

Check Summary**Transaction Date:** October 26, 2023

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| BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099 | Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23299N82775600 Payment Amount: 0.00 Check/EFT Date: 10/26/2023 Production End Cycle Date: 10/26/2023 | Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD ST LAS VEGAS, NV 891177528 |
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Patient Name: HOUGH, SARAH**Claim Number:** 02023286629027S0H00**Claim Date:** 03/23/2022-03/23/2022 **Claim Status Code:** 1

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| Patient ID: MOE869558907 Patient Ctrl Nmbr: 0.2505330 Rendering Prvd: , Original Ref Nmbr: | Group / Policy: 000P117961100 Contract Hdr: PREFERRED PROVIDER ORGANIZATION Rendering Prv ID: | Facility Type: 21 Claim Frequency: Claim Received Date: 10/05/2023 | Claim Charge: \$13,832.00 Claim Payment: \$0.00 Patient Resp: \$0.00 |
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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 |
|----------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|------------|-------------------|------------|---------|
| | 03/23/2022 - 03/23/2022 | 1376642900 | | | HC:51785 / 26 / 1 | N702 | | \$1,071.00 | OA-18 | \$1,071.00 | \$0.00 |
| | 03/23/2022 - 03/23/2022 | 1376642900 | | | HC:51785 / 26,XU / 1 | N702 | | \$1,071.00 | OA-18 | \$1,071.00 | \$0.00 |
| | 03/23/2022 - 03/23/2022 | 1376642900 | | | HC:95822 / 26,XU / 1 | N702 | | \$1,755.00 | OA-18 | \$1,755.00 | \$0.00 |
| | 03/23/2022 - 03/23/2022 | 1376642900 | | | HC:95938 / 26 / 1 | N702 | | \$3,107.00 | OA-18 | \$3,107.00 | \$0.00 |
| | 03/23/2022 - 03/23/2022 | 1376642900 | | | HC:95861 / 26,XU / 1 | N702 | | \$1,614.00 | OA-18 | \$1,614.00 | \$0.00 |
| | 03/23/2022 - 03/23/2022 | 1376642900 | | | HC:95861 / 26,XU / 1 | N702 | | \$1,614.00 | OA-18 | \$1,614.00 | \$0.00 |
| | 03/23/2022 - 03/23/2022 | 1376642900 | | | HC:95999 // 2 | N702 | | \$3,600.00 | OA-18 | \$3,600.00 | \$0.00 |

Code Descriptions

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|--|--|-----------------------------------|---------------------------|
| Payer: BLUECROSS BLUESHIELD OF ILLINOIS | Check/EFT Trace Number: C23299N82775600 | Check/EFT Date: 10/26/2023 | Total Paid: \$0.00 |
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REMARK CODE(S):

N702=Decision based on review of previously adjudicated claims or for claims in process for the same/similar type of services.

GROUP CODE(S):

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

CLAIM STATUS CODE(S):

1=Processed as Primary