

Check Summary**Transaction Date:** October 20, 2023

BCBSM 600 E LAFAYETTE DETROIT, MI 482262998	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: V502494299 Payment Amount: 20231020 Check/EFT Date: 0.00 Production End Cycle Date: 10/20/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: LAS VEGAS, NV 89117
---	--	---

Patient Name: HEBBARD, CHRISTOPHER**Claim Number:** 28232893094900710**Claim Date:** 09/28/2023-09/28/2023 **Claim Status Code:** 1**Patient ID:** UCX769W14754**Group / Policy:****Facility Type:** 21**Claim Charge:** \$19,010.00**Patient Ctrl Nmbr:** 0.3159819**Contract Hdr:****Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd :****Rendering Prv ID:****Claim Received Date:** 10/16/2023**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
277160209380556001	09/28/2023 - 09/28/2023				HC:95941 // 2			\$5,520.00	CO-B7	\$5,520.00	\$0.00
277160209380556002	09/28/2023 - 09/28/2023				HC:95938 / 26 / 1			\$3,107.00	CO-B7	\$3,107.00	\$0.00
277160209380556003	09/28/2023 - 09/28/2023				HC:95955 / 26 / 1			\$1,755.00	CO-B7	\$1,755.00	\$0.00
277160209380556004	09/28/2023 - 09/28/2023				HC:95861 / 26 / 1			\$1,614.00	CO-B7	\$1,614.00	\$0.00
277160209380556005	09/28/2023 - 09/28/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-B7	\$1,614.00	\$0.00
277160209380556006	09/28/2023 - 09/28/2023				HC:95999 // 3			\$5,400.00	CO-B7	\$5,400.00	\$0.00

Code Descriptions**GROUP CODE(S):**

CO=Contractual Obligations

Payer: BCBSM	Check/EFT Trace Number: V502494299 20231020	Check/EFT Date: 10/20/2023	Total Paid: \$0.00
---------------------	--	-----------------------------------	---------------------------

CLAIM ADJUSTMENT REASON CODE(S):

B7=This provider was not certified/eligible to be paid for this procedure/service on this date of service. 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