

Check Summary
Transaction Date: October 25, 2023

BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23298N82713410 Payment Amount: 0.00 Check/EFT Date: 10/25/2023 Production End Cycle Date: 10/25/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: YOZZE, AUSTIN

Claim Number: 02023298501985X0X00

Claim Date: 08/29/2023-08/29/2023 **Claim Status Code:** 1

Patient ID: ATO800843857	Group / Policy: 000P002160100	Facility Type: 21	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.3123142	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd :	Rendering Prv ID:	Claim Received Date: 10/25/2023	Patient Resp: \$24,484.00
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
7441131905Z1	08/29/2023 - 08/29/2023	1881910255			HC:95941 / / 1		\$2,760.00 (B6)	\$2,760.00	PR-109	\$2,760.00	\$0.00
7441131905Z2	08/29/2023 - 08/29/2023	1881910255			HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-109	\$3,814.00	\$0.00
7441131905Z3	08/29/2023 - 08/29/2023	1881910255			HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-109	\$3,107.00	\$0.00
7441131905Z4	08/29/2023 - 08/29/2023	1881910255			HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-109	\$1,755.00	\$0.00
7441131905Z5	08/29/2023 - 08/29/2023	1881910255			HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-109	\$1,614.00	\$0.00
7441131905Z6	08/29/2023 - 08/29/2023	1881910255			HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-109	\$1,614.00	\$0.00
7441131905Z7	08/29/2023 - 08/29/2023	1881910255			HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-109	\$1,310.00	\$0.00
7441131905Z8	08/29/2023 - 08/29/2023	1881910255			HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-109	\$1,310.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF ILLINOIS	Check/EFT Trace Number: C23298N82713410	Check/EFT Date: 10/25/2023	Total Paid: \$0.00
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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
7441131905Z9	08/29/2023 - 08/29/2023	1881910255			HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-109	\$7,200.00	\$0.00

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

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

CLAIM STATUS CODE(S):

1=Processed as Primary