

## Check Summary

Transaction Date: October 27, 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> C23298E03111920 <b>Payment Amount:</b> 83.17 <b>Check/EFT Date:</b> 10/27/2023 <b>Production End Cycle Date:</b> 10/25/2023	<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: WALTERS, DANNY W

Claim Number: 0202326903124230C00

Claim Date: 04/27/2022-04/27/2022 Claim Status Code: 1

Patient ID: R58162581	Group / Policy:	Facility Type: 21	Claim Charge:	\$24,673.00
Patient Ctrl Nmbr: 2317650	Contract Hdr:	Claim Frequency:	Claim Payment:	\$83.17
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/26/2023	Patient Resp:	\$7,200.00
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
	04/27/2022 - 04/27/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-45	\$1,614.00	\$0.00
	04/27/2022 - 04/27/2022				HC:95868 / 26,59 / 1			\$1,310.00	CO-45	\$1,310.00	\$0.00
	04/27/2022 - 04/27/2022				HC:95868 / 26,XU / 1			\$1,310.00	CO-45	\$1,310.00	\$0.00
	04/27/2022 - 04/27/2022				HC:95999 // 1	N640	\$7,200.00 (B6)	\$7,200.00	PR-222	\$7,200.00	\$0.00
	04/27/2022 - 04/27/2022				HC:95939 / 26 / 1		\$24.67 (B6)	\$3,814.00	OA-23 CO-45	\$98.68 \$3,690.65	\$24.67
	04/27/2022 - 04/27/2022				HC:G0453 // 3		\$20.20 (B6)	\$2,949.00	OA-23 CO-45	\$80.81 \$2,847.99	\$20.20
	04/27/2022 - 04/27/2022				HC:95861 / 26,59 / 1		\$16.98 (B6)	\$1,614.00	OA-23 CO-45	\$67.93 \$1,529.09	\$16.98
	04/27/2022 - 04/27/2022				HC:95822 / 26 / 1		\$11.87 (B6)	\$1,755.00	OA-23 CO-45	\$47.49 \$1,695.64	\$11.87

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23298E03111920	<b>Check/EFT Date:</b> 10/27/2023	<b>Total Paid:</b> \$83.17
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	04/27/2022 - 04/27/2022				HC:95938 / 26 / 1		\$9.45 (B6)	\$3,107.00	OA-23 CO-45	\$37.82 \$3,059.73	\$9.45

Supplemental Information - AMT/Payer Codes: \$415.90 (AU)

#### Code Descriptions

##### REMARK CODE(S):

N640=Exceeds number/frequency approved/allowed within time period.

##### AMT CODE(S):

B6=Allowed - Actual  
AU=Coverage Amount

##### GROUP CODE(S):

CO=Contractual Obligations  
PR=Patient Responsibility  
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)  
222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  
23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

##### CLAIM STATUS CODE(S):

1=Processed as Primary