

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

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23283E02530030 Payment Amount: 1,359.07 Check/EFT Date: 10/12/2023 Production End Cycle Date: 10/10/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: BUNCH, DARRYL**Claim Number:** 02023275509623A0X00**Claim Date:** 03/17/2022-03/17/2022 **Claim Status Code:** 1

Patient ID: R58341186	Group / Policy:	Facility Type: 22	Claim Charge: \$21,874.00
Patient Ctrl Nmbr: 0.2499198	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$565.44
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details**Results:** 10

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
7361325848Z1	03/17/2022 - 03/17/2022				HC:95941 / / 1	N830	\$173.84 (B6)	\$2,760.00	CO-45	\$2,586.16	\$173.84
7361325848Z2	03/17/2022 - 03/17/2022				HC:95938 / 26 / 1	N830	\$49.90 (B6)	\$3,107.00	CO-45	\$3,057.10	\$49.90
7361325848Z3	03/17/2022 - 03/17/2022				HC:95955 / 26 / 1	N830	\$60.33 (B6)	\$1,755.00	CO-45	\$1,694.67	\$60.33
7361325848Z4	03/17/2022 - 03/17/2022				HC:95861 / 26 / 1	N830	\$91.86 (B6)	\$1,614.00	CO-45	\$1,522.14	\$91.86
7361325848Z5	03/17/2022 - 03/17/2022				HC:95861 / 26,XU / 1	N702		\$1,614.00	OA-18	\$1,614.00	\$0.00
7361325848Z6	03/17/2022 - 03/17/2022				HC:95865 / 26 / 1	N830	\$92.68 (B6)	\$1,502.00	CO-45	\$1,409.32	\$92.68
7361325848Z7	03/17/2022 - 03/17/2022				HC:95865 / 26,XU / 1	N702		\$1,502.00	OA-18	\$1,502.00	\$0.00
7361325848Z8	03/17/2022 - 03/17/2022				HC:95868 / 26,XU / 1	N830	\$96.83 (B6)	\$1,310.00	CO-45	\$1,213.17	\$96.83

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23283E02530030	Check/EFT Date: 10/12/2023	Total Paid: \$1,359.07
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Line Details											Results: 10
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
7361325848Z9	03/17/2022 - 03/17/2022				HC:95868 / 26,XU / 1	N702		\$1,310.00	OA-18	\$1,310.00	\$0.00
7361325848Z10	03/17/2022 - 03/17/2022				HC:95999 // 1	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$565.44 (AU)

Patient Name: CHAPMAN, NATALIE	Claim Number: 02023275500246B0X00	Claim Date: 04/06/2022-04/06/2022	Claim Status Code: 1
Patient ID: R60603772	Group / Policy:	Facility Type: 22	Claim Charge: \$30,248.00
Patient Ctrl Nmbr: 0.2521493	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$793.63
Rendering Prvd: HALSELL, JEFFREY S	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 11
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
7361287380Z1	04/06/2022 - 04/06/2022				HC:95941 // 2	N830	\$347.67 (B6)	\$5,520.00	CO-45	\$5,172.33	\$347.67
7361287380Z2	04/06/2022 - 04/06/2022				HC:95939 / 26 / 1	N830	\$151.19 (B6)	\$3,814.00	CO-45	\$3,662.81	\$151.19
7361287380Z3	04/06/2022 - 04/06/2022				HC:95938 / 26 / 1	N830	\$49.90 (B6)	\$3,107.00	CO-45	\$3,057.10	\$49.90
7361287380Z4	04/06/2022 - 04/06/2022				HC:95955 / 26 / 1	N830	\$60.33 (B6)	\$1,755.00	CO-45	\$1,694.67	\$60.33
7361287380Z5	04/06/2022 - 04/06/2022				HC:95861 / 26 / 1	N830	\$91.86 (B6)	\$1,614.00	CO-45	\$1,522.14	\$91.86
7361287380Z6	04/06/2022 - 04/06/2022				HC:95861 / 26,XU / 1	N702		\$1,614.00	OA-18	\$1,614.00	\$0.00
7361287380Z7	04/06/2022 - 04/06/2022				HC:95865 / 26 / 1	N830	\$92.68 (B6)	\$1,502.00	CO-45	\$1,409.32	\$92.68

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23283E02530030	Check/EFT Date: 10/12/2023	Total Paid: \$1,359.07
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Line Details											Results: 11
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
7361287380Z8	04/06/2022 - 04/06/2022				HC:95865 / 26,XU / 1	N702		\$1,502.00	OA-18	\$1,502.00	\$0.00
7361287380Z9	04/06/2022 - 04/06/2022				HC:95868 / 26,XU / 1	N830		\$1,310.00	CO-45	\$1,310.00	\$0.00
7361287380Z10	04/06/2022 - 04/06/2022				HC:95868 / 26,XU / 1	N702		\$1,310.00	OA-18	\$1,310.00	\$0.00
7361287380Z11	04/06/2022 - 04/06/2022				HC:95999 // 1	N830		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$793.63 (AU)

Code Descriptions

REMARK CODE(S):

N702=Decision based on review of previously adjudicated claims or for claims in process for the same/similar type of services.

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):

CO=Contractual Obligations

OA=Other Adjustments

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)

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

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CLAIM STATUS CODE(S):

1=Processed as Primary