

Check Summary

Transaction Date: November 07, 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: M23310E27421780 Payment Amount: 280.95 Check/EFT Date: 11/07/2023 Production End Cycle Date: 11/06/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: BOSLEY, MICHELLE

Claim Number: 232861728600

Claim Date: 09/14/2023-09/14/2023 Claim Status Code: 1

Patient ID: 804339173	Group / Policy:	Facility Type: 22	Claim Charge:	\$19,104.00
Patient Ctrl Nmbr: 0.3141213	Contract Hdr: HMA29000	Claim Frequency:	Claim Payment:	\$280.95
Rendering Prvd: BURNS, JONATHAN D	Rendering Prv ID:	Claim Received Date: 10/13/2023	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
7399834552Z1	09/14/2023 - 09/14/2023				HC:95939 / 26 / 1		\$113.83 (B6)	\$3,814.00	CO-45 CO-253	\$3,700.17 \$2.28	\$111.55
7399834552Z2	09/14/2023 - 09/14/2023				HC:95938 / 26 / 1		\$43.57 (B6)	\$3,107.00	CO-45 CO-253	\$3,063.43 \$0.87	\$42.70
7399834552Z3	09/14/2023 - 09/14/2023				HC:95955 / 26 / 1		\$51.09 (B6)	\$1,755.00	CO-45 CO-253	\$1,703.91 \$1.02	\$50.07
7399834552Z4	09/14/2023 - 09/14/2023				HC:95861 / 26 / 1		\$78.19 (B6)	\$1,614.00	CO-45 CO-253	\$1,535.81 \$1.56	\$76.63
7399834552Z5	09/14/2023 - 09/14/2023				HC:95861 / 26,XU / 0	N1		\$1,614.00	OA-18	\$1,614.00	\$0.00
7399834552Z6	09/14/2023 - 09/14/2023				HC:95999 / / 0	N640 N1 N640 N1		\$7,200.00	CO-222	\$7,200.00	\$0.00

Code Descriptions

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: M23310E27421780	Check/EFT Date: 11/07/2023	Total Paid: \$280.95
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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.

N640=Exceeds number/frequency approved/allowed within time period.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

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

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

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.

CLAIM STATUS CODE(S):

1=Processed as Primary