

Check Summary**Transaction Date:** October 13, 2023

MOLINA HEALTHCARE NEVADA 200 OCEANGATE 6TH FLOOR LONG BEACH, CA 90802	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: CHKHST31475283 Payment Amount: 0.00 Check/EFT Date: 10/13/2023 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: SARAMOSING, GERARDO L**Claim Number:** 23285179635**Claim Date:** 01/17/2023-01/17/2023 **Claim Status Code:** 1

Patient ID: 00001437013	Group / Policy:	Facility Type:	Claim Charge: \$14,076.00
Patient Ctrl Nmbr: 0.2862448	Contract Hdr: QMXBP8397	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN D	Rendering Prv ID:	Claim Received Date: 10/12/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7394715455Z1	01/17/2023 - 01/17/2023				HC:95939 / 26 / 1			\$3,814.00	CO-29	\$3,814.00	\$0.00
7394715455Z2	01/17/2023 - 01/17/2023				HC:95822 / 26 / 1			\$1,755.00	CO-29	\$1,755.00	\$0.00
7394715455Z3	01/17/2023 - 01/17/2023				HC:95938 / 26 / 1			\$3,107.00	CO-29	\$3,107.00	\$0.00
7394715455Z4	01/17/2023 - 01/17/2023				HC:95999 // 3			\$5,400.00	CO-29	\$5,400.00	\$0.00

Patient Name: SMITH JONES, ERIC V**Claim Number:** 23284199982**Claim Date:** 01/12/2023-01/12/2023 **Claim Status Code:** 1

Patient ID: 00002431609	Group / Policy:	Facility Type:	Claim Charge: \$26,837.00
Patient Ctrl Nmbr: 0.2857891	Contract Hdr: QMXBP8397	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HSU, ANDREW	Rendering Prv ID:	Claim Received Date: 10/11/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: MOLINA HEALTHCARE NEVADA	Check/EFT Trace Number: CHKHST31475283	Check/EFT Date: 10/13/2023	Total Paid: \$0.00
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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
7390146423Z1	01/12/2023 - 01/12/2023				HC:95939 / 26 / 1			\$7,500.00	CO-29	\$7,500.00	\$0.00
7390146423Z2	01/12/2023 - 01/12/2023				HC:95938 / 26 / 1			\$2,943.00	CO-29	\$2,943.00	\$0.00
7390146423Z3	01/12/2023 - 01/12/2023				HC:95955 / 26 / 1			\$2,436.00	CO-29	\$2,436.00	\$0.00
7390146423Z4	01/12/2023 - 01/12/2023				HC:95861 / 26 / 1			\$1,200.00	CO-29	\$1,200.00	\$0.00
7390146423Z5	01/12/2023 - 01/12/2023				HC:95861 / 26,XU / 1			\$1,200.00	CO-29	\$1,200.00	\$0.00
7390146423Z6	01/12/2023 - 01/12/2023				HC:95868 / 26 / 1			\$1,779.00	CO-29	\$1,779.00	\$0.00
7390146423Z7	01/12/2023 - 01/12/2023				HC:95868 / 26,XU / 1			\$1,779.00	CO-29	\$1,779.00	\$0.00
7390146423Z8	01/12/2023 - 01/12/2023				HC:95999 // 4			\$8,000.00	CO-29	\$8,000.00	\$0.00

Code Descriptions

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