

Check Summary
Transaction Date: October 12, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23283E08130460 Payment Amount: 1,457.12 Check/EFT Date: 10/12/2023 Production End Cycle Date: 10/10/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: GREEN, SCOTT

Claim Number: 02023010503789F0X00

Claim Date: 12/23/2022-12/23/2022 **Claim Status Code:** 22

Patient ID: ZGP903203003

Group / Policy: 000049287R100

Facility Type: 21

Claim Charge: \$-36,690.00

Patient Ctrl Nbr: 0.2838590

Contract Hdr: PREFERRED PROVIDER ORGANIZATION

Claim Frequency: 1

Claim Payment: \$-517.52

Rendering Prvd: LACUEY LECUMBERRI, NURIA

Rendering Prv ID:
Claim Received Date: 01/10/2023

Patient Resp: \$0.00

Original Ref Nbr:
Line Details
Results: 11

Line Ctrl Nbr	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
6508461603Z1	12/23/2022 - 12/23/2022				HC:95941 // 2	N640		\$-13,800.00	PR-1 PR-222	\$-281.56 \$-13,518.44	\$0.00
6508461603Z2	12/23/2022 - 12/23/2022				HC:95939 / 26 / 1			\$-3,814.00	PR-1 PR-45	\$-112.22 \$-3,701.78	\$0.00
6508461603Z3	12/23/2022 - 12/23/2022				HC:95822 / 26 / 1			\$-1,755.00	PR-1 PR-45	\$-54.01 \$-1,700.99	\$0.00
6508461603Z4	12/23/2022 - 12/23/2022				HC:95938 / 26 / 1			\$-3,107.00	PR-1 PR-2 PR-45	\$-17.06 \$-10.38 \$-3,063.99	\$-15.57
6508461603Z5	12/23/2022 - 12/23/2022				HC:95861 / 26 / 1			\$-1,614.00	PR-2 PR-45	\$-30.90 \$-1,536.75	\$-46.35
6508461603Z6	12/23/2022 - 12/23/2022				HC:95861 / 26,XU / 1			\$-1,614.00	PR-2 PR-45	\$-31.01 \$-1,536.47	\$-46.52
6508461603Z7	12/23/2022 - 12/23/2022				HC:95868 / 26 / 1			\$-1,310.00	PR-2 PR-45	\$-23.68 \$-1,250.80	\$-35.52
6508461603Z8	12/23/2022 - 12/23/2022				HC:95868 / 26,XU / 1			\$-1,310.00	PR-2 PR-45	\$-23.78 \$-1,250.54	\$-35.68

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23283E08130460	Check/EFT Date: 10/12/2023	Total Paid: \$1,457.12
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Line Details										Results: 11	
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
6508461603Z9	12/23/2022 - 12/23/2022				HC:95870 / 26,XU / 1	M127		\$-583.00	PI-252	\$-583.00	\$0.00
6508461603Z10	12/23/2022 - 12/23/2022				HC:95870 / 26,XU / 1	M127		\$-583.00	PI-252	\$-583.00	\$0.00
6508461603Z11	12/23/2022 - 12/23/2022				HC:95999 // 1	N640		\$-7,200.00	PR-2 PR-222	\$-225.24 \$-6,636.88	\$-337.88

Patient Name: GREEN, SCOTT H	Claim Number: 02023010503789F0X01	Claim Date: 12/23/2022-12/23/2022	Claim Status Code: 1
Patient ID: ZGP903203003	Group / Policy: 000049287R100	Facility Type: 21	Claim Charge: \$36,690.00
Patient Ctrl Nmbr: 0.2838590	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,786.84
Rendering Prvd: LACUEY LECUMBERRI, NURIA	Rendering Prv ID:	Claim Received Date: 07/24/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02023010503789F0X00			

