Check Summary

BCBSM	**Payee Tax ID:**	271622508	**Payee Name:** MONITORING ASSOCIATES LLC
600 E LAFAYETTE	**Payee ID:**	1174916522	**Payee Address:** LAS VEGAS, NV 891177519
DETROIT, MI 482262998	**Check/EFT Trace Number:**	209658911	
	Payment Amount:	167.90	
	Check/EFT Date:	10/13/2023	
	Production End Cycle Date:	10/13/2023	

Patient Name: PARKS, ROBIN   **Claim Number:** 26232857313900710   **Claim Date:** 07/12/2023-07/12/2023   **Claim Status Code:** 2

Patient ID: 920457071	**Group / Policy:**	**Facility Type:** 21	**Claim Charge:** $4,862.00
Patient Ctrl Nmbr: 0.3068978	**Contract Hdr:**	**Claim Frequency:** 1	**Claim Payment:** $0.00
Rendering Prvd: ,	**Rendering Prv ID:**	**Claim Received Date:** 10/12/2023	**Patient Resp:** $11.36
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
268154782284556001	07/12/2023 - 07/12/2023				HC:95822 / 26 / 1			$1,755.00	PR-27 OA-23	$11.36 $1,743.64	$0.00
268154782284556002	07/12/2023 - 07/12/2023				HC:95938 / 26 / 1			$3,107.00	OA-136	$3,107.00	$0.00

Patient Name: REES, STEVEN R   **Claim Number:** 27232824040500710   **Claim Date:** 11/18/2022-11/18/2022   **Claim Status Code:** 2

Patient ID: 920545589	**Group / Policy:**	**Facility Type:** 22	**Claim Charge:** $11,904.00
Patient Ctrl Nmbr: 0.2794607	**Contract Hdr:**	**Claim Frequency:** 1	**Claim Payment:** $45.39
Rendering Prvd: ,	**Rendering Prv ID:**	**Claim Received Date:** 10/09/2023	**Patient Resp:** $0.00
Original Ref Nmbr:			

Line Details   **Results:** 5

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
200117144453556001	11/18/2022 - 11/18/2022				HC:95939 / 26 / 1		$121.69 (B6)	$3,814.00	OA-23	$3,789.66	$24.34

Payer: BCBSM	Check/EFT Trace Number: 209658911	Check/EFT Date: 10/13/2023	Total Paid: $167.90

Line Details **Results:** 5

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
200117144453556002	11/18/2022 - 11/18/2022				HC:95822 / 26 / 1		$58.59 (B6)	$1,755.00	OA-23	$1,743.28	$11.72
200117144453556003	11/18/2022 - 11/18/2022				HC:95938 / 26 / 1		$46.66 (B6)	$3,107.00	OA-23	$3,097.67	$9.33
200117144453556004	11/18/2022 - 11/18/2022				HC:95861 / 26 / 1			$1,614.00	OA-136	$1,614.00	$0.00
200117144453556005	11/18/2022 - 11/18/2022				HC:95861 / 26,XU / 1			$1,614.00	OA-136	$1,614.00	$0.00

Supplemental Information - AMT/Payer Codes: $226.94 (AU)

Patient Name: RICHES, GUY **Claim Number:** 27232822741000710 **Claim Date:** 11/22/2022-11/22/2022 **Claim Status Code:** 2

Patient ID: 920003707	**Group** / **Policy:**	**Facility Type:** 21	**Claim Charge:** $15,006.00
Patient Ctrl Nmbr: 0.2799860	**Contract Hdr:**	**Claim Frequency:** 1	**Claim Payment:** $63.00
Rendering Prvd: ,	**Rendering Prv ID:**	**Claim Received Date:** 10/09/2023	**Patient Resp:** $0.00
Original Ref Nmbr:			

Line Details **Results:** 5

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
198115859307556001	11/22/2022 - 11/22/2022				HC:95938 / 26 / 1		$46.66 (B6)	$3,107.00	OA-23	$3,097.67	$9.33
198115859307556002	11/22/2022 - 11/22/2022				HC:95909 / 26 / 1		$81.74 (B6)	$555.00	OA-23	$538.65	$16.35
198115859307556003	11/22/2022 - 11/22/2022				HC:95886 / 26 / 2		$93.32 (B6)	$2,972.00	OA-23	$2,953.34	$18.66
198115859307556004	11/22/2022 - 11/22/2022				HC:95886 / 26,XU / 2		$93.32 (B6)	$2,972.00	OA-23	$2,953.34	$18.66
198115859307556005	11/22/2022 - 11/22/2022				HC:95999 / / 3			$5,400.00	OA-23	$5,400.00	$0.00

Supplemental Information - AMT/Payer Codes: $315.04 (AU)

Payer: BCBSM	Check/EFT Trace Number: 209658911	Check/EFT Date: 10/13/2023	Total Paid: $167.90

Patient Name: THOMPSON, SUSAN   **Claim Number:** 27232824040600710   **Claim Date:** 01/03/2023-01/03/2023   **Claim Status Code:** 2

Patient ID: 922210363	**Group / Policy:**	**Facility Type:** 21	**Claim Charge:** $19,028.00
Patient Ctrl Nmbr: 0.2846108	**Contract Hdr:**	**Claim Frequency:** 1	**Claim Payment:** $59.51
Rendering Prvd: ,	**Rendering Prv ID:**	**Claim Received Date:** 10/09/2023	**Patient Resp:** $0.00
Original Ref Nmbr:			

Line Details   Results: 8

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
222129700868556001	01/03/2023 - 01/03/2023				HC:95939 / 26 / 1		$117.86 (B6)	$3,814.00	OA-23	$3,790.43	$23.57
222129700868556002	01/03/2023 - 01/03/2023				HC:95822 / 26 / 1		$56.79 (B6)	$1,755.00	OA-23	$1,743.64	$11.36
222129700868556003	01/03/2023 - 01/03/2023				HC:95938 / 26 / 1		$45.08 (B6)	$3,107.00	OA-23	$3,097.98	$9.02
222129700868556004	01/03/2023 - 01/03/2023				HC:95868 / 26 / 1			$1,310.00	OA-136	$1,310.00	$0.00
222129700868556005	01/03/2023 - 01/03/2023				HC:95868 / 26,XU / 1			$1,310.00	OA-136	$1,310.00	$0.00
222129700868556006	01/03/2023 - 01/03/2023				HC:95870 / 26,XU / 2		$38.88 (B6)	$1,166.00	OA-23	$1,158.22	$7.78
222129700868556007	01/03/2023 - 01/03/2023				HC:95870 / 26,XU / 2		$38.88 (B6)	$1,166.00	OA-23	$1,158.22	$7.78
222129700868556008	01/03/2023 - 01/03/2023				HC:95999 / / 3			$5,400.00	OA-136	$5,400.00	$0.00

Supplemental Information - AMT/Payer Codes: $297.49 (AU)

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

PR=Patient Responsibility
OA=Other Adjustments

Payer: BCBSM	Check/EFT Trace Number: 209658911	Check/EFT Date: 10/13/2023		Total Paid: $167.90

CLAIM ADJUSTMENT REASON CODE(S):

27=Expenses incurred after coverage terminated.
23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)
136=Failure to follow prior payer's coverage rules. (Use only with Group Code OA)

CLAIM STATUS CODE(S):

2=Processed as Secondary