Check Summary **Transaction Date:** November 07, 2023

BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099	**Payee Tax ID:** **Payee ID:** **Check/EFT Trace Number:** **Payment Amount:** **Check/EFT Date:** **Production End Cycle Date:**	271622508 1174916522 C23307E30695880 6,056.84 11/07/2023 11/03/2023	**Payee Name:** **Payee Address:**	MONITORING ASSOCIATES LLC PO BOX 29650 PHOENIX, AZ 850389650	

Patient Name: ATILANO, EUFEMIO **Claim Number:** 02022289508J4650X00 **Claim Date:** 04/01/2022-04/01/2022 **Claim Status Code:** 22

Patient ID: SWU891W06781	**Group / Policy:** 000XOPPOX0000	**Facility Type:** 21	**Claim Charge:**	$-13,982.00
Patient Ctrl Nmbr: 0.2517497	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1	**Claim Payment:**	$-764.80
Rendering Prvd: UNGAR SARGON, JULIAN Y		**Claim Received Date:** 10/14/2022	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**			

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
285959525880556001	04/01/2022 - 04/01/2022				HC:95941 / / 2	N830		$-5,520.00	CO-45	$-5,092.62	$-427.38
285959525880556002	04/01/2022 - 04/01/2022				HC:95822 / 26 / 1	N830		$-1,755.00	CO-45	$-1,567.18	$-187.82
285959525880556003	04/01/2022 - 04/01/2022				HC:95938 / 26 / 1	N830		$-3,107.00	CO-45	$-2,957.40	$-149.60
285959525880556004	04/01/2022 - 04/01/2022				HC:95999 / / 1	N830		$-3,600.00	CO-45	$-3,600.00	$0.00

Patient Name: ATILANO, EUFEMIO **Claim Number:** 02022289508J4650X01 **Claim Date:** 04/01/2022-04/01/2022 **Claim Status Code:** 1

Patient ID: SWU891W06781	**Group / Policy:** 000XOPPOX0000	**Facility Type:** 21	**Claim Charge:**	$13,982.00
Patient Ctrl Nmbr: 0.2517497	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:**	**Claim Payment:**	$4,521.83
Rendering Prvd: UNGAR SARGON, JULIAN Y		**Claim Received Date:** 06/22/2023	**Patient Resp:**	$0.00
Original Ref Nmbr: 02022289508J4650X00	**Rendering Prv ID:**			

Payer: BLUECROSS BLUESHIELD OF ILLINOIS	Check/EFT Trace Number: C23307E30695880	Check/EFT Date: 11/07/2023	Total Paid: $6,056.84

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
	04/01/2022 - 04/01/2022				HC:95941 / / 2	N830		$5,520.00	CO-45	$5,520.00	$0.00
	04/01/2022 - 04/01/2022				HC:95822 / 26 / 1	N830		$1,755.00	CO-45	$1,755.00	$0.00
	04/01/2022 - 04/01/2022				HC:95938 / 26 / 1	N830	$921.83 (B6)	$3,107.00	CO-45	$2,185.17	$921.83
	04/01/2022 - 04/01/2022				HC:95999 / / 2		$3,600.00 (B6)	$3,600.00			$3,600.00

Supplemental Information - AMT/Payer Codes: $4,521.83 (AU)

Patient Name: CHESNEY, MATTHEW **Claim Number:** 02023306509L7930X00 **Claim Date:** 10/11/2023-10/11/2023 **Claim Status Code:** 1

Patient ID: AXV825838791	**Group / Policy:** 0007780922000	**Facility Type:** 22		**Claim Charge:**	$24,634.00
Patient Ctrl Nmbr: 0.3173397	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$2,299.81
Rendering Prvd: ,		**Claim Received Date:**	11/02/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

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
7469619484Z1	10/11/2023 - 10/11/2023	1881910255			HC:95941 / / 2	N830	$365.14 (B6)	$5,520.00	CO-45	$5,154.86	$365.14
7469619484Z2	10/11/2023 - 10/11/2023	1881910255			HC:95938 / 26 / 1	N830	$46.74 (B6)	$3,107.00	CO-45	$3,060.26	$46.74
7469619484Z3	10/11/2023 - 10/11/2023	1881910255			HC:95955 / 26 / 1	N830	$54.67 (B6)	$1,755.00	CO-45	$1,700.33	$54.67
7469619484Z4	10/11/2023 - 10/11/2023	1881910255			HC:95861 / 26 / 1	N830	$83.87 (B6)	$1,614.00	CO-45	$1,530.13	$83.87
7469619484Z5	10/11/2023 - 10/11/2023	1881910255			HC:95861 / 26,XU / 1	N830	$113.76 (B6)	$1,614.00	CO-45	$1,500.24	$113.76

Payer: BLUECROSS BLUESHIELD OF ILLINOIS	Check/EFT Trace Number: C23307E30695880	Check/EFT Date: 11/07/2023	Total Paid: $6,056.84

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
7469619484Z6	10/11/2023 - 10/11/2023	1881910255			HC:95865 / 26 / 1	N830	$84.59 (B6)	$1,502.00	CO-45	$1,417.41	$84.59
7469619484Z7	10/11/2023 - 10/11/2023	1881910255			HC:95865 / 26,XU / 1	N830	$114.73 (B6)	$1,502.00	CO-45	$1,387.27	$114.73
7469619484Z8	10/11/2023 - 10/11/2023	1881910255			HC:95868 / 26,XU / 1	N640		$1,310.00	PI-222	$1,310.00	$0.00
7469619484Z9	10/11/2023 - 10/11/2023	1881910255			HC:95868 / 26,XU / 1	N830	$86.31 (B6)	$1,310.00	CO-45	$1,223.69	$86.31
7469619484Z10	10/11/2023 - 10/11/2023	1881910255			HC:95999 / / 1	N830	$1,350.00 (B6)	$5,400.00	CO-45	$4,050.00	$1,350.00

Supplemental Information - AMT/Payer Codes: $2,299.81 (AU)

Code Descriptions

REMARK CODE(S):

N640=Exceeds number/frequency approved/allowed within time period.
N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations
PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

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)

Payer: BLUECROSS BLUESHIELD OF ILLINOIS	**Check/EFT Trace Number:** C23307E30695880	**Check/EFT Date:** 11/07/2023	**Total Paid:** $6,056.84

CLAIM ADJUSTMENT REASON CODE(S):

222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment
1=Processed as Primary