

Check Summary**Transaction Date:** October 12, 2023

BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS PO BOX 3686 SCRANTON, PA 18505	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23285B1000002454 Payment Amount: 0.00 Check/EFT Date: 10/12/2023 Production End Cycle Date: 10/12/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: DAVIS, KELVIN**Claim Number:** 232630396500**Claim Date:** 06/01/2023-06/01/2023**Claim Status Code:** 19 - ADVOCATE CHRIST
HOSPITAL PHYSICIAN PARTNERS

Patient ID: 804223115	Group / Policy:	Facility Type: 22	Claim Charge: \$24,728.00
Patient Ctrl Nmbr: 0.3024439	Contract Hdr: HM001001	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE	Rendering Prv ID:	Claim Received Date: 09/20/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 10
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
7305813916Z1	06/01/2023 - 06/01/2023				HC:95939 / 26 / 0	N1		\$3,814.00	PI-B11	\$3,814.00	\$0.00
7305813916Z2	06/01/2023 - 06/01/2023				HC:95822 / 26 / 0	N1		\$1,755.00	PI-B11	\$1,755.00	\$0.00
7305813916Z3	06/01/2023 - 06/01/2023				HC:95938 / 26 / 0	N1		\$3,107.00	PI-B11	\$3,107.00	\$0.00
7305813916Z4	06/01/2023 - 06/01/2023				HC:95861 / 26 / 0	N1		\$1,614.00	PI-B11	\$1,614.00	\$0.00
7305813916Z5	06/01/2023 - 06/01/2023				HC:95861 / 26,XU / 0	N1		\$1,614.00	PI-B11	\$1,614.00	\$0.00
7305813916Z6	06/01/2023 - 06/01/2023				HC:95865 / 26 / 0	N1		\$1,502.00	PI-B11	\$1,502.00	\$0.00
7305813916Z7	06/01/2023 - 06/01/2023				HC:95865 / 26,XU / 0	N1		\$1,502.00	PI-B11	\$1,502.00	\$0.00
7305813916Z8	06/01/2023 - 06/01/2023				HC:95868 / 26,XU / 0	N1		\$1,310.00	PI-B11	\$1,310.00	\$0.00

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: 23285B1000002454	Check/EFT Date: 10/12/2023	Total Paid: \$0.00
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Line Details **Results:** 10

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
7305813916Z9	06/01/2023 - 06/01/2023				HC:95868 / 26,XU / 0	N1		\$1,310.00	PI-B11	\$1,310.00	\$0.00
7305813916Z10	06/01/2023 - 06/01/2023				HC:95999 // 0	N1		\$7,200.00	PI-B11	\$7,200.00	\$0.00

Patient Name: IBISTER, MICHAEL J **Claim Number:** 232660819900 **Claim Date:** 09/18/2023-09/18/2023 **Claim Status Code:** 19 - DREYER MEDICAL CLINIC ADVOCATE

Patient ID: 804155210	Group / Policy:	Facility Type: 21	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 0.3145326	Contract Hdr: HM001001	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HSU, ANDREW C	Rendering Prv ID:	Claim Received Date: 09/23/2023	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
7321715580Z1	09/18/2023 - 09/18/2023				HC:95939 / 26 / 0	N1		\$3,814.00	PI-B11	\$3,814.00	\$0.00
7321715580Z2	09/18/2023 - 09/18/2023				HC:95822 / 26 / 0	N1		\$1,755.00	PI-B11	\$1,755.00	\$0.00
7321715580Z3	09/18/2023 - 09/18/2023				HC:95938 / 26 / 0	N1		\$3,107.00	PI-B11	\$3,107.00	\$0.00
7321715580Z4	09/18/2023 - 09/18/2023				HC:95861 / 26 / 0	N1		\$1,614.00	PI-B11	\$1,614.00	\$0.00
7321715580Z5	09/18/2023 - 09/18/2023				HC:95861 / 26,XU / 0	N1		\$1,614.00	PI-B11	\$1,614.00	\$0.00
7321715580Z6	09/18/2023 - 09/18/2023				HC:95868 / 26 / 0	N1		\$1,310.00	PI-B11	\$1,310.00	\$0.00
7321715580Z7	09/18/2023 - 09/18/2023				HC:95868 / 26,XU / 0	N1		\$1,310.00	PI-B11	\$1,310.00	\$0.00
7321715580Z8	09/18/2023 - 09/18/2023				HC:95999 // 0	N1		\$7,200.00	PI-B11	\$7,200.00	\$0.00

