

Check Summary

Transaction Date: October 25, 2023

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| BLUE CROSS AND BLUE SHIELD OF MASS 401 PARK DRIVE BOSTON, MA 022153326 | Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 738036819 Payment Amount: 97.61 Check/EFT Date: 10/25/2023 Production End Cycle Date: 10/20/2023 | Payee Name: MONITORING ASSOCIATES LLC Payee Address: P O BOX 29650 DEPT 880256 PHOENIX, AZ 850389650 |
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Patient Name: SEGAR, CAROL

Claim Number: 26232899267900700

Claim Date: 12/07/2022-12/07/2022 Claim Status Code: 2

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|------------------------------|-------------------|---------------------------------|----------------|-------------|
| Patient ID: 9608863780000 | Group / Policy: | Facility Type: 21 | Claim Charge: | \$24,057.00 |
| Patient Ctrl Nmbr: 0.2817166 | Contract Hdr: | Claim Frequency: 1 | Claim Payment: | \$97.61 |
| Rendering Prvd: , | Rendering Prv ID: | Claim Received Date: 10/14/2023 | Patient Resp: | \$0.00 |
| Original Ref Nmbr: | | | | |

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 |
|--------------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|------------|-------------------|------------|---------|
| 255147509167556001 | 12/07/2022 - 12/07/2022 | | | | HC:95939 / 26 / 1 | | \$24.67 (B6) | \$3,814.00 | OA-23 | \$3,789.33 | \$24.67 |
| 255147509167556002 | 12/07/2022 - 12/07/2022 | | | | HC:95822 / 26 / 1 | | \$11.87 (B6) | \$1,755.00 | OA-23 | \$1,743.13 | \$11.87 |
| 255147509167556003 | 12/07/2022 - 12/07/2022 | | | | HC:95938 / 26 / 1 | | \$9.45 (B6) | \$3,107.00 | OA-23 | \$3,097.55 | \$9.45 |
| 255147509167556004 | 12/07/2022 - 12/07/2022 | | | | HC:95908 / 26 / 1 | | \$13.80 (B6) | \$437.00 | OA-23 | \$423.20 | \$13.80 |
| 255147509167556005 | 12/07/2022 - 12/07/2022 | | | | HC:95886 / 26 / 2 | | \$18.91 (B6) | \$2,972.00 | OA-23 | \$2,953.09 | \$18.91 |
| 255147509167556006 | 12/07/2022 - 12/07/2022 | | | | HC:95886 / 26,XU / 2 | | \$18.91 (B6) | \$2,972.00 | OA-23 | \$2,953.09 | \$18.91 |
| 255147509167556007 | 12/07/2022 - 12/07/2022 | | | | HC:95999 // 5 | | | \$9,000.00 | CO-204 | \$9,000.00 | \$0.00 |

Supplemental Information - AMT/Payer Codes: \$97.61 (AU)

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| Payer: BLUE CROSS AND BLUE SHIELD OF MASS | Check/EFT Trace Number: 738036819 | Check/EFT Date: 10/25/2023 | Total Paid: \$97.61 |
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Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

OA=Other Adjustments

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

204=This service/equipment/drug is not covered under the patient's current benefit plan

CLAIM STATUS CODE(S):

2=Processed as Secondary