

**Check Summary****Transaction Date:** October 15, 2023

BCBST BLUEADVANTAGE 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 23292B100007347700 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/15/2023 <b>Production End Cycle Date:</b> 10/19/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> DEPT 8800256 PO BOX 29650 PHOENIX, AZ 85038
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**Patient Name:** ONEAL, LINDA**Claim Number:** EBAH5KD7JV00**Claim Date:** 11/10/2022-11/10/2022 **Claim Status Code:** 1**Patient ID:** ZXDY06174757**Group / Policy:** 116884**Facility Type:** 21**Claim Charge:** \$22,412.00**Patient Ctrl Nmbr:** 2527515**Contract Hdr:** BLUE ADVANTAGE**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd: ,****Rendering Prv ID:****Claim Received Date:** 10/09/2023**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
	11/10/2022 - 11/10/2022	1053679019			HC:95939 / 26 / 0	N418		\$3,814.00	CO-109	\$3,814.00	\$0.00
	11/10/2022 - 11/10/2022	1053679019			HC:95822 / 26,XU / 0	N418		\$1,755.00	CO-109	\$1,755.00	\$0.00
	11/10/2022 - 11/10/2022	1053679019			HC:95938 / 26 / 0	N418		\$3,107.00	CO-109	\$3,107.00	\$0.00
	11/10/2022 - 11/10/2022	1053679019			HC:51785 / 26 / 0	N418		\$1,071.00	CO-109	\$1,071.00	\$0.00
	11/10/2022 - 11/10/2022	1053679019			HC:51785 / 26,XU / 0	N418		\$1,071.00	CO-109	\$1,071.00	\$0.00
	11/10/2022 - 11/10/2022	1053679019			HC:95861 / 26,XU / 0	N418		\$1,614.00	CO-109	\$1,614.00	\$0.00
	11/10/2022 - 11/10/2022	1053679019			HC:95861 / 26,XU / 0	N418		\$1,614.00	CO-109	\$1,614.00	\$0.00
	11/10/2022 - 11/10/2022	1053679019			HC:95870 / 26,XU / 0	N418		\$583.00	CO-109	\$583.00	\$0.00

<b>Payer:</b> BCBST BLUEADVANTAGE	<b>Check/EFT Trace Number:</b> 23292B100007347700	<b>Check/EFT Date:</b> 10/15/2023	<b>Total Paid:</b> \$0.00
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	11/10/2022 - 11/10/2022	1053679019			HC:95870 / 26,XU / 0	N418		\$583.00	CO-109	\$583.00	\$0.00
	11/10/2022 - 11/10/2022	1053679019			HC:95999 // 0	N418		\$7,200.00	CO-109	\$7,200.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

N418=Misrouted claim. See the payer's claim submission instructions.

##### GROUP CODE(S):

CO=Contractual Obligations

##### 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