

## Check Summary

Transaction Date: October 12, 2023

BCBST BLUEADVANTAGE 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402	<b>Payee Tax ID:</b>	271622508	<b>Payee Name:</b>	MONITORING ASSOCIATES
	<b>Payee ID:</b>	1174916522	<b>Payee Address:</b>	LLC
	<b>Check/EFT Trace Number:</b>	23285B100008052400		DEPT 8800256
	<b>Payment Amount:</b>	203.41		PO BOX 29650
	<b>Check/EFT Date:</b>	10/12/2023		PHOENIX, AZ 85038
	<b>Production End Cycle Date:</b>	10/12/2023		

Patient Name: BARTON, DEBORAH D

Claim Number: EBAH4XF3YN00

Claim Date: 08/25/2023-08/25/2023 Claim Status Code: 1

<b>Patient ID:</b> ZXDY10006125	<b>Group / Policy:</b> 116884	<b>Facility Type:</b> 22	<b>Claim Charge:</b>	\$21,724.00
<b>Patient Ctrl Nmbr:</b> 2804975	<b>Contract Hdr:</b> BLUE ADVANTAGE	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b>	\$203.41
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/26/2023	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nmbr:</b>				

## 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
	08/25/2023 - 08/25/2023	1912298423			HC:95939 / 26 / 1		\$111.33 (B6)	\$3,814.00	CO-45 CO-253	\$3,702.67 \$2.23	\$109.10
	08/25/2023 - 08/25/2023	1912298423			HC:95822 / 26 / 1		\$53.66 (B6)	\$1,755.00	CO-45 CO-253	\$1,701.34 \$1.07	\$52.59
	08/25/2023 - 08/25/2023	1912298423			HC:95938 / 26 / 1		\$42.57 (B6)	\$3,107.00	CO-45 CO-253	\$3,064.43 \$0.85	\$41.72
	08/25/2023 - 08/25/2023	1912298423			HC:95861 / 26 / 0	N362		\$1,614.00	CO-96	\$1,614.00	\$0.00
	08/25/2023 - 08/25/2023	1912298423			HC:95861 / 26,XU / 0	N362		\$1,614.00	CO-96	\$1,614.00	\$0.00
	08/25/2023 - 08/25/2023	1912298423			HC:95868 / 26 / 0	N362		\$1,310.00	CO-96	\$1,310.00	\$0.00
	08/25/2023 - 08/25/2023	1912298423			HC:95868 / 26,XU / 0	N362		\$1,310.00	CO-96	\$1,310.00	\$0.00
	08/25/2023 - 08/25/2023	1912298423			HC:95999 // 0	N362		\$7,200.00	CO-96	\$7,200.00	\$0.00

<b>Payer:</b> BCBST BLUEADVANTAGE	<b>Check/EFT Trace Number:</b> 23285B100008052400	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$203.41
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Supplemental Information - AMT/Payer Codes: \$207.56 (AU)

#### Code Descriptions

##### REMARK CODE(S):

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

##### AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

##### GROUP CODE(S):

CO=Contractual Obligations

##### 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)

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):

1=Processed as Primary