

**Check Summary****Transaction Date:** October 19, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> C23292N36722950 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/19/2023 <b>Production End Cycle Date:</b> 10/19/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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**Patient Name:** BAULD, DAVID C**Claim Number:** 0202326503115200C00**Claim Date:** 11/11/2021-11/11/2021 **Claim Status Code:** 1**Patient ID:** R58073461**Group / Policy:****Facility Type:** 21**Claim Charge:** \$119.87**Patient Ctrl Nmbr:** 2132272**Contract Hdr:****Claim Frequency:****Claim Payment:** \$0.00**Rendering Prvd:** NATH, AUDREY R**Rendering Prv ID:****Claim Received Date:** 09/22/2023**Patient Resp:** \$119.87**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
	11/11/2021 - 11/11/2021				HC:G0453 / 59 / 1			\$74.69	PR-29	\$74.69	\$0.00
	11/11/2021 - 11/11/2021				HC:95955 / 26,XU / 1			\$11.18	PR-29	\$11.18	\$0.00
	11/11/2021 - 11/11/2021				HC:95907 / 26 / 1			\$11.12	PR-29	\$11.12	\$0.00
	11/11/2021 - 11/11/2021				HC:95938 / 26 / 1			\$9.53	PR-29	\$9.53	\$0.00
	11/11/2021 - 11/11/2021				HC:95885 / 26,59 / 2			\$7.76	PR-29	\$7.76	\$0.00
	11/11/2021 - 11/11/2021				HC:95927 / 26,XS / 1			\$5.59	PR-29	\$5.59	\$0.00
	11/11/2021 - 11/11/2021				HC:95937 / 26 / 1			\$0.00			\$0.00

Supplemental Information - AMT/Payer Codes: \$479.45 (F5)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23292N36722950	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> CASH, EILEEN R	<b>Claim Number:</b> 0202326503115190C00	<b>Claim Date:</b> 03/14/2022-03/14/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> R13835681	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$13,178.00
<b>Patient Ctrl Nmbr:</b> 2274975	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/22/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</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
	03/14/2022 - 03/14/2022				HC:95939 / 26 / 1	M29		\$3,814.00	CO-252	\$3,814.00	\$0.00
	03/14/2022 - 03/14/2022				HC:G0453 / 59 / 2	M29		\$1,966.00	CO-252	\$1,966.00	\$0.00
	03/14/2022 - 03/14/2022				HC:95870 / 26,59 / 3	M29		\$1,749.00	CO-252	\$1,749.00	\$0.00
	03/14/2022 - 03/14/2022				HC:95955 / 26,XU / 1	M29		\$1,755.00	CO-252	\$1,755.00	\$0.00
	03/14/2022 - 03/14/2022				HC:95938 / 26 / 1	M29		\$3,107.00	CO-252	\$3,107.00	\$0.00
	03/14/2022 - 03/14/2022				HC:95927 / 26,XS / 1	M29		\$287.00	CO-252	\$287.00	\$0.00
	03/14/2022 - 03/14/2022				HC:95937 / 26 / 1	M29		\$500.00	CO-252	\$500.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

M29=Missing operative note/report.

##### AMT CODE(S):

F5=Patient Amount Paid

##### GROUP CODE(S):

PR=Patient Responsibility

CO=Contractual Obligations

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23292N36722950	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$0.00
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**CLAIM ADJUSTMENT REASON CODE(S):**

29=The time limit for filing has expired.

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).

**CLAIM STATUS CODE(S):**

1=Processed as Primary