

Check Summary**Transaction Date:** October 15, 2023

BLUECROSS BLUESHIELD OF TENNESSEE 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23292B100087827700 Payment Amount: 0.00 Check/EFT Date: 10/15/2023 Production End Cycle Date: 10/19/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: DEPT 8800256 PO BOX 29650 PHOENIX, AZ 85038
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO	AC5043019701	\$-1,257.22

Patient Name: HAGGARD, MELISSA**Claim Number:** AD7635128200**Claim Date:** 08/26/2023-08/26/2023 **Claim Status Code:** 1**Patient ID:** FYJ075A78011**Group / Policy:** 202222**Facility Type:** 21**Claim Charge:** \$26,998.00**Patient Ctrl Nmbr:** 2834870**Contract Hdr:** BLUE NETWORK S**Claim Frequency:** 1**Claim Payment:** \$1,257.22**Rendering Prvd :****Rendering Prv ID:****Claim Received Date:** 09/18/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****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
	08/26/2023 - 08/26/2023	1265556898			HC:95941 // 2	N860	\$254.84 (B6)	\$7,074.00	CO-45	\$6,819.16	\$254.84
	08/26/2023 - 08/26/2023	1265556898			HC:95939 / 26 / 1	N860	\$233.82 (B6)	\$3,814.00	CO-45	\$3,580.18	\$233.82
	08/26/2023 - 08/26/2023	1265556898			HC:95822 / 26 / 1	N860	\$112.50 (B6)	\$1,755.00	CO-45	\$1,642.50	\$112.50
	08/26/2023 - 08/26/2023	1265556898			HC:95938 / 26 / 1	N860	\$89.46 (B6)	\$3,107.00	CO-45	\$3,017.54	\$89.46
	08/26/2023 - 08/26/2023	1265556898			HC:95861 / 26 / 0		\$160.62 (B6)	\$1,614.00	CO-131	\$1,453.38	\$160.62
	08/26/2023 - 08/26/2023	1265556898			HC:95861 / 26,XU / 0		\$160.62 (B6)	\$1,614.00	CO-131	\$1,453.38	\$160.62

Payer: BLUECROSS BLUESHIELD OF TENNESSEE	Check/EFT Trace Number: 23292B100087827700	Check/EFT Date: 10/15/2023	Total Paid: \$0.00
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	08/26/2023 - 08/26/2023	1265556898			HC:95868 / 26 / 0		\$122.68 (B6)	\$1,310.00	CO-131	\$1,187.32	\$122.68
	08/26/2023 - 08/26/2023	1265556898			HC:95868 / 26,XU / 0		\$122.68 (B6)	\$1,310.00	CO-131	\$1,187.32	\$122.68
	08/26/2023 - 08/26/2023	1265556898			HC:95999 / / 0			\$5,400.00	CO-131	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,257.22 (AU)

Code Descriptions

REMARK CODE(S):

WO=Overpayment Recovery

N860=Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s).

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations

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)

131=Claim specific negotiated discount.

CLAIM STATUS CODE(S):

1=Processed as Primary