

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

BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> C23283E28154350 <b>Payment Amount:</b> 2,017.98 <b>Check/EFT Date:</b> 10/12/2023 <b>Production End Cycle Date:</b> 10/10/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** HILLARD, EUGENE**Claim Number:** 02023279506518U0X00**Claim Date:** 09/12/2023-09/12/2023 **Claim Status Code:** 1

<b>Patient ID:</b> ITSM61373405	<b>Group / Policy:</b> 000XOPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$18,870.00
<b>Patient Ctrl Nmbr:</b> 0.3138577	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/06/2023	<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
7375861004Z1	09/12/2023 - 09/12/2023				HC:95941 / / 1	M127		\$2,760.00	CO-252	\$2,760.00	\$0.00
7375861004Z2	09/12/2023 - 09/12/2023				HC:95938 / 26 / 1	M127		\$3,107.00	CO-252	\$3,107.00	\$0.00
7375861004Z3	09/12/2023 - 09/12/2023				HC:95955 / 26 / 1	M127		\$1,755.00	CO-252	\$1,755.00	\$0.00
7375861004Z4	09/12/2023 - 09/12/2023				HC:95861 / 26 / 1	M127		\$1,614.00	CO-252	\$1,614.00	\$0.00
7375861004Z5	09/12/2023 - 09/12/2023				HC:95861 / 26,XU / 1	M127		\$1,614.00	CO-252	\$1,614.00	\$0.00
7375861004Z6	09/12/2023 - 09/12/2023				HC:95868 / 26 / 1	M127		\$1,310.00	CO-252	\$1,310.00	\$0.00
7375861004Z7	09/12/2023 - 09/12/2023				HC:95868 / 26,XU / 1	M127		\$1,310.00	CO-252	\$1,310.00	\$0.00
7375861004Z8	09/12/2023 - 09/12/2023				HC:95999 / / 1	M127		\$5,400.00	CO-252	\$5,400.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF ILLINOIS	<b>Check/EFT Trace Number:</b> C23283E28154350	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,017.98
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<b>Patient Name:</b> ORTIZ, PAUL	<b>Claim Number:</b> 0202325454548710X00	<b>Claim Date:</b> 08/21/2023-08/21/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> N9P010854873	<b>Group / Policy:</b> 000XOPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,010.00
<b>Patient Ctrl Nmbr:</b> 0.3113722	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$2,017.98
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/06/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	08/21/2023 - 08/21/2023				HC:95941 // 2	N830	\$365.14 (B6)	\$5,520.00	CO-45	\$5,154.86	\$365.14
	08/21/2023 - 08/21/2023				HC:95822 / 26 / 1	N830	\$58.47 (B6)	\$1,755.00	CO-45	\$1,696.53	\$58.47
	08/21/2023 - 08/21/2023				HC:95938 / 26 / 1	N830	\$46.74 (B6)	\$3,107.00	CO-45	\$3,060.26	\$46.74
	08/21/2023 - 08/21/2023				HC:95861 / 26 / 1	N830	\$83.87 (B6)	\$1,614.00	CO-45	\$1,530.13	\$83.87
	08/21/2023 - 08/21/2023				HC:95861 / 26,XU / 1	N830	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
	08/21/2023 - 08/21/2023				HC:95999 // 1	N830	\$1,350.00 (B6)	\$5,400.00	CO-45	\$4,050.00	\$1,350.00

Supplemental Information - AMT/Payer Codes: \$2,017.98 (AU)

<b>Patient Name:</b> STAWSKI, ELLEN	<b>Claim Number:</b> 02023279507860U0X00	<b>Claim Date:</b> 09/09/2023-09/09/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> GGR802602796	<b>Group / Policy:</b> 000XOPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$38,876.00
<b>Patient Ctrl Nmbr:</b> 0.3135096	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/06/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 11
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

<b>Payer:</b> BLUECROSS BLUESHIELD OF ILLINOIS	<b>Check/EFT Trace Number:</b> C23283E28154350	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,017.98
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Line Details											Results: 11
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
7375655761Z1	09/09/2023 - 09/09/2023				HC:95941 // 4	N830		\$14,148.00	OA-209	\$14,148.00	\$0.00
7375655761Z2	09/09/2023 - 09/09/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7375655761Z3	09/09/2023 - 09/09/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7375655761Z4	09/09/2023 - 09/09/2023				HC:95822 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7375655761Z5	09/09/2023 - 09/09/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7375655761Z6	09/09/2023 - 09/09/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7375655761Z7	09/09/2023 - 09/09/2023				HC:95865 / 26 / 1	N830		\$1,502.00	OA-209	\$1,502.00	\$0.00
7375655761Z8	09/09/2023 - 09/09/2023				HC:95865 / 26,XU / 1	N830		\$1,502.00	OA-209	\$1,502.00	\$0.00
7375655761Z9	09/09/2023 - 09/09/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7375655761Z10	09/09/2023 - 09/09/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7375655761Z11	09/09/2023 - 09/09/2023				HC:95999 // 1	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

<b>Patient Name:</b> ZANG, APRIL	<b>Claim Number:</b> 020232765080L740X00	<b>Claim Date:</b> 07/18/2023-07/18/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> AFI201027414	<b>Group / Policy:</b> 000XOPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$32,335.00
<b>Patient Ctrl Nmbr:</b> 0.3075582	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/03/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF ILLINOIS	<b>Check/EFT Trace Number:</b> C23283E28154350	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,017.98
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Line Details											Results: 9
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
7365770068Z1	07/18/2023 - 07/18/2023				HC:95941 // 3	M127		\$10,611.00	CO-252	\$10,611.00	\$0.00
7365770068Z2	07/18/2023 - 07/18/2023				HC:95939 / 26 / 1	M127		\$3,814.00	CO-252	\$3,814.00	\$0.00
7365770068Z3	07/18/2023 - 07/18/2023				HC:95938 / 26 / 1	M127		\$3,107.00	CO-252	\$3,107.00	\$0.00
7365770068Z4	07/18/2023 - 07/18/2023				HC:95955 / 26 / 1	M127		\$1,755.00	CO-252	\$1,755.00	\$0.00
7365770068Z5	07/18/2023 - 07/18/2023				HC:95861 / 26 / 1	M127		\$1,614.00	CO-252	\$1,614.00	\$0.00
7365770068Z6	07/18/2023 - 07/18/2023				HC:95861 / 26,XU / 1	M127		\$1,614.00	CO-252	\$1,614.00	\$0.00
7365770068Z7	07/18/2023 - 07/18/2023				HC:95868 / 26 / 1	M127		\$1,310.00	CO-252	\$1,310.00	\$0.00
7365770068Z8	07/18/2023 - 07/18/2023				HC:95868 / 26,XU / 1	M127		\$1,310.00	CO-252	\$1,310.00	\$0.00
7365770068Z9	07/18/2023 - 07/18/2023				HC:95999 // 1	M127		\$7,200.00	CO-252	\$7,200.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

M127=Missing patient medical record for this service.

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

##### AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

<b>Payer:</b> BLUECROSS BLUESHIELD OF ILLINOIS	<b>Check/EFT Trace Number:</b> C23283E28154350	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$2,017.98
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**GROUP CODE(S):**

CO=Contractual Obligations

OA=Other Adjustments

**CLAIM ADJUSTMENT REASON CODE(S):**

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).

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)

209=Per regulatory or other agreement. The provider cannot collect this amount from the patient. However, this amount may be billed to subsequent payer. Refund to patient if collected. (Use only with Group code OA)

**CLAIM STATUS CODE(S):**

1=Processed as Primary