

Check Summary**Transaction Date:** October 18, 2023

BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23289E28723230 Payment Amount: 196.83 Check/EFT Date: 10/18/2023 Production End Cycle Date: 10/16/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: SCHALL, MARK**Claim Number:** 0202119023018600C01**Claim Date:** 03/08/2021-03/08/2021 **Claim Status Code:** 1

Patient ID: XOX826599148 Patient Ctrl Nmbr: 1875757 Rendering Prvd: , Original Ref Nmbr:	Group / Policy: 0001971390000 Contract Hdr: PREFERRED PROVIDER ORGANIZATION Rendering Prv ID:	Facility Type: 21 Claim Frequency: Claim Received Date: 10/16/2023	Claim Charge: \$3,852.00 Claim Payment: \$196.83 Patient Resp: \$3,655.17
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Line Details **Results: 4**

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
	03/08/2021 - 03/08/2021	1376642900			HC:95955 / 26,XU / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,695.56	\$59.44
	03/08/2021 - 03/08/2021	1376642900			HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-45	\$1,240.79	\$69.21
	03/08/2021 - 03/08/2021	1376642900			HC:95937 / 26 / 1		\$500.00 (B6)	\$500.00	PR-45	\$461.39	\$38.61
	03/08/2021 - 03/08/2021	1376642900			HC:95927 / 26,59 / 1		\$287.00 (B6)	\$287.00	PR-45	\$257.43	\$29.57

Supplemental Information - AMT/Payer Codes: \$196.83 (AU)

Code Descriptions**AMT CODE(S):**B6=Allowed - Actual
AU=Coverage Amount**GROUP CODE(S):**

PR=Patient Responsibility

Payer: BLUECROSS BLUESHIELD OF ILLINOIS	Check/EFT Trace Number: C23289E28723230	Check/EFT Date: 10/18/2023	Total Paid: \$196.83
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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)

CLAIM STATUS CODE(S):

1=Processed as Primary