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: 23285B1000002454	Check/EFT Date: 10/12/2023	Total Paid: \$0.00
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Patient Name: MCWILLIAMS, CARLENE K **Claim Number:** 232631583500 **Claim Date:** 06/19/2023-06/19/2023 **Claim Status Code:** 19 - DREYER MEDICAL CLINIC ADVOCATE

Patient ID: 804343335	Group / Policy:	Facility Type: 22	Claim Charge:	\$16,110.00
Patient Ctrl Nmbr: 0.3043973	Contract Hdr: HM001001	Claim Frequency:	Claim Payment:	\$0.00
Rendering Prvd: MOCHIZUKI, KEVIN	Rendering Prv ID:	Claim Received Date: 09/20/2023	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
7305904434Z1	06/19/2023 - 06/19/2023				HC:95822 / 26 / 0	N1		\$1,755.00	PI-B11	\$1,755.00	\$0.00
7305904434Z2	06/19/2023 - 06/19/2023				HC:95938 / 26 / 0	N1		\$3,107.00	PI-B11	\$3,107.00	\$0.00
7305904434Z3	06/19/2023 - 06/19/2023				HC:95861 / 26 / 0	N1		\$1,614.00	PI-B11	\$1,614.00	\$0.00
7305904434Z4	06/19/2023 - 06/19/2023				HC:95861 / 26,XU / 0	N1		\$1,614.00	PI-B11	\$1,614.00	\$0.00
7305904434Z5	06/19/2023 - 06/19/2023				HC:95868 / 26 / 0	N1		\$1,310.00	PI-B11	\$1,310.00	\$0.00
7305904434Z6	06/19/2023 - 06/19/2023				HC:95868 / 26,XU / 0	N1		\$1,310.00	PI-B11	\$1,310.00	\$0.00
7305904434Z7	06/19/2023 - 06/19/2023				HC:95999 // 0	N1		\$5,400.00	PI-B11	\$5,400.00	\$0.00

Patient Name: NIERADKA, ZYGMUNT **Claim Number:** 232631584600 **Claim Date:** 06/22/2023-06/22/2023 **Claim Status Code:** 19 - ADVOCATE CHRIST HOSPITAL PHYSICIAN PARTNERS

Patient ID: 804259836	Group / Policy:	Facility Type: 21	Claim Charge:	\$18,443.00
Patient Ctrl Nmbr: 0.3049459	Contract Hdr: HM001001	Claim Frequency:	Claim Payment:	\$0.00
Rendering Prvd: HSU, ANDREW C	Rendering Prv ID:	Claim Received Date: 09/20/2023	Patient Resp:	\$0.00
Original Ref Nmbr:				

Line Details											Results: 6
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

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: 23285B1000002454	Check/EFT Date: 10/12/2023	Total Paid: \$0.00
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Line Details											Results: 6
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
7305836572Z1	06/22/2023 - 06/22/2023				HC:95822 / 26 / 0	N1		\$1,755.00	PI-B11	\$1,755.00	\$0.00
7305836572Z2	06/22/2023 - 06/22/2023				HC:95938 / 26 / 0	N1		\$3,107.00	PI-B11	\$3,107.00	\$0.00
7305836572Z3	06/22/2023 - 06/22/2023				HC:95908 / 26 / 0	N1		\$437.00	PI-B11	\$437.00	\$0.00
7305836572Z4	06/22/2023 - 06/22/2023				HC:95886 / 26 / 0	N1		\$2,972.00	PI-B11	\$2,972.00	\$0.00
7305836572Z5	06/22/2023 - 06/22/2023				HC:95886 / 26,XU / 0	N1		\$2,972.00	PI-B11	\$2,972.00	\$0.00
7305836572Z6	06/22/2023 - 06/22/2023				HC:95999 // 0	N1		\$7,200.00	PI-B11	\$7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

GROUP CODE(S):

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

B11=The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

CLAIM STATUS CODE(S):

19=Processed as Primary, Forwarded to Additional Payer(s)