

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: C23283E08130450 Payment Amount: 142.84 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: GAGE, JOE D**Claim Number:** 0202326503108690C00**Claim Date:** 10/19/2021-10/19/2021 **Claim Status Code:** 2**Patient ID:** JYA001600700**Group / Policy:****Facility Type:** 21**Claim Charge:** \$7,511.00**Patient Ctrl Nmbr:** 2119920**Contract Hdr:****Claim Frequency:****Claim Payment:** \$131.32**Rendering Prvd:** NATH, AUDREY R**Rendering Prv ID:****Claim Received Date:** 09/22/2023**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
	10/19/2021 - 10/19/2021				HC:95938 / 26 / 1		\$47.05 (B6)	\$3,107.00	OA-23	\$3,059.95	\$47.05
	10/19/2021 - 10/19/2021				HC:95955 / 26,XU / 1		\$40.22 (B6)	\$1,755.00	OA-23	\$1,714.78	\$40.22
	10/19/2021 - 10/19/2021				HC:95870 / 26,59 / 2		\$16.16 (B6)	\$1,166.00	OA-23	\$1,149.84	\$16.16
	10/19/2021 - 10/19/2021				HC:95937 / 26 / 1		\$14.34 (B6)	\$500.00	OA-23	\$485.66	\$14.34
	10/19/2021 - 10/19/2021				HC:G0453 / 59 / 1		\$13.55 (B6)	\$983.00	OA-23	\$969.45	\$13.55

Supplemental Information - AMT/Payer Codes: \$212.39 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23283E08130450	Check/EFT Date: 10/12/2023	Total Paid: \$142.84
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Patient Name: MCJUNKIN, NANCY C	Claim Number: 02023283572747N0X00	Claim Date: 01/27/2023-01/27/2023	Claim Status Code: 2
Patient ID: JYA002657160	Group / Policy: 0002380001100	Facility Type: 21	Claim Charge: \$24,728.00
Patient Ctrl Nbr: 0.2874774	Contract Hdr: MEDICARE CROSSOVER CLAIM	Claim Frequency: 1	Claim Payment: \$11.52
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nbr:			

Line Details **Results:** 10

Line Ctrl Nbr	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
256148434421556001	01/27/2023 - 01/27/2023				HC:95939 / 26 / 1			\$3,814.00	OA-23	\$3,814.00	\$0.00
256148434421556002	01/27/2023 - 01/27/2023				HC:95822 / 26 / 1		\$11.52 (B6)	\$1,755.00	OA-23	\$1,743.48	\$11.52
256148434421556003	01/27/2023 - 01/27/2023				HC:95938 / 26 / 1			\$3,107.00	OA-23	\$3,107.00	\$0.00
256148434421556004	01/27/2023 - 01/27/2023				HC:95861 / 26 / 1			\$1,614.00	OA-23	\$1,614.00	\$0.00
256148434421556005	01/27/2023 - 01/27/2023				HC:95861 / 26,XU / 1			\$1,614.00	OA-23	\$1,614.00	\$0.00
256148434421556006	01/27/2023 - 01/27/2023				HC:95865 / 26 / 1			\$1,502.00	OA-23	\$1,502.00	\$0.00
256148434421556007	01/27/2023 - 01/27/2023				HC:95865 / 26,XU / 1			\$1,502.00	OA-23	\$1,502.00	\$0.00
256148434421556008	01/27/2023 - 01/27/2023				HC:95868 / 26,XU / 1			\$1,310.00	OA-23	\$1,310.00	\$0.00
256148434421556009	01/27/2023 - 01/27/2023				HC:95868 / 26,XU / 1			\$1,310.00	OA-23	\$1,310.00	\$0.00
256148434421556010	01/27/2023 - 01/27/2023				HC:95999 // 4			\$7,200.00	OA-23	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$57.60 (AU)

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23283E08130450	Check/EFT Date: 10/12/2023	Total Paid: \$142.84
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AMT CODE(S):

AU=Coverage Amount

GROUP CODE(S):

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

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

CLAIM STATUS CODE(S):

2=Processed as Secondary