

Check Summary**Transaction Date:** October 13, 2023

BCBSM 600 E LAFAYETTE DETROIT, MI 482262998	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: V501115198 Payment Amount: 20231013 Check/EFT Date: 0.00 Production End Cycle Date: 10/13/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: LAS VEGAS, NV 89117
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Patient Name: TAYLOR, TAMARA**Claim Number:** 27232799108500710**Claim Date:** 09/08/2023-09/08/2023 **Claim Status Code:** 1

Patient ID: NEI801063799	Group / Policy:	Facility Type: 22	Claim Charge: \$8,524.00
Patient Ctrl Nmbr: 0.3134310	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/06/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details**Results:** 3

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
278160988500556001	09/08/2023 - 09/08/2023				HC:95941 // 2			\$5,520.00	CO-B7	\$5,520.00	\$0.00
278160988500556002	09/08/2023 - 09/08/2023				HC:95865 / 26 / 1			\$1,502.00	CO-B7	\$1,502.00	\$0.00
278160988500556003	09/08/2023 - 09/08/2023				HC:95865 / 26,XU / 1			\$1,502.00	CO-B7	\$1,502.00	\$0.00

Patient Name: TAYLOR, TODD**Claim Number:** 28232780486900710**Claim Date:** 09/05/2023-09/05/2023 **Claim Status Code:** 1

Patient ID: UIN923308429	Group / Policy:	Facility Type: 21	Claim Charge: \$11,855.00
Patient Ctrl Nmbr: 0.3130593	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/05/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
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Payer: BCBSM	Check/EFT Trace Number: V501115198 20231013	Check/EFT Date: 10/13/2023	Total Paid: \$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
277160209504556001	09/05/2023 - 09/05/2023				HC:95941 // 2			\$5,520.00	PI-109	\$5,520.00	\$0.00
277160209504556002	09/05/2023 - 09/05/2023				HC:95938 / 26 / 1			\$3,107.00	PI-109	\$3,107.00	\$0.00
277160209504556003	09/05/2023 - 09/05/2023				HC:95861 / 26 / 1			\$1,614.00	PI-109	\$1,614.00	\$0.00
277160209504556004	09/05/2023 - 09/05/2023				HC:95861 / 26,XU / 1			\$1,614.00	PI-109	\$1,614.00	\$0.00

Code Descriptions

GROUP CODE(S):

CO=Contractual Obligations
PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

B7=This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
109=Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.

CLAIM STATUS CODE(S):

1=Processed as Primary