

Check Summary**Transaction Date:** October 20, 2023

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| BLUECROSS BLUESHIELD OF NEW MEXICO P O BOX 27630 ALBUQUERQUE, NM 871257630 | Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23291E01905460 Payment Amount: 43.70 Check/EFT Date: 10/20/2023 Production End Cycle Date: 10/18/2023 | Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 PHOENIX, AZ 850389650 |
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Patient Name: YOUNG, KATHRYN**Claim Number:** 020232915771L720X00**Claim Date:** 02/01/2023-02/01/2023 **Claim Status Code:** 2

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| Patient ID: 870621675 | Group / Policy: 0000NM1160000 | Facility Type: 21 | Claim Charge: \$24,728.00 |
| Patient Ctrl Nmbr: 0.2879954 | Contract Hdr: MEDICARE CROSSOVER CLAIM | Claim Frequency: 1 | Claim Payment: \$43.70 |
| Rendering Prvd: BURNS, JONATHAN D | Rendering Prv ID: | Claim Received Date: 10/18/2023 | Patient Resp: \$0.00 |
| Original Ref Nmbr: | | | |

Line Details**Results:** 10

| 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 |
|--------------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|------------|-------------------|------------|---------|
| 261150802173556001 | 02/01/2023 - 02/01/2023 | | | | HC:95939 / 26 / 1 | | \$23.45 (B6) | \$3,814.00 | OA-23 | \$3,790.55 | \$23.45 |
| 261150802173556002 | 02/01/2023 - 02/01/2023 | | | | HC:95822 / 26 / 1 | | \$11.28 (B6) | \$1,755.00 | OA-23 | \$1,743.72 | \$11.28 |
| 261150802173556003 | 02/01/2023 - 02/01/2023 | | | | HC:95938 / 26 / 1 | | \$8.97 (B6) | \$3,107.00 | OA-23 | \$3,098.03 | \$8.97 |
| 261150802173556004 | 02/01/2023 - 02/01/2023 | | | | HC:95861 / 26 / 1 | | | \$1,614.00 | OA-23 | \$1,614.00 | \$0.00 |
| 261150802173556005 | 02/01/2023 - 02/01/2023 | | | | HC:95861 / 26,XU / 1 | | | \$1,614.00 | OA-23 | \$1,614.00 | \$0.00 |
| 261150802173556006 | 02/01/2023 - 02/01/2023 | | | | HC:95865 / 26 / 1 | | | \$1,502.00 | OA-23 | \$1,502.00 | \$0.00 |
| 261150802173556007 | 02/01/2023 - 02/01/2023 | | | | HC:95865 / 26,XU / 1 | | | \$1,502.00 | OA-23 | \$1,502.00 | \$0.00 |
| 261150802173556008 | 02/01/2023 - 02/01/2023 | | | | HC:95868 / 26,XU / 1 | | | \$1,310.00 | OA-23 | \$1,310.00 | \$0.00 |

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| Payer: BLUECROSS BLUESHIELD OF NEW MEXICO | Check/EFT Trace Number: C23291E01905460 | Check/EFT Date: 10/20/2023 | Total Paid: \$43.70 |
|--|--|-----------------------------------|----------------------------|

| Line Details | | | | | | | | | | | Results: 10 |
|--------------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|------------|-------------------|------------|-------------|
| 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 |
| 261150802173556009 | 02/01/2023 - 02/01/2023 | | | | HC:95868 / 26,XU / 1 | | | \$1,310.00 | OA-23 | \$1,310.00 | \$0.00 |
| 261150802173556010 | 02/01/2023 - 02/01/2023 | | | | HC:95999 // 4 | | | \$7,200.00 | OA-23 | \$7,200.00 | \$0.00 |

Supplemental Information - AMT/Payer Codes: \$218.49 (AU)

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual
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