

Check Summary**Transaction Date:** October 12, 2023

TRIWEST HEALTHCARE ALLIANCE PO BOX 42270 PHOENIX, AZ 850802270 WWW.TRIWEST.COM	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: R35031012003833 Payment Amount: 0.00 Check/EFT Date: 10/12/2023 Production End Cycle Date: 10/12/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 85038
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Patient Name: VALLS, GILBERTO**Claim Number:** J283WGTBZ0000**Claim Date:** 11/25/2022-11/25/2022 **Claim Status Code:** 1

Patient ID: 1004000444V304044	Group / Policy:	Facility Type:	Claim Charge: \$3,228.00
Patient Ctrl Nmbr: 2545462	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd :	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details**Results:** 2

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
	11/25/2022 - 11/25/2022				HC:95861 / 26 /			\$1,614.00	CO-29	\$1,614.00	\$0.00
	11/25/2022 - 11/25/2022				HC:95861 / 26,XU /			\$1,614.00	CO-29	\$1,614.00	\$0.00

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

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

29=The time limit for filing has expired.

CLAIM STATUS CODE(S):

1=Processed as Primary