

Check Summary**Transaction Date:** October 24, 2023

BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS PO BOX 3686 SCRANTON, PA 18505	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: M23296E27012550 Payment Amount: 169.40 Check/EFT Date: 10/24/2023 Production End Cycle Date: 10/23/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: MANZANARES, ALICIA**Claim Number:** 232720391400**Claim Date:** 01/03/2023-01/03/2023 **Claim Status Code:** 1

Patient ID: 804044500	Group / Policy:	Facility Type: 21	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.2845769	Contract Hdr: NMRH100A	Claim Frequency:	Claim Payment: \$169.40
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/29/2023	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
7349199467Z1	01/03/2023 - 01/03/2023				HC:95938 / 26 / 1		\$43.57 (B6)	\$3,107.00	CO-45 CO-253	\$3,063.43 \$0.87	\$42.70
7349199467Z2	01/03/2023 - 01/03/2023				HC:95955 / 26 / 1		\$51.09 (B6)	\$1,755.00	CO-45 CO-253	\$1,703.91 \$1.02	\$50.07
7349199467Z3	01/03/2023 - 01/03/2023				HC:95861 / 26 / 1		\$78.19 (B6)	\$1,614.00	CO-45 CO-253	\$1,535.81 \$1.56	\$76.63
7349199467Z4	01/03/2023 - 01/03/2023				HC:95861 / 26 / 0	N1		\$1,614.00	CO-18	\$1,614.00	\$0.00
7349199467Z5	01/03/2023 - 01/03/2023				HC:95999 // 0	M127 N1 M127 N1		\$5,400.00	PI-252	\$5,400.00	\$0.00

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

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: M23296E27012550	Check/EFT Date: 10/24/2023	Total Paid: \$169.40
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REMARK CODE(S):

M127=Missing patient medical record for this service.

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

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)

253=Sequestration - reduction in federal payment

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

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).

CLAIM STATUS CODE(S):

1=Processed as Primary