023 - 08/16/2023				HC:95886 / 26,XU / 0	N1		\$2,972.00	CO-18	\$2,972.00	\$0.00
7304362907Z6	08/16/2023 - 08/16/2023				HC:95999 // 0	M127 N1 M127 N1		\$7,200.00	PI-252	\$7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

M53=Missing/incomplete/invalid days or units of service.

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

AMT CODE(S):

B6=Allowed - Actual

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)

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: M23285E26818650	Check/EFT Date: 10/13/2023	Total Paid: \$757.96
------------------------------------------------------------------	------------------------------------------------	-----------------------------------	-----------------------------

CLAIM ADJUSTMENT REASON CODE(S):

253=Sequestration - reduction in federal payment

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) 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