

## Check Summary

Transaction Date: October 20, 2023

BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> C23291E28980070 <b>Payment Amount:</b> 599.74 <b>Check/EFT Date:</b> 10/20/2023 <b>Production End Cycle Date:</b> 10/18/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: FRANKE, KEN

Claim Number: 0202327650264A00X00

Claim Date: 09/11/2023-09/11/2023 Claim Status Code: 1

Patient ID: TEA806247624

Group / Policy: 000P131680021

Facility Type: 21

Claim Charge: \$24,484.00

Patient Ctrl Nmbr: 0.3137119

Contract Hdr: PREFERRED PROVIDER  
ORGANIZATION

Claim Frequency: 1

Claim Payment: \$0.00

Rendering Prvd: ,

Claim Received Date: 10/03/2023

Patient Resp: \$10,124.00

Original Ref Nmbr:

Rendering Prv ID:

## Line Details

Results: 9

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
7366695025Z1	09/11/2023 - 09/11/2023	1881910255			HC:95941 / / 1	M127		\$2,760.00	CO-252	\$2,760.00	\$0.00
7366695025Z2	09/11/2023 - 09/11/2023	1881910255			HC:95939 / 26 / 1	M127		\$3,814.00	CO-252	\$3,814.00	\$0.00
7366695025Z3	09/11/2023 - 09/11/2023	1881910255			HC:95938 / 26 / 1	M127		\$3,107.00	CO-252	\$3,107.00	\$0.00
7366695025Z4	09/11/2023 - 09/11/2023	1881910255			HC:95955 / 26 / 1	M127		\$1,755.00	CO-252	\$1,755.00	\$0.00
7366695025Z5	09/11/2023 - 09/11/2023	1881910255			HC:95861 / 26 / 1	M15	\$1,614.00 (B6)	\$1,614.00	PR-97	\$1,614.00	\$0.00
7366695025Z6	09/11/2023 - 09/11/2023	1881910255			HC:95861 / 26,XU / 1	M127		\$1,614.00	CO-252	\$1,614.00	\$0.00
7366695025Z7	09/11/2023 - 09/11/2023	1881910255			HC:95868 / 26 / 1	M15	\$1,310.00 (B6)	\$1,310.00	PR-97	\$1,310.00	\$0.00
7366695025Z8	09/11/2023 - 09/11/2023	1881910255			HC:95868 / 26,XU / 1	M127		\$1,310.00	CO-252	\$1,310.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF ILLINOIS	<b>Check/EFT Trace Number:</b> C23291E28980070	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$599.74
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Line Details											Results: 9
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
7366695025Z9	09/11/2023 - 09/11/2023	1881910255			HC:95999 // 1		\$7,200.00 (B6)	\$7,200.00	PR-150	\$7,200.00	\$0.00

<b>Patient Name:</b> STOLTZ, JACK	<b>Claim Number:</b> 0202318650S53260X00	<b>Claim Date:</b> 06/21/2023-06/21/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> PLU001204820	<b>Group / Policy:</b> 000P812220000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-26,723.00
<b>Patient Ctrl Nmbr:</b> 0.3047308	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$-695.14
<b>Rendering Prvd:</b> ,		<b>Claim Received Date:</b> 07/05/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>	<b>Rendering Prv ID:</b>		

Line Details											Results: 7
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
7054146885Z1	06/21/2023 - 06/21/2023	1881910255			HC:95941 // 2	N366		\$-8,280.00	PR-227	\$-8,280.00	\$0.00
7054146885Z2	06/21/2023 - 06/21/2023	1881910255			HC:95822 / 26 / 1	N366		\$-1,755.00	PR-227	\$-1,667.63	\$-87.37
7054146885Z3	06/21/2023 - 06/21/2023	1881910255			HC:95938 / 26 / 1	N366		\$-3,107.00	PR-227	\$-3,037.02	\$-69.98
7054146885Z4	06/21/2023 - 06/21/2023	1881910255			HC:95908 / 26 / 1	N366		\$-437.00	PR-227	\$-336.82	\$-100.18
7054146885Z5	06/21/2023 - 06/21/2023	1881910255			HC:95886 / 26 / 2	N366		\$-2,972.00	PR-227	\$-2,832.93	\$-139.07
7054146885Z6	06/21/2023 - 06/21/2023	1881910255			HC:95886 / 26,XU / 2	N366		\$-2,972.00	PR-227	\$-2,832.93	\$-139.07
7054146885Z7	06/21/2023 - 06/21/2023	1881910255			HC:95999 // 1	N366		\$-7,200.00	PR-227	\$-7,040.53	\$-159.47

<b>Payer:</b> BLUECROSS BLUESHIELD OF ILLINOIS	<b>Check/EFT Trace Number:</b> C23291E28980070	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$599.74
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<b>Patient Name:</b> STOLTZ, JACK	<b>Claim Number:</b> 0202318650S53260X01	<b>Claim Date:</b> 06/21/2023-06/21/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PLU001204820	<b>Group / Policy:</b> 000P812220000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$26,723.00
<b>Patient Ctrl Nbr:</b> 0.3047308	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$1,294.88
<b>Rendering Prvd:</b> ,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/12/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b> 0202318650S53260X00			

Line Details											Results: 7
Line Ctrl Nbr	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
	06/21/2023 - 06/21/2023	1881910255			HC:95941 // 3	N830	\$599.74 (B6)	\$8,280.00	CO-45	\$7,680.26	\$599.74
	06/21/2023 - 06/21/2023	1881910255			HC:95822 / 26 / 1	N830	\$87.37 (B6)	\$1,755.00	CO-45	\$1,667.63	\$87.37
	06/21/2023 - 06/21/2023	1881910255			HC:95938 / 26 / 1	N830	\$69.98 (B6)	\$3,107.00	CO-45	\$3,037.02	\$69.98
	06/21/2023 - 06/21/2023	1881910255			HC:95908 / 26 / 1	N830	\$100.18 (B6)	\$437.00	CO-45	\$336.82	\$100.18
	06/21/2023 - 06/21/2023	1881910255			HC:95886 / 26 / 2	N830	\$139.07 (B6)	\$2,972.00	CO-45	\$2,832.93	\$139.07
	06/21/2023 - 06/21/2023	1881910255			HC:95886 / 26,XU / 2	N830	\$139.07 (B6)	\$2,972.00	CO-45	\$2,832.93	\$139.07
	06/21/2023 - 06/21/2023	1881910255			HC:95999 // 1	N830	\$159.47 (B6)	\$7,200.00	CO-45	\$7,040.53	\$159.47

Supplemental Information - AMT/Payer Codes: \$1,294.88 (AU)

#### Code Descriptions

#### REMARK CODE(S):

M127=Missing patient medical record for this service.

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

N366=Requested information not provided. The claim will be reopened if the information previously requested is submitted within one year after the date of this denial notice.

<b>Payer:</b> BLUECROSS BLUESHIELD OF ILLINOIS	<b>Check/EFT Trace Number:</b> C23291E28980070	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$599.74
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**REMARK CODE(S):**

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  
PR=Patient Responsibility

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

252=An attachment/other documentation is required to adjudicate this claim/service. 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).

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

150=Payer deems the information submitted does not support this level of service.

227=Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete. 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.)

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)

**CLAIM STATUS CODE(S):**

1=Processed as Primary  
22=Reversal of Previous Payment