

Check Summary**Transaction Date:** October 17, 2023

PGBA,LLC TRICARE WEST REGION CLAIMS P.O. BOX 202112 FLORENCE, SC 295022112	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 0060041297TR4 Payment Amount: 1,217.70 Check/EFT Date: 10/17/2023 Production End Cycle Date: 10/17/2023	Payee Name: MONITORING ASSOCIATES Payee Address: STE 2641 9811 W CHARLESTON BLVD LAS VEGAS, NV 89117
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6		\$0.16

Patient Name: GUERRA, ALEJANDRO**Claim Number:** J259X00XK0000**Claim Date:** 08/28/2023-08/28/2023 **Claim Status Code:** 1**Patient ID:** 0.3121671**Group / Policy:****Facility Type:****Claim Charge:** \$18,124.00**Patient Ctrl Nmbr:** 0.3121671**Contract Hdr:****Claim Frequency:****Claim Payment:** \$89.50**Rendering Prvd :****Rendering Prv ID:****Claim Received Date:** 09/16/2023**Patient Resp:** \$29.83**Original Ref Nmbr:****Line Details** **Results: 8**

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
258149783746556001	08/28/2023 - 08/28/2023				HC:95939 / 26 /	M60		\$3,814.00	CO-252	\$3,814.00	\$0.00
258149783746556002	08/28/2023 - 08/28/2023				HC:95822 / 26 /		\$57.07 (B6)	\$1,755.00	CO-45 PR-2	\$1,697.93 \$14.27	\$42.80
258149783746556003	08/28/2023 - 08/28/2023				HC:95938 / 26 /	M60		\$3,107.00	CO-252	\$3,107.00	\$0.00
258149783746556004	08/28/2023 - 08/28/2023				HC:95861 / 26 /	M60		\$1,614.00	CO-252	\$1,614.00	\$0.00
258149783746556005	08/28/2023 - 08/28/2023				HC:95861 / 26,XU /	M60		\$1,614.00	CO-252	\$1,614.00	\$0.00
258149783746556006	08/28/2023 - 08/28/2023				HC:95868 / 26,XU /		\$62.26 (B6)	\$1,310.00	CO-45 PR-2	\$1,247.74 \$15.56	\$46.70

Payer: PGBA,LLC	Check/EFT Trace Number: 0060041297TR4	Check/EFT Date: 10/17/2023	Total Paid: \$1,217.70
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Line Details											Results: 8
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
258149783746556007	08/28/2023 - 08/28/2023				HC:95868 / 26,XU /	M51		\$1,310.00	CO-16	\$1,310.00	\$0.00
258149783746556008	08/28/2023 - 08/28/2023				HC:95999 // 2	M60		\$3,600.00	CO-252	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$119.33 (AU)

Patient Name: GUNN, LUCRECIOUS J	Claim Number: J251X089K0000	Claim Date: 08/09/2023-08/09/2023	Claim Status Code: 1
Patient ID: 0.3100530	Group / Policy:	Facility Type:	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.3100530	Contract Hdr:	Claim Frequency:	Claim Payment: \$262.32
Rendering Prvd: BURNS, JONATHAN D	Rendering Prv ID: 146684318	Claim Received Date: 09/08/2023	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
250144916152556001	08/09/2023 - 08/09/2023				HC:95822 / 26 /		\$56.38 (B6)	\$1,755.00	CO-45	\$1,698.62	\$56.38
250144916152556002	08/09/2023 - 08/09/2023				HC:95938 / 26 /		\$44.86 (B6)	\$3,107.00	CO-45	\$3,062.14	\$44.86
250144916152556003	08/09/2023 - 08/09/2023				HC:95861 / 26 /		\$80.54 (B6)	\$1,614.00	CO-45	\$1,533.46	\$80.54
250144916152556004	08/09/2023 - 08/09/2023				HC:95861 / 26,XU /		\$80.54 (B6)	\$1,614.00	CO-45	\$1,533.46	\$80.54
250144916152556005	08/09/2023 - 08/09/2023				HC:95999 // 3	M60		\$5,400.00	CO-252	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$262.32 (AU), \$0.13 (I)

Payer: PGBA,LLC	Check/EFT Trace Number: 0060041297TR4	Check/EFT Date: 10/17/2023	Total Paid: \$1,217.70
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Patient Name: MARTIN, ELVIRA	Claim Number: J255X0BTV0000	Claim Date: 08/08/2023-08/08/2023	Claim Status Code: 1
Patient ID: 0.3099346	Group / Policy:	Facility Type:	Claim Charge: \$8,489.00
Patient Ctrl Nmbr: 0.3099346	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID: 521612333	Claim Received Date: 09/12/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 3
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
254146768162556001	08/08/2023 - 08/08/2023				HC:95868 / 26 /	M60		\$1,779.00	CO-252	\$1,779.00	\$0.00
254146768162556002	08/08/2023 - 08/08/2023				HC:95868 / 26,XU /	M60		\$1,310.00	CO-252	\$1,310.00	\$0.00
254146768162556003	08/08/2023 - 08/08/2023				HC:95999 // 3	M60		\$5,400.00	CO-252	\$5,400.00	\$0.00

