

Check Summary**Transaction Date:** October 23, 2023

ARKANSAS BLUE CROSS AND BLUE SHIELD PO BOX 2181 LITTLE ROCK, AR 722032181	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: AB0009328228 Payment Amount: 592.61 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/19/2023	Payee Name: MONITORING ASSOCIATES LL Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6	AB0009328228	\$5.61

Patient Name: ALBAN, GINA**Claim Number:** 231017K1AAM9**Claim Date:** 09/11/2023-09/11/2023 **Claim Status Code:** 4**Patient ID:** XCQ60055346201**Group / Policy:****Facility Type:****Claim Charge:** \$21,203.00**Patient Ctrl Nmbr:** 2847839**Contract Hdr:****Claim Frequency:****Claim Payment:** \$0.00**Rendering Prvd:** BESS, BARBARA R**Rendering Prv ID:****Claim Received Date:** 10/17/2023**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
0001	09/11/2023 - 09/11/2023	5H682			HC:95941 / 26 / 1.00	N706		\$2,760.00	CO-226	\$2,760.00	\$0.00
0002	09/11/2023 - 09/11/2023	5H682			HC:95938 / 26 / 1.00	N706	\$47.35 (B6)	\$3,107.00	CO-226	\$3,107.00	\$0.00
0003	09/11/2023 - 09/11/2023	5H682			HC:95955 / 26 / 1.00	N706	\$55.58 (B6)	\$1,755.00	CO-226	\$1,755.00	\$0.00
0004	09/11/2023 - 09/11/2023	5H682			HC:95908 / 26 / 1.00	N706	\$69.33 (B6)	\$437.00	CO-226	\$437.00	\$0.00
0005	09/11/2023 - 09/11/2023	5H682			HC:95886 / 26 / 2.00	N706	\$94.90 (B6)	\$2,972.00	CO-226	\$2,972.00	\$0.00
0006	09/11/2023 - 09/11/2023	5H682			HC:95886 / 26,XU / 2.00	N706	\$94.90 (B6)	\$2,972.00	CO-226	\$2,972.00	\$0.00

Payer: ARKANSAS BLUE CROSS AND BLUE SHIELD	Check/EFT Trace Number: AB0009328228	Check/EFT Date: 10/23/2023	Total Paid: \$592.61
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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
0007	09/11/2023 - 09/11/2023	5H682			HC:95999 / 26 / 4.00	N706		\$7,200.00	CO-226	\$7,200.00	\$0.00

Patient Name: JOHNSON, JANET	Claim Number: 230720K111RT	Claim Date: 04/21/2023-04/21/2023	Claim Status Code: 1
Patient ID: EXX60057948601	Group / Policy:	Facility Type:	Claim Charge: \$23,963.00
Patient Ctrl Nmbr: 2693695	Contract Hdr:	Claim Frequency:	Claim Payment: \$587.00
Rendering Prvd: BESS, BARBARA R	Rendering Prv ID:	Claim Received Date: 07/25/2023	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
0001	04/21/2023 - 04/21/2023	5H682			HC:95941 / 26 / 2.00			\$5,520.00	CO-58	\$5,520.00	\$0.00
0002	04/21/2023 - 04/21/2023	5H682			HC:95822 / 26 / 1.00		\$59.56 (B6)	\$1,755.00	CO-45	\$1,695.44	\$59.56
0003	04/21/2023 - 04/21/2023	5H682			HC:95938 / 26 / 1.00		\$47.35 (B6)	\$3,107.00	CO-45	\$3,059.65	\$47.35
0004	04/21/2023 - 04/21/2023	5H682			HC:95908 / 26 / 1.00		\$69.33 (B6)	\$437.00	CO-45	\$367.67	\$69.33
0005	04/21/2023 - 04/21/2023	5H682			HC:95886 / 26 / 2.00		\$94.90 (B6)	\$2,972.00	CO-45	\$2,877.10	\$94.90
0006	04/21/2023 - 04/21/2023	5H682			HC:95886 / 26,XU / 2.00		\$94.90 (B6)	\$2,972.00	CO-45	\$2,877.10	\$94.90
0007	04/21/2023 - 04/21/2023	5H682			HC:95999 / 26 / 4.00		\$220.96 (B6)	\$7,200.00	CO-45	\$6,979.04	\$220.96

Supplemental Information - AMT/Payer Codes: \$5.61 (I)

Payer: ARKANSAS BLUE CROSS AND BLUE SHIELD	Check/EFT Trace Number: AB0009328228	Check/EFT Date: 10/23/2023	Total Paid: \$592.61
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Patient Name: JOHNSON, JANET	Claim Number: 230720K111RT	Claim Date: 04/21/2023-04/21/2023	Claim Status Code: 22
Patient ID: EXX60057948601	Group / Policy:	Facility Type:	Claim Charge: \$-23,963.00
Patient Ctrl Nmbr: 2693695	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BESS, BARBARA R	Rendering Prv ID:	Claim Received Date: 07/25/2023	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
0001	04/21/2023 - 04/21/2023	5H682			HC:95941 / 26 / -2.00	N706		\$-5,520.00	CO-226	\$-5,520.00	\$0.00
0002	04/21/2023 - 04/21/2023	5H682			HC:95822 / 26 / -1.00	N706		\$-1,755.00	CO-226	\$-1,755.00	\$0.00
0003	04/21/2023 - 04/21/2023	5H682			HC:95938 / 26 / -1.00	N706		\$-3,107.00	CO-226	\$-3,107.00	\$0.00
0004	04/21/2023 - 04/21/2023	5H682			HC:95908 / 26 / -1.00	N706		\$-437.00	CO-226	\$-437.00	\$0.00
0005	04/21/2023 - 04/21/2023	5H682			HC:95886 / 26 / -2.00	N706		\$-2,972.00	CO-226	\$-2,972.00	\$0.00
0006	04/21/2023 - 04/21/2023	5H682			HC:95886 / 26,XU / -2.00	N706		\$-2,972.00	CO-226	\$-2,972.00	\$0.00
0007	04/21/2023 - 04/21/2023	5H682			HC:95999 / 26 / -4.00	N706		\$-7,200.00	CO-226	\$-7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

L6=Interest Owed
N706=Missing documentation.

AMT CODE(S):

B6=Allowed - Actual
I=Interest

GROUP CODE(S):

CO=Contractual Obligations

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CLAIM ADJUSTMENT REASON CODE(S):

226=Information requested from the Billing/Rendering Provider was not provided or not provided timely 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.)

58=Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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):

4=Denied

1=Processed as Primary

22=Reversal of Previous Payment