

**Check Summary****Transaction Date:** October 20, 2023

BCBSM 600 E LAFAYETTE DETROIT, MI 482262998	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> V503032639 <b>Payment Amount:</b> 20231020 <b>Check/EFT Date:</b> 0.00 <b>Production End Cycle Date:</b> 10/20/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> LAS VEGAS, NV 89117
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**Patient Name:** GROSS, RANDALL**Claim Number:** 28232893094800710**Claim Date:** 09/11/2023-09/11/2023 **Claim Status Code:** 1**Patient ID:** XYH892438759**Group / Policy:****Facility Type:** 21**Claim Charge:** \$19,990.00**Patient Ctrl Nmbr:** 0.3136038**Contract Hdr:****Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd ,****Rendering Prv ID:****Claim Received Date:** 10/16/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details****Results:** 4

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
277160411252556001	09/11/2023 - 09/11/2023				HC:95941 // 3			\$10,611.00	CO-B7	\$10,611.00	\$0.00
277160411252556002	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1			\$2,943.00	CO-B7	\$2,943.00	\$0.00
277160411252556003	09/11/2023 - 09/11/2023				HC:95955 / 26 / 1			\$2,436.00	CO-B7	\$2,436.00	\$0.00
277160411252556004	09/11/2023 - 09/11/2023				HC:95999 // 2			\$4,000.00	CO-B7	\$4,000.00	\$0.00

**Code Descriptions****GROUP CODE(S):**

CO=Contractual Obligations

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

B7=This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

**CLAIM STATUS CODE(S):**

<b>Payer:</b> BCBSM	<b>Check/EFT Trace Number:</b> V503032639 20231020	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$0.00
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**CLAIM STATUS CODE(S):**

1=Processed as Primary