

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

MOLINA HEALTHCARE TEXAS 200 OCEANGATE 6TH FLOOR LONG BEACH, CA 90802	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: CHKHST41162075 Payment Amount: 0.00 Check/EFT Date: 10/06/2023 Production End Cycle Date: 01/01/0001	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: WILLIAMS, FELIX**Claim Number:** 23275396970**Claim Date:** 12/03/2022-12/03/2022 **Claim Status Code:** 1

Patient ID: 612721040	Group / Policy:	Facility Type:	Claim Charge: \$4,862.00
Patient Ctrl Nmbr: 0.2810623	Contract Hdr: QMXBP0804	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/29/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details**Results:** 2

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
7354485219Z1	12/03/2022 - 12/03/2022				HC:95938 / 26 / 1	N257		\$3,107.00	CO-207	\$3,107.00	\$0.00
7354485219Z2	12/03/2022 - 12/03/2022				HC:95955 / 26 / 1			\$1,755.00	CO-4	\$1,755.00	\$0.00

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

N257=Missing/incomplete/invalid billing provider/supplier primary identifier.

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

207=National Provider identifier - Invalid format

4=The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Payer: MOLINA HEALTHCARE TEXAS	Check/EFT Trace Number: CHKHST41162075	Check/EFT Date: 10/06/2023	Total Paid: \$0.00
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CLAIM STATUS CODE(S):

1=Processed as Primary