Patient Name: MATSON, MICHELLE D	Claim Number: J259X00XL0000	Claim Date: 08/29/2023-08/29/2023	Claim Status Code: 1
Patient ID: 0.3124443	Group / Policy:	Facility Type:	Claim Charge: \$19,104.00
Patient Ctrl Nmbr: 0.3124443	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 09/16/2023	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
258149783758556001	08/29/2023 - 08/29/2023				HC:95939 / 26 /	M60		\$3,814.00	CO-252	\$3,814.00	\$0.00
258149783758556002	08/29/2023 - 08/29/2023				HC:95822 / 26 /	M60		\$1,755.00	CO-252	\$1,755.00	\$0.00
258149783758556003	08/29/2023 - 08/29/2023				HC:95938 / 26 /	M60		\$3,107.00	CO-252	\$3,107.00	\$0.00
258149783758556004	08/29/2023 - 08/29/2023				HC:95861 / 26 /	M60		\$1,614.00	CO-252	\$1,614.00	\$0.00

Payer: PGBA,LLC	Check/EFT Trace Number: 0060041297TR4	Check/EFT Date: 10/17/2023	Total Paid: \$1,217.70
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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
258149783758556005	08/29/2023 - 08/29/2023				HC:95861 / 26,XU /	M60		\$1,614.00	CO-252	\$1,614.00	\$0.00
258149783758556006	08/29/2023 - 08/29/2023				HC:95999 // 4	M60		\$7,200.00	CO-252	\$7,200.00	\$0.00

Patient Name: RESSLER, BRIAN L	Claim Number: J255X0BTW0000	Claim Date: 08/14/2023-08/14/2023	Claim Status Code: 1
Patient ID: 0.3105179	Group / Policy:	Facility Type:	Claim Charge: \$22,702.00
Patient Ctrl Nmbr: 0.3105179	Contract Hdr:	Claim Frequency:	Claim Payment: \$430.16
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 09/12/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
254146783636556001	08/14/2023 - 08/14/2023				HC:95822 / 26 /		\$57.07 (B6)	\$1,755.00	CO-45	\$1,697.93	\$57.07
254146783636556002	08/14/2023 - 08/14/2023				HC:95938 / 26 /		\$45.31 (B6)	\$3,107.00	CO-45	\$3,061.69	\$45.31
254146783636556003	08/14/2023 - 08/14/2023				HC:95929 / 26 /		\$79.04 (B6)	\$2,459.00	CO-45	\$2,379.96	\$79.04
254146783636556004	08/14/2023 - 08/14/2023				HC:95908 / 26 /		\$66.06 (B6)	\$437.00	CO-45	\$370.94	\$66.06
254146783636556005	08/14/2023 - 08/14/2023				HC:95886 / 26 / 2	N22	\$91.34 (B6)	\$2,972.00	CO-45	\$2,880.66	\$91.34
254146783636556006	08/14/2023 - 08/14/2023				HC:95886 / 26,XU / 2	N22	\$91.34 (B6)	\$2,972.00	CO-45	\$2,880.66	\$91.34
254146783636556007	08/14/2023 - 08/14/2023				HC:95999 // 5	N20		\$9,000.00	CO-97	\$9,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$430.16 (AU)

Payer: PGBA,LLC	Check/EFT Trace Number: 0060041297TR4	Check/EFT Date: 10/17/2023	Total Paid: \$1,217.70
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Patient Name: SCHAEFER, EMILY L	Claim Number: J256X09HM0000	Claim Date: 08/01/2023-08/01/2023	Claim Status Code: 1
Patient ID: 0.3091337	Group / Policy:	Facility Type:	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.3091337	Contract Hdr:	Claim Frequency:	Claim Payment: \$55.39
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 09/13/2023	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
255147505582556001	08/01/2023 - 08/01/2023				HC:95822 / 26 /	N16	\$55.39 (B6)	\$1,755.00	CO-45	\$1,699.61	\$55.39
255147505582556002	08/01/2023 - 08/01/2023				HC:95938 / 26 /	M60		\$3,107.00	CO-252	\$3,107.00	\$0.00
255147505582556003	08/01/2023 - 08/01/2023				HC:95861 / 26 /	M60		\$1,614.00	CO-252	\$1,614.00	\$0.00
255147505582556004	08/01/2023 - 08/01/2023				HC:95861 / 26,XU /	M60		\$1,614.00	CO-252	\$1,614.00	\$0.00
255147505582556005	08/01/2023 - 08/01/2023				HC:95999 // 3	M60		\$5,400.00	CO-252	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$55.39 (AU)