Line Details										Results: 11	
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
	12/23/2022 - 12/23/2022				HC:95941 // 5	N830	\$703.90 (B6)	\$13,800.00	CO-45	\$13,096.10	\$703.90
	12/23/2022 - 12/23/2022				HC:95939 / 26 / 1	N830	\$112.22 (B6)	\$3,814.00	CO-45	\$3,701.78	\$112.22
	12/23/2022 - 12/23/2022				HC:95822 / 26 / 1	N830	\$54.01 (B6)	\$1,755.00	CO-45	\$1,700.99	\$54.01
	12/23/2022 - 12/23/2022				HC:95938 / 26 / 1	N830	\$43.01 (B6)	\$3,107.00	CO-45	\$3,063.99	\$43.01
	12/23/2022 - 12/23/2022				HC:95861 / 26 / 1	N830	\$77.25 (B6)	\$1,614.00	CO-45	\$1,536.75	\$77.25
	12/23/2022 - 12/23/2022				HC:95861 / 26,XU / 1	N830	\$77.53 (B6)	\$1,614.00	CO-45	\$1,536.47	\$77.53
	12/23/2022 - 12/23/2022				HC:95868 / 26 / 1	N830	\$59.20 (B6)	\$1,310.00	CO-45	\$1,250.80	\$59.20

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23283E08130460	Check/EFT Date: 10/12/2023	Total Paid: \$1,457.12
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Line Details											Results: 11
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
	12/23/2022 - 12/23/2022				HC:95868 / 26,XU / 1	N830	\$59.46 (B6)	\$1,310.00	CO-45	\$1,250.54	\$59.46
	12/23/2022 - 12/23/2022				HC:95870 / 26,XU / 1	N830	\$18.42 (B6)	\$583.00	CO-45	\$564.58	\$18.42
	12/23/2022 - 12/23/2022				HC:95870 / 26,XU / 1	N830	\$18.72 (B6)	\$583.00	CO-45	\$564.28	\$18.72
	12/23/2022 - 12/23/2022				HC:95999 // 1	N830	\$563.12 (B6)	\$7,200.00	CO-45	\$6,636.88	\$563.12

Supplemental Information - AMT/Payer Codes: \$1,786.84 (AU)

Patient Name: SUMMERS, JAMES	Claim Number: 0202324150S79070X00	Claim Date: 08/10/2023-08/10/2023	Claim Status Code: 1
Patient ID: XYL990208585	Group / Policy:	Facility Type: 22	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 0.3102353	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$187.80
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 08/29/2023	Patient Resp: \$5,865.45
Original Ref Nmbr:			

Line Details											Results: 8
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
7228383265Z1	08/10/2023 - 08/10/2023				HC:95939 / 26 / 1		\$110.11 (B6)	\$3,814.00	PR-2 CO-253 CO-45	\$9.36 \$2.06 \$3,701.83	\$100.75
7228383265Z2	08/10/2023 - 08/10/2023				HC:95822 / 26 / 1		\$53.03 (B6)	\$1,755.00	PR-2 CO-253 CO-45	\$4.51 \$0.99 \$1,700.98	\$48.52
7228383265Z3	08/10/2023 - 08/10/2023				HC:95938 / 26 / 1		\$42.11 (B6)	\$3,107.00	PR-2 CO-253 CO-45	\$3.58 \$0.79 \$3,064.10	\$38.53
7228383265Z4	08/10/2023 - 08/10/2023				HC:95861 / 26 / 1	N362	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23283E08130460	Check/EFT Date: 10/12/2023	Total Paid: \$1,457.12
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Line Details											Results: 8
Line Ctrl Nbr	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
7228383265Z5	08/10/2023 - 08/10/2023				HC:95861 / 26,XU / 1	N362	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
7228383265Z6	08/10/2023 - 08/10/2023				HC:95868 / 26 / 1	N362	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
7228383265Z7	08/10/2023 - 08/10/2023				HC:95868 / 26,XU / 1	N362	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
7228383265Z8	08/10/2023 - 08/10/2023				HC:95999 // 4	M127		\$7,200.00	CO-252	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$209.09 (AU)

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

N362=The number of Days or Units of Service exceeds our acceptable maximum.

N640=Exceeds number/frequency approved/allowed within time period.

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

PR=Patient Responsibility

PI=Payor Initiated Reductions

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

1=Deductible Amount

222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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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)

2=Coinsurance Amount

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).

253=Sequestration - reduction in federal payment

96=Non-covered charge(s). 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.)

Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary