

**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> C23298E12213790 <b>Payment Amount:</b> 618.48 <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:** LOWRY, HOMER**Claim Number:** 02022300508G4930X00**Claim Date:** 06/24/2022-06/24/2022 **Claim Status Code:** 22**Patient ID:** S6N830983389**Group / Policy:** 0002994260003**Facility Type:** 21**Claim Charge:** \$-52,224.00**Patient Ctrl Nmbr:** 0.2614486**Contract Hdr:** PREFERRED PROVIDER  
ORGANIZATION**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** PATI, SANDIPAN P**Claim Received Date:** 10/27/2022**Patient Resp:** \$0.00**Original Ref Nmbr:****Rendering Prv ID:****Line Details****Results:** 7

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
6289890963Z1	06/24/2022 - 06/24/2022				HC:95941 // 12	M127		\$-33,120.00	CO-252	\$-33,120.00	\$0.00
6289890963Z2	06/24/2022 - 06/24/2022				HC:95939 / 26 / 1	M127		\$-3,814.00	CO-252	\$-3,814.00	\$0.00
6289890963Z3	06/24/2022 - 06/24/2022				HC:95822 / 26 / 1	M127		\$-1,755.00	CO-252	\$-1,755.00	\$0.00
6289890963Z4	06/24/2022 - 06/24/2022				HC:95938 / 26 / 1	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00
6289890963Z5	06/24/2022 - 06/24/2022				HC:95861 / 26 / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
6289890963Z6	06/24/2022 - 06/24/2022				HC:95861 / 26,XU / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
6289890963Z7	06/24/2022 - 06/24/2022				HC:95999 // 4	M127		\$-7,200.00	CO-252	\$-7,200.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23298E12213790	<b>Check/EFT Date:</b> 10/27/2023	<b>Total Paid:</b> \$618.48
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<b>Patient Name:</b> LOWRY, HOMER	<b>Claim Number:</b> 02022300508G4930X01	<b>Claim Date:</b> 06/24/2022-06/24/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> S6N830983389	<b>Group / Policy:</b> 0002994260003	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$52,224.00
<b>Patient Ctrl Nbr:</b> 0.2614486	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> PATI, SANDIPAN P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/05/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b> 02022300508G4930X00			

**Line Details** **Results:** 7

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
	06/24/2022 - 06/24/2022				HC:95941 / / 12	N199		\$33,120.00	PI-B12	\$33,120.00	\$0.00
	06/24/2022 - 06/24/2022				HC:95939 / 26 / 1	N199		\$3,814.00	PI-B12	\$3,814.00	\$0.00
	06/24/2022 - 06/24/2022				HC:95822 / 26 / 1	N199		\$1,755.00	PI-B12	\$1,755.00	\$0.00
	06/24/2022 - 06/24/2022				HC:95938 / 26 / 1	N199		\$3,107.00	PI-B12	\$3,107.00	\$0.00
	06/24/2022 - 06/24/2022				HC:95861 / 26 / 1	N199		\$1,614.00	PI-B12	\$1,614.00	\$0.00
	06/24/2022 - 06/24/2022				HC:95861 / 26,XU / 1	N199		\$1,614.00	PI-B12	\$1,614.00	\$0.00
	06/24/2022 - 06/24/2022				HC:95999 / / 4	N199		\$7,200.00	PI-B12	\$7,200.00	\$0.00

<b>Patient Name:</b> SCOTT, DENISE	<b>Claim Number:</b> 02023298506321B0X00	<b>Claim Date:</b> 08/02/2023-08/02/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> C4P828337338	<b>Group / Policy:</b> 0002735720010	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$14,913.00
<b>Patient Ctrl Nbr:</b> 0.3092402	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$618.48
<b>Rendering Prvd:</b> PATI, SANDIPAN P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/25/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

**Line Details** **Results:** 6

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
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<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23298E12213790	<b>Check/EFT Date:</b> 10/27/2023	<b>Total Paid:</b> \$618.48
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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
7440023005Z1	08/02/2023 - 08/02/2023				HC:95941 // 3	N830	\$422.34 (B6)	\$8,280.00	CO-45	\$7,857.66	\$422.34
7440023005Z2	08/02/2023 - 08/02/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7440023005Z3	08/02/2023 - 08/02/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
7440023005Z4	08/02/2023 - 08/02/2023				HC:95867 / 26 / 1	N830	\$30.26 (B6)	\$742.00	CO-45	\$711.74	\$30.26
7440023005Z5	08/02/2023 - 08/02/2023				HC:95867 / 26,XU / 1	N830	\$32.71 (B6)	\$742.00	CO-45	\$709.29	\$32.71
7440023005Z6	08/02/2023 - 08/02/2023				HC:92653 // 1	N830	\$61.89 (B6)	\$287.00	CO-45	\$225.11	\$61.89

Supplemental Information - AMT/Payer Codes: \$618.48 (AU)

#### Code Descriptions

##### REMARK CODE(S):

M127=Missing patient medical record for this service.

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

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

##### AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

##### GROUP CODE(S):

CO=Contractual Obligations

PI=Payor Initiated Reductions

##### CLAIM ADJUSTMENT REASON CODE(S):

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23298E12213790	<b>Check/EFT Date:</b> 10/27/2023	<b>Total Paid:</b> \$618.48
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**CLAIM ADJUSTMENT REASON CODE(S):**

252=An attachment/other documentation is required to adjudicate this claim/service. 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.

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)

**CLAIM STATUS CODE(S):**

22=Reversal of Previous Payment

1=Processed as Primary