

Check Summary**Transaction Date:** November 06, 2023

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|---|---|---|
| BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044 | Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23310N37772250 Payment Amount: 0.00 Check/EFT Date: 11/06/2023 Production End Cycle Date: 11/06/2023 | Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528 |
|---|---|---|

Patient Name: ADNANE, MOHAMMED**Claim Number:** 02023298505443N0X00**Claim Date:** 08/18/2023-08/18/2023 **Claim Status Code:** 1

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|--|--|--|----------------------------------|
| Patient ID: ZQN129118647 | Group / Policy: 000ZGPPOW0000 | Facility Type: 22 | Claim Charge: \$11,799.00 |
| Patient Ctrl Nmbr: 0.3111887 | Contract Hdr: PREFERRED PROVIDER ORGANIZATION | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: CHACHERE, DANNY M | Rendering Prv ID: | Claim Received Date: 10/25/2023 | Patient Resp: \$11,799.00 |
| 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 |
|----------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|------------|-------------------|------------|---------|
| 7440453825Z1 | 08/18/2023 - 08/18/2023 | | | | HC:95941 / / 1 | N661 | \$2,760.00 (B6) | \$2,760.00 | PR-50 | \$2,760.00 | \$0.00 |
| 7440453825Z2 | 08/18/2023 - 08/18/2023 | | | | HC:95938 / 26 / 1 | N661 | \$3,107.00 (B6) | \$3,107.00 | PR-50 | \$3,107.00 | \$0.00 |
| 7440453825Z3 | 08/18/2023 - 08/18/2023 | | | | HC:95870 / 26 / 2 | N661 | \$1,166.00 (B6) | \$1,166.00 | PR-50 | \$1,166.00 | \$0.00 |
| 7440453825Z4 | 08/18/2023 - 08/18/2023 | | | | HC:95870 / 26,XU / 2 | N661 | \$1,166.00 (B6) | \$1,166.00 | PR-50 | \$1,166.00 | \$0.00 |
| 7440453825Z5 | 08/18/2023 - 08/18/2023 | | | | HC:95999 / / 2 | N661 | \$3,600.00 (B6) | \$3,600.00 | PR-50 | \$3,600.00 | \$0.00 |

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

N661=Documentation does not support that the services rendered were medically necessary.

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| Payer: BLUECROSS BLUESHIELD OF TEXAS | Check/EFT Trace Number: C23310N37772250 | Check/EFT Date: 11/06/2023 | Total Paid: \$0.00 |
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AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

50=These are non-covered services because this is not deemed a 'medical necessity' by the payer. 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