

Check Summary**Transaction Date:** October 26, 2023

BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS PO BOX 3686 SCRANTON, PA 18505	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23299B1000001757 Payment Amount: 0.00 Check/EFT Date: 10/26/2023 Production End Cycle Date: 10/26/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: NIERADKA, ZYGMUNT**Claim Number:** 232850024800**Claim Date:** 07/21/2023-07/21/2023**Claim Status Code:** 19 - ADVOCATE CHRIST
HOSPITAL PHYSICIAN PARTNERS

Patient ID: 804259836	Group / Policy:	Facility Type: 21	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.3081331	Contract Hdr: HM001001	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HSU, ANDREW C	Rendering Prv ID:	Claim Received Date: 10/12/2023	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
7394850533Z1	07/21/2023 - 07/21/2023				HC:95822 / 26 / 0	N1		\$1,755.00	PI-B11	\$1,755.00	\$0.00
7394850533Z2	07/21/2023 - 07/21/2023				HC:95938 / 26 / 0	N1		\$3,107.00	PI-B11	\$3,107.00	\$0.00
7394850533Z3	07/21/2023 - 07/21/2023				HC:95861 / 26 / 0	N1		\$1,614.00	PI-B11	\$1,614.00	\$0.00
7394850533Z4	07/21/2023 - 07/21/2023				HC:95861 / 26,XU / 0	N1		\$1,614.00	PI-B11	\$1,614.00	\$0.00
7394850533Z5	07/21/2023 - 07/21/2023				HC:95999 / / 0	N1		\$5,400.00	PI-B11	\$5,400.00	\$0.00

Code Descriptions**REMARK CODE(S):**

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: 23299B1000001757	Check/EFT Date: 10/26/2023	Total Paid: \$0.00
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GROUP CODE(S):

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

B11=The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

CLAIM STATUS CODE(S):

19=Processed as Primary, Forwarded to Additional Payer(s)