

**Check Summary**
**Transaction Date:** October 18, 2023

BLUE CROSS AND BLUE SHIELD OF MASS 401 PARK DRIVE BOSTON, MA 022153326	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 737983582 <b>Payment Amount:</b> 137.91 <b>Check/EFT Date:</b> 10/18/2023 <b>Production End Cycle Date:</b> 10/13/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> P O BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
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**Patient Name:** CLIFFORD, BARBARA

**Claim Number:** 27232821661500700

**Claim Date:** 01/24/2023-01/24/2023 **Claim Status Code:** 2

<b>Patient ID:</b> 9846395370000	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$20,270.00
<b>Patient Ctrl Nmbr:</b> 0.2871065	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$48.61
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/07/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
243141417352556001	01/24/2023 - 01/24/2023				HC:95939 / 26 / 1		\$23.96 (B6)	\$3,814.00	OA-23	\$3,790.04	\$23.96
243141417352556002	01/24/2023 - 01/24/2023				HC:95822 / 26 / 1		\$11.52 (B6)	\$1,755.00	OA-23	\$1,743.48	\$11.52
243141417352556003	01/24/2023 - 01/24/2023				HC:95938 / 26 / 1		\$9.17 (B6)	\$3,107.00	OA-23	\$3,097.83	\$9.17
243141417352556004	01/24/2023 - 01/24/2023				HC:95861 / 26 / 1			\$1,614.00	CO-204	\$1,614.00	\$0.00
243141417352556005	01/24/2023 - 01/24/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-204	\$1,614.00	\$0.00
243141417352556006	01/24/2023 - 01/24/2023				HC:95870 / 26,XU / 1	N479		\$583.00	PI-96	\$583.00	\$0.00
243141417352556007	01/24/2023 - 01/24/2023				HC:95870 / 26,XU / 1		\$3.96 (B6)	\$583.00	OA-23	\$579.04	\$3.96
243141417352556008	01/24/2023 - 01/24/2023				HC:95999 // 4			\$7,200.00	CO-204	\$7,200.00	\$0.00

<b>Payer:</b> BLUE CROSS AND BLUE SHIELD OF MASS	<b>Check/EFT Trace Number:</b> 737983582	<b>Check/EFT Date:</b> 10/18/2023	<b>Total Paid:</b> \$137.91
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Supplemental Information - AMT/Payer Codes: \$48.61 (AU)

<b>Patient Name:</b> CONLON, GEORGIA	<b>Claim Number:</b> 26232804092200700	<b>Claim Date:</b> 01/30/2023-01/30/2023	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 9602429310000	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$24,728.00
<b>Patient Ctrl Nmbr:</b> 0.2876022	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$44.65
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/06/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
257149041741556001	01/30/2023 - 01/30/2023				HC:95939 / 26 / 1		\$23.96 (B6)	\$3,814.00	OA-23	\$3,790.04	\$23.96
257149041741556002	01/30/2023 - 01/30/2023				HC:95822 / 26 / 1		\$11.52 (B6)	\$1,755.00	OA-23	\$1,743.48	\$11.52
257149041741556003	01/30/2023 - 01/30/2023				HC:95938 / 26 / 1		\$9.17 (B6)	\$3,107.00	OA-23	\$3,097.83	\$9.17
257149041741556004	01/30/2023 - 01/30/2023				HC:95861 / 26 / 1			\$1,614.00	CO-204	\$1,614.00	\$0.00
257149041741556005	01/30/2023 - 01/30/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-204	\$1,614.00	\$0.00
257149041741556006	01/30/2023 - 01/30/2023				HC:95865 / 26 / 1			\$1,502.00	CO-204	\$1,502.00	\$0.00
257149041741556007	01/30/2023 - 01/30/2023				HC:95865 / 26,XU / 1			\$1,502.00	CO-204	\$1,502.00	\$0.00
257149041741556008	01/30/2023 - 01/30/2023				HC:95868 / 26,XU / 1			\$1,310.00	CO-204	\$1,310.00	\$0.00
257149041741556009	01/30/2023 - 01/30/2023				HC:95868 / 26,XU / 1			\$1,310.00	CO-204	\$1,310.00	\$0.00
257149041741556010	01/30/2023 - 01/30/2023				HC:95999 // 4			\$7,200.00	CO-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$44.65 (AU)

<b>Payer:</b> BLUE CROSS AND BLUE SHIELD OF MASS	<b>Check/EFT Trace Number:</b> 737983582	<b>Check/EFT Date:</b> 10/18/2023	<b>Total Paid:</b> \$137.91
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<b>Patient Name:</b> HOOLEY, BONITA L	<b>Claim Number:</b> 26232804092700700	<b>Claim Date:</b> 01/30/2023-01/30/2023	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 9803753850000	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$23,866.00
<b>Patient Ctrl Nmbr:</b> 0.2877057	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$44.65
<b>Rendering Prvd:</b> ,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/06/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
257149202918556001	01/30/2023 - 01/30/2023				HC:95939 / 26 / 1		\$23.96 (B6)	\$3,814.00	OA-23	\$3,790.04	\$23.96
257149202918556002	01/30/2023 - 01/30/2023				HC:95822 / 26,XU / 1		\$11.52 (B6)	\$1,755.00	OA-23	\$1,743.48	\$11.52
257149202918556003	01/30/2023 - 01/30/2023				HC:95938 / 26 / 1		\$9.17 (B6)	\$3,107.00	OA-23	\$3,097.83	\$9.17
257149202918556004	01/30/2023 - 01/30/2023				HC:51785 / 26 / 1			\$1,071.00	CO-204	\$1,071.00	\$0.00
257149202918556005	01/30/2023 - 01/30/2023				HC:51785 / 26,XU / 1			\$1,071.00	CO-204	\$1,071.00	\$0.00
257149202918556006	01/30/2023 - 01/30/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-204	\$1,614.00	\$0.00
257149202918556007	01/30/2023 - 01/30/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-204	\$1,614.00	\$0.00
257149202918556008	01/30/2023 - 01/30/2023				HC:95868 / 26,XU / 1			\$1,310.00	CO-204	\$1,310.00	\$0.00
257149202918556009	01/30/2023 - 01/30/2023				HC:95868 / 26,XU / 1			\$1,310.00	CO-204	\$1,310.00	\$0.00
257149202918556010	01/30/2023 - 01/30/2023				HC:95999 // 4			\$7,200.00	CO-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$44.65 (AU)

#### Code Descriptions

REMARK CODE(S):

<b>Payer:</b> BLUE CROSS AND BLUE SHIELD OF MASS	<b>Check/EFT Trace Number:</b> 737983582	<b>Check/EFT Date:</b> 10/18/2023	<b>Total Paid:</b> \$137.91
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**REMARK CODE(S):**

N479=Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).

**AMT CODE(S):**

B6=Allowed - Actual

AU=Coverage Amount

**GROUP CODE(S):**

OA=Other Adjustments

CO=Contractual Obligations

PI=Payor Initiated Reductions

**CLAIM ADJUSTMENT REASON CODE(S):**

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

204=This service/equipment/drug is not covered under the patient's current benefit plan

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):**

2=Processed as Secondary