

Check Summary**Transaction Date:** October 12, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23283E08130470 Payment Amount: 3,479.17 Check/EFT Date: 10/12/2023 Production End Cycle Date: 10/10/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: BOWMAN, GREGORY**Claim Number:** 0202316350A63870X00**Claim Date:** 05/22/2023-05/22/2023 **Claim Status Code:** 22

Patient ID: ZGP841726885 Patient Ctrl Nmbr: 0.3013113 Rendering Prvd: PATI, SANDIPAN P Original Ref Nmbr:	Group / Policy: 0001929330001 Contract Hdr: PREFERRED PROVIDER ORGANIZATION Rendering Prv ID:	Facility Type: 21 Claim Frequency: 1 Claim Received Date: 06/12/2023	Claim Charge: \$-16,117.00 Claim Payment: \$-541.52 Patient Resp: \$0.00
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Line Details**Results:** 4

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
6982760282Z1	05/22/2023 - 05/22/2023				HC:95941 // 2	N830		\$-11,040.00	CO-45	\$-10,758.44	\$-281.56
6982760282Z2	05/22/2023 - 05/22/2023				HC:95925 / 26 / 1	N830		\$-353.00	CO-45	\$-332.46	\$-20.54
6982760282Z3	05/22/2023 - 05/22/2023				HC:95829 / 26 / 1	N830		\$-1,124.00	CO-45	\$-884.58	\$-239.42
6982760282Z4	05/22/2023 - 05/22/2023				HC:95999 // 1	N830		\$-3,600.00	CO-45	\$-3,600.00	\$0.00

Patient Name: BOWMAN, GREGORY K**Claim Number:** 0202316350A63870X01**Claim Date:** 05/22/2023-05/22/2023 **Claim Status Code:** 1

Patient ID: ZGP841726885 Patient Ctrl Nmbr: 0.3013113 Rendering Prvd: PATI, SANDIPAN P Original Ref Nmbr: 0202316350A63870X00	Group / Policy: 0001929330001 Contract Hdr: PREFERRED PROVIDER ORGANIZATION Rendering Prv ID:	Facility Type: 21 Claim Frequency: Claim Received Date: 10/05/2023	Claim Charge: \$16,117.00 Claim Payment: \$4,000.00 Patient Resp: \$0.00
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Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23283E08130470	Check/EFT Date: 10/12/2023	Total Paid: \$3,479.17
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Line Details											Results: 4
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
	05/22/2023 - 05/22/2023				HC:95941 // 4	MA44	\$3,740.04 (B6)	\$11,040.00	CO-45	\$7,299.96	\$3,740.04
	05/22/2023 - 05/22/2023				HC:95925 / 26 / 1	MA44	\$20.54 (B6)	\$353.00	CO-45	\$332.46	\$20.54
	05/22/2023 - 05/22/2023				HC:95829 / 26 / 1	MA44	\$239.42 (B6)	\$1,124.00	CO-45	\$884.58	\$239.42
	05/22/2023 - 05/22/2023				HC:95999 // 2	MA44		\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$4,000.00 (AU)

Patient Name: SCHUELER, WAYNE A	Claim Number: 02023283574285P0X00	Claim Date: 01/25/2023-01/25/2023	Claim Status Code: 2
Patient ID: 862013470	Group / Policy: 000TST2020000	Facility Type: 21	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.2871704	Contract Hdr: MEDICARE CROSSOVER CLAIM	Claim Frequency: 1	Claim Payment: \$20.69
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/10/2023	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
256148278761556001	01/25/2023 - 01/25/2023				HC:95822 / 26 / 1		\$11.52 (B6)	\$1,755.00	OA-23	\$1,743.48	\$11.52
256148278761556002	01/25/2023 - 01/25/2023				HC:95938 / 26 / 1		\$9.17 (B6)	\$3,107.00	OA-23	\$3,097.83	\$9.17
256148278761556003	01/25/2023 - 01/25/2023				HC:95861 / 26 / 1			\$1,614.00	OA-23	\$1,614.00	\$0.00
256148278761556004	01/25/2023 - 01/25/2023				HC:95861 / 26,XU / 1			\$1,614.00	OA-23	\$1,614.00	\$0.00
256148278761556005	01/25/2023 - 01/25/2023				HC:95999 // 3			\$5,400.00	OA-23	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$103.44 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23283E08130470	Check/EFT Date: 10/12/2023	Total Paid: \$3,479.17
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Code Descriptions

REMARK CODE(S):

MA44=Alert: No appeal rights. Adjudicative decision based on law.

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

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)

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

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary

2=Processed as Secondary