

Check Summary**Transaction Date:** October 11, 2023

BCBS HEALTHCARE PLAN OF GA PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908 ANTHEM.COM	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 9022104768 Payment Amount: 0.00 Check/EFT Date: 10/11/2023 Production End Cycle Date: 10/11/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: CLEM, MICHAEL**Claim Number:** 2023263EV5531**Claim Date:** 09/18/2023-09/18/2023 **Claim Status Code:** 4

Patient ID: QQA0001298MB	Group / Policy: JGA005M018	Facility Type:	Claim Charge: \$24,530.00
Patient Ctrl Nmbr: 0.3144750	Contract Hdr: OPEN ACCESS POS	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: CRUZ, MARCOS	Rendering Prv ID:	Claim Received Date: 09/20/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details **Results:** 6

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
7310454295Z1	09/18/2023 - 09/18/2023				HC:95941 / / 0	M15		\$11,040.00	PI-234	\$11,040.00	\$0.00
7310454295Z2	09/18/2023 - 09/18/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7310454295Z3	09/18/2023 - 09/18/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7310454295Z4	09/18/2023 - 09/18/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7310454295Z5	09/18/2023 - 09/18/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7310454295Z6	09/18/2023 - 09/18/2023				HC:95999 / / 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

Payer: BCBS HEALTHCARE PLAN OF GA	Check/EFT Trace Number: 9022104768	Check/EFT Date: 10/11/2023	Total Paid: \$0.00
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Patient Name: ELLIOTT, RONNIE	Claim Number: 2023251DJ9150	Claim Date: 08/23/2023-08/23/2023	Claim Status Code: 4
Patient ID: XKT028A64647	Group / Policy: GA6553M001	Facility Type:	Claim Charge: \$31,177.00
Patient Ctrl Nmbr: 0.3116428	Contract Hdr: OPEN ACCESS POS	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: CRUZ, MARCOS	Rendering Prv ID:	Claim Received Date: 09/08/2023	Patient Resp: \$0.00
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
7262174450Z1	08/23/2023 - 08/23/2023				HC:95941 // 0	M15		\$9,432.00	PI-234	\$9,432.00	\$0.00
7262174450Z2	08/23/2023 - 08/23/2023				HC:95822 / 26,XU / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7262174450Z3	08/23/2023 - 08/23/2023				HC:95938 / 26 / 0	M15		\$3,924.00	PI-234	\$3,924.00	\$0.00
7262174450Z4	08/23/2023 - 08/23/2023				HC:95910 / 26,XU / 0	M15		\$780.00	PI-234	\$780.00	\$0.00
7262174450Z5	08/23/2023 - 08/23/2023				HC:51785 / 26 / 0	M15		\$1,071.00	PI-234	\$1,071.00	\$0.00
7262174450Z6	08/23/2023 - 08/23/2023				HC:51785 / 26,XU / 0	M15		\$1,071.00	PI-234	\$1,071.00	\$0.00
7262174450Z7	08/23/2023 - 08/23/2023				HC:95886 / 26,XU / 0	M15		\$2,972.00	PI-234	\$2,972.00	\$0.00
7262174450Z8	08/23/2023 - 08/23/2023				HC:95886 / 26,XU / 0	M15		\$2,972.00	PI-234	\$2,972.00	\$0.00
7262174450Z9	08/23/2023 - 08/23/2023				HC:95999 // 0	M15		\$7,200.00	PI-234	\$7,200.00	\$0.00

Patient Name: HUGHES, MARCUS	Claim Number: 2023268DI5648	Claim Date: 09/21/2023-09/21/2023	Claim Status Code: 4
Patient ID: VJMM00240873	Group / Policy: ITSANO102	Facility Type:	Claim Charge: \$37,664.00
Patient Ctrl Nmbr: 0.3150296	Contract Hdr: OPEN ACCESS POS	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: CRUZ, MARCOS	Rendering Prv ID:	Claim Received Date: 09/25/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BCBS HEALTHCARE PLAN OF GA	Check/EFT Trace Number: 9022104768	Check/EFT Date: 10/11/2023	Total Paid: \$0.00
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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
7332908136Z1	09/21/2023 - 09/21/2023				HC:95941 // 0	N199		\$16,560.00	PI-B12	\$16,560.00	\$0.00
7332908136Z2	09/21/2023 - 09/21/2023				HC:95822 / 26,XU / 0	N199		\$1,755.00	PI-B12	\$1,755.00	\$0.00
7332908136Z3	09/21/2023 - 09/21/2023				HC:95938 / 26 / 0	N199		\$3,107.00	PI-B12	\$3,107.00	\$0.00
7332908136Z4	09/21/2023 - 09/21/2023				HC:95911 / 26,XU / 0	N199		\$956.00	PI-B12	\$956.00	\$0.00
7332908136Z5	09/21/2023 - 09/21/2023				HC:51785 / 26 / 0	N199		\$1,071.00	PI-B12	\$1,071.00	\$0.00
7332908136Z6	09/21/2023 - 09/21/2023				HC:51785 / 26,XU / 0	N199		\$1,071.00	PI-B12	\$1,071.00	\$0.00
7332908136Z7	09/21/2023 - 09/21/2023				HC:95886 / 26,XU / 0	N199		\$2,972.00	PI-B12	\$2,972.00	\$0.00
7332908136Z8	09/21/2023 - 09/21/2023				HC:95886 / 26,XU / 0	N199		\$2,972.00	PI-B12	\$2,972.00	\$0.00
7332908136Z9	09/21/2023 - 09/21/2023				HC:95999 // 0	N199		\$7,200.00	PI-B12	\$7,200.00	\$0.00

Patient Name: ZINNEY, WILLIAM	Claim Number: 2023271DX6712	Claim Date: 07/12/2023-07/12/2023	Claim Status Code: 4
Patient ID: XKT561A74667	Group / Policy: GA6368M034	Facility Type:	Claim Charge: \$16,250.00
Patient Ctrl Nmbr: 0.3069791	Contract Hdr: OPEN ACCESS POS	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: CRUZ, MARCOS	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 6
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
7348127702Z1	07/12/2023 - 07/12/2023				HC:95941 // 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00

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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
7348127702Z2	07/12/2023 - 07/12/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7348127702Z3	07/12/2023 - 07/12/2023				HC:95955 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7348127702Z4	07/12/2023 - 07/12/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7348127702Z5	07/12/2023 - 07/12/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7348127702Z6	07/12/2023 - 07/12/2023				HC:95999 // 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

Code Descriptions

REMARK CODE(S):

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

N199=Additional payment/recoupment approved based on payer-initiated review/audit.

GROUP CODE(S):

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

234=This procedure is not paid separately. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

B12=Services not documented in patient's medical records.

CLAIM STATUS CODE(S):

4=Denied