Patient Name: TARUN, SHELBY E	Claim Number: J251X089H0000	Claim Date: 08/03/2023-08/03/2023	Claim Status Code: 1
Patient ID: 0.3094082	Group / Policy:	Facility Type:	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.3094082	Contract Hdr:	Claim Frequency:	Claim Payment: \$56.38
Rendering Prvd: BURNS, JONATHAN D	Rendering Prv ID: 146684318	Claim Received Date: 09/08/2023	Patient Resp: \$11,735.00
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
250144916529556001	08/03/2023 - 08/03/2023				HC:95822 / 26 /	N16	\$56.38 (B6)	\$1,755.00	CO-45	\$1,698.62	\$56.38

Payer: PGBA,LLC	Check/EFT Trace Number: 0060041297TR4	Check/EFT Date: 10/17/2023	Total Paid: \$1,217.70
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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
250144916529556002	08/03/2023 - 08/03/2023				HC:95938 / 26 /	N56		\$3,107.00	PR-96	\$3,107.00	\$0.00
250144916529556003	08/03/2023 - 08/03/2023				HC:95861 / 26 /	N56		\$1,614.00	PR-96	\$1,614.00	\$0.00
250144916529556004	08/03/2023 - 08/03/2023				HC:95861 / 26,XU /	N56		\$1,614.00	PR-96	\$1,614.00	\$0.00
250144916529556005	08/03/2023 - 08/03/2023				HC:95999 // 3	N56		\$5,400.00	PR-96	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$56.38 (AU), \$0.03 (I)

Patient Name: WILSON, CHRISTIE L	Claim Number: J257X16H60000	Claim Date: 08/25/2023-08/25/2023	Claim Status Code: 1
Patient ID: 0.3120350	Group / Policy:	Facility Type:	Claim Charge: \$16,110.00
Patient Ctrl Nmbr: 0.3120350	Contract Hdr:	Claim Frequency:	Claim Payment: \$323.79
Rendering Prvd: BURNS, JONATHAN D	Rendering Prv ID: 146684318	Claim Received Date: 09/14/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
256148280026556001	08/25/2023 - 08/25/2023				HC:95822 / 26 /		\$56.38 (B6)	\$1,755.00	CO-45	\$1,698.62	\$56.38
256148280026556002	08/25/2023 - 08/25/2023				HC:95938 / 26 /		\$44.86 (B6)	\$3,107.00	CO-45	\$3,062.14	\$44.86
256148280026556003	08/25/2023 - 08/25/2023				HC:95861 / 26 /		\$80.54 (B6)	\$1,614.00	CO-45	\$1,533.46	\$80.54
256148280026556004	08/25/2023 - 08/25/2023				HC:95861 / 26,XU /		\$80.54 (B6)	\$1,614.00	CO-45	\$1,533.46	\$80.54
256148280026556005	08/25/2023 - 08/25/2023				HC:95868 / 26 /		\$61.47 (B6)	\$1,310.00	CO-45	\$1,248.53	\$61.47

Payer: PGBA,LLC	Check/EFT Trace Number: 0060041297TR4	Check/EFT Date: 10/17/2023	Total Paid: \$1,217.70
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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
256148280026556006	08/25/2023 - 08/25/2023				HC:95868 / 26,XU /	M51		\$1,310.00	CO-16	\$1,310.00	\$0.00
256148280026556007	08/25/2023 - 08/25/2023				HC:95999 // 3	N20		\$5,400.00	CO-97	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$323.79 (AU)

Code Descriptions

REMARK CODE(S):

L6=Interest Owed
M51=Missing/incomplete/invalid procedure code(s).
M60=Missing Certificate of Medical Necessity.
N16=Family/member Out-of-Pocket maximum has been met. Payment based on a higher percentage.
N20=Service not payable with other service rendered on the same date.
N22=Alert: This procedure code was added/changed because it more accurately describes the services rendered.
N56=Procedure code billed is not correct/valid for the services billed or the date of service billed.

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount
I=Interest

GROUP CODE(S):

CO=Contractual Obligations
PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

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).
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
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.

Payer: PGBA,LLC	Check/EFT Trace Number: 0060041297TR4	Check/EFT Date: 10/17/2023	Total Paid: \$1,217.70
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CLAIM ADJUSTMENT REASON CODE(S):

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

96=Non-covered charge(s). 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.) 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