

Check Summary**Transaction Date:** October 17, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23286E02684960 Payment Amount: 389.65 Check/EFT Date: 10/17/2023 Production End Cycle Date: 10/13/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: MCCHRISTIAN, DAVID**Claim Number:** 0202320850J55850X00**Claim Date:** 12/19/2022-12/19/2022 **Claim Status Code:** 22**Patient ID:** R61010640**Group / Policy:****Facility Type:** 22**Claim Charge:** \$-14,792.00**Patient Ctrl Nmbr:** 0.2832853**Contract Hdr:****Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** DE JESUS, MARIA A**Rendering Prv ID:****Claim Received Date:** 07/27/2023**Patient Resp:** \$0.00**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
7124386003Z1	12/19/2022 - 12/19/2022				HC:95941 // 1	M127		\$-2,760.00	CO-252	\$-2,760.00	\$0.00
7124386003Z2	12/19/2022 - 12/19/2022				HC:95822 / 26,XU / 1	M127		\$-1,755.00	CO-252	\$-1,755.00	\$0.00
7124386003Z3	12/19/2022 - 12/19/2022				HC:95938 / 26 / 1	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00
7124386003Z4	12/19/2022 - 12/19/2022				HC:51785 / 26 / 1	M127		\$-1,071.00	CO-252	\$-1,071.00	\$0.00
7124386003Z5	12/19/2022 - 12/19/2022				HC:51785 / 26,XU / 1	M127		\$-1,071.00	CO-252	\$-1,071.00	\$0.00
7124386003Z6	12/19/2022 - 12/19/2022				HC:95861 / 26,XU / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
7124386003Z7	12/19/2022 - 12/19/2022				HC:95861 / 26,XU / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
7124386003Z8	12/19/2022 - 12/19/2022				HC:95999 // 1	M127		\$-1,800.00	CO-252	\$-1,800.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E02684960	Check/EFT Date: 10/17/2023	Total Paid: \$389.65
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Patient Name: MCCHRISTIAN, DAVID A	Claim Number: 0202320850J55850X01	Claim Date: 12/19/2022-12/19/2022	Claim Status Code: 1
Patient ID: R61010640	Group / Policy: 0000FEPTX0111	Facility Type: 22	Claim Charge: \$14,792.00
Patient Ctrl Nmbr: 0.2832853	Contract Hdr:	Claim Frequency:	Claim Payment: \$389.65
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/15/2023	Patient Resp: \$1,937.49
Original Ref Nmbr: 0202320850J55850X00			

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
	12/19/2022 - 12/19/2022				HC:95941 / / 1	N830	\$173.84 (B6)	\$2,760.00	CO-45	\$2,586.16	\$173.84
	12/19/2022 - 12/19/2022				HC:95822 / 26,XU / 1	N830	\$74.05 (B6)	\$1,755.00	CO-45	\$1,680.95	\$74.05
	12/19/2022 - 12/19/2022				HC:95938 / 26 / 1	N830	\$49.90 (B6)	\$3,107.00	CO-45	\$3,057.10	\$49.90
	12/19/2022 - 12/19/2022				HC:51785 / 26 / 1	N830	\$137.49 (B6)	\$1,071.00	PR-2 CO-45	\$137.49 \$933.51	\$0.00
	12/19/2022 - 12/19/2022				HC:51785 / 26,XU / 1	N702		\$1,071.00	OA-18	\$1,071.00	\$0.00
	12/19/2022 - 12/19/2022				HC:95861 / 26,XU / 1	N830	\$91.86 (B6)	\$1,614.00	CO-45	\$1,522.14	\$91.86
	12/19/2022 - 12/19/2022				HC:95861 / 26,XU / 1	N702		\$1,614.00	OA-18	\$1,614.00	\$0.00
	12/19/2022 - 12/19/2022				HC:95999 / / 1			\$1,800.00	PR-45	\$1,800.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$527.14 (AU)

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E02684960	Check/EFT Date: 10/17/2023	Total Paid: \$389.65
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REMARK CODE(S):

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):

CO=Contractual Obligations
PR=Patient Responsibility
OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

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).

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

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

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment
1=Processed as Primary