

Check Summary

Transaction Date: October 17, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23286E09207180 Payment Amount: 84.48 Check/EFT Date: 10/17/2023 Production End Cycle Date: 10/13/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: SALINAS, OBERLYN

Claim Number: 020232075087E500X00

Claim Date: 07/12/2023-07/12/2023

Claim Status Code: 22

Patient ID: JEA009292980

Group / Policy: 0002380000100

Facility Type: 21

Claim Charge: \$-26,723.00

Patient Ctrl Nmbr: 0.3070312

Contract Hdr: HEALTH MAINTENANCE
ORGANIZATION

Claim Frequency: 1

Claim Payment: \$-92.30

Rendering Prvd: HSU, ANDREW C

Rendering Prv ID:

Claim Received Date: 07/26/2023

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
7119659173Z1	07/12/2023 - 07/12/2023				HC:95941 // 2	N640		\$-8,280.00	PR-1 PR-222	\$-281.56 \$-7,998.44	\$0.00
7119659173Z2	07/12/2023 - 07/12/2023				HC:95822 / 26 / 1			\$-1,755.00	PR-1 PR-45	\$-60.51 \$-1,694.49	\$0.00
7119659173Z3	07/12/2023 - 07/12/2023				HC:95938 / 26 / 1			\$-3,107.00	PR-1 PR-45	\$-48.06 \$-3,058.94	\$0.00
7119659173Z4	07/12/2023 - 07/12/2023				HC:95908 / 26 / 1			\$-437.00	PR-1 PR-45	\$-70.04 \$-366.96	\$0.00
7119659173Z5	07/12/2023 - 07/12/2023				HC:95886 / 26 / 2			\$-2,972.00	PR-1 PR-2 PR-45	\$-39.83 \$-22.79 \$-2,875.18	\$-34.20
7119659173Z6	07/12/2023 - 07/12/2023				HC:95886 / 26,XU / 2			\$-2,972.00	PR-2 PR-45	\$-38.72 \$-2,875.18	\$-58.10
7119659173Z7	07/12/2023 - 07/12/2023				HC:95999 // 1	N640		\$-7,200.00	PR-222	\$-7,200.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09207180	Check/EFT Date: 10/17/2023	Total Paid: \$84.48
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Patient Name: SALINAS, OBERLYN J	Claim Number: 020232075087E500X01	Claim Date: 07/12/2023-07/12/2023	Claim Status Code: 1
Patient ID: JEA009292980	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$26,723.00
Patient Ctrl Nmbr: 0.3070312	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$176.78
Rendering Prvd: HSU, ANDREW C	Rendering Prv ID:	Claim Received Date: 08/28/2023	Patient Resp: \$19,346.22
Original Ref Nmbr: 020232075087E500X00			

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
	07/12/2023 - 07/12/2023				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-1 PR-45	\$422.34 \$7,857.66	\$0.00
	07/12/2023 - 07/12/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$60.51 \$1,694.49	\$0.00
	07/12/2023 - 07/12/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-2 PR-45	\$17.15 \$12.36 \$3,058.94	\$18.55
	07/12/2023 - 07/12/2023				HC:95908 / 26 / 1		\$437.00 (B6)	\$437.00	PR-2 PR-45	\$28.01 \$366.96	\$42.03
	07/12/2023 - 07/12/2023				HC:95886 / 26 / 2		\$2,972.00 (B6)	\$2,972.00	PR-2 PR-45	\$38.72 \$2,875.18	\$58.10
	07/12/2023 - 07/12/2023				HC:95886 / 26,XU / 2		\$2,972.00 (B6)	\$2,972.00	PR-2 PR-45	\$38.72 \$2,875.18	\$58.10
	07/12/2023 - 07/12/2023				HC:95999 // 4	M29		\$7,200.00	CO-252	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$794.59 (AU)

Code Descriptions

REMARK CODE(S):

M29=Missing operative note/report.
N640=Exceeds number/frequency approved/allowed within time period.

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09207180	Check/EFT Date: 10/17/2023	Total Paid: \$84.48
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GROUP CODE(S):

PR=Patient Responsibility

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

1=Deductible Amount

222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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)

2=Coinsurance Amount

252=An attachment/other documentation is required to adjudicate this claim/service. 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).

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary