

Check Summary**Transaction Date:** October 09, 2023

MOLINA HEALTHCARE NEVADA 200 OCEANGATE 6TH FLOOR LONG BEACH, CA 90802	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: CHKHST31453688 Payment Amount: 0.00 Check/EFT Date: 10/09/2023 Production End Cycle Date: 01/01/0001	Payee Name: MONITORING ASSOCIATES LLC Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: ALMOND, DAVID W**Claim Number:** 23278252404**Claim Date:** 12/15/2022-12/15/2022 **Claim Status Code:** 1**Patient ID:** 54908700002**Group / Policy:****Facility Type:****Claim Charge:** \$24,175.00**Patient Ctrl Nmbr:** 0.2828388**Contract Hdr:** QMXBP8397**Claim Frequency:****Claim Payment:** \$0.00**Rendering Prvd:** MCAULIFFE, MATTHEW
BRIAN**Rendering Prv ID:****Claim Received Date:** 10/04/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details****Results:** 7

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
7369920457Z1	12/15/2022 - 12/15/2022				HC:95939 / 26 / 1			\$3,814.00	CO-29	\$3,814.00	\$0.00
7369920457Z2	12/15/2022 - 12/15/2022				HC:95938 / 26 / 1			\$3,107.00	CO-29	\$3,107.00	\$0.00
7369920457Z3	12/15/2022 - 12/15/2022				HC:95955 / 26 / 1			\$1,755.00	CO-29	\$1,755.00	\$0.00
7369920457Z4	12/15/2022 - 12/15/2022				HC:95909 / 26 / 1			\$555.00	CO-29	\$555.00	\$0.00
7369920457Z5	12/15/2022 - 12/15/2022				HC:95886 / 26 / 2			\$2,972.00	CO-29	\$2,972.00	\$0.00
7369920457Z6	12/15/2022 - 12/15/2022				HC:95886 / 26,XU / 2			\$2,972.00	CO-29	\$2,972.00	\$0.00
7369920457Z7	12/15/2022 - 12/15/2022				HC:95999 / 5			\$9,000.00	CO-29	\$9,000.00	\$0.00

Code Descriptions

Payer: MOLINA HEALTHCARE NEVADA	Check/EFT Trace Number: CHKHST31453688	Check/EFT Date: 10/09/2023	Total Paid: \$0.00
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GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

29=The time limit for filing has expired.

CLAIM STATUS CODE(S):

1=Processed as Primary