

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

BLUE CROSS AND BLUE SHIELD OF MASS 401 PARK DRIVE BOSTON, MA 022153326	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 737930120 Payment Amount: 214.61 Check/EFT Date: 10/12/2023 Production End Cycle Date: 10/06/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: P O BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
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Patient Name: GORFINE, LINDA**Claim Number:** 26232777085700700**Claim Date:** 12/14/2022-12/14/2022 **Claim Status Code:** 2**Patient ID:** 9844445710000**Group / Policy:****Facility Type:** 21**Claim Charge:** \$20,800.00**Patient Ctrl Nmbr:** 0.2825792**Contract Hdr:****Claim Frequency:** 1**Claim Payment:** \$87.01**Rendering Prvd :****Rendering Prv ID:****Claim Received Date:** 10/03/2023**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
214124984967556001	12/14/2022 - 12/14/2022				HC:95939 / 26 / 1		\$24.67 (B6)	\$3,814.00	OA-23	\$3,789.33	\$24.67
214124984967556002	12/14/2022 - 12/14/2022				HC:95822 / 26 / 1		\$11.87 (B6)	\$1,755.00	OA-23	\$1,743.13	\$11.87
214124984967556003	12/14/2022 - 12/14/2022				HC:95938 / 26 / 1		\$9.45 (B6)	\$3,107.00	OA-23	\$3,097.55	\$9.45
214124984967556004	12/14/2022 - 12/14/2022				HC:95910 / 26 / 1		\$22.11 (B6)	\$780.00	OA-23	\$757.89	\$22.11
214124984967556005	12/14/2022 - 12/14/2022				HC:95886 / 26,XU / 2	N479		\$2,972.00	PI-96	\$2,972.00	\$0.00
214124984967556006	12/14/2022 - 12/14/2022				HC:95886 / 26,XU / 2		\$18.91 (B6)	\$2,972.00	OA-23	\$2,953.09	\$18.91
214124984967556007	12/14/2022 - 12/14/2022				HC:95999 // 3			\$5,400.00	CO-204	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$87.01 (AU)

Payer: BLUE CROSS AND BLUE SHIELD OF MASS	Check/EFT Trace Number: 737930120	Check/EFT Date: 10/12/2023	Total Paid: \$214.61
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Patient Name: PEPIN, ROLAND	Claim Number: 26232795963200700	Claim Date: 11/22/2022-11/22/2022	Claim Status Code: 2
Patient ID: 9844622050000	Group / Policy:	Facility Type: 22	Claim Charge: \$20,128.00
Patient Ctrl Nmbr: 0.2799156	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$81.61
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/05/2023	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
205119621442556001	11/22/2022 - 11/22/2022				HC:95822 / 26 / 1		\$11.19 (B6)	\$1,755.00	OA-23	\$1,743.81	\$11.19
205119621442556002	11/22/2022 - 11/22/2022				HC:95938 / 26 / 1		\$8.91 (B6)	\$3,107.00	OA-23	\$3,098.09	\$8.91
205119621442556003	11/22/2022 - 11/22/2022				HC:95911 / 26 / 1		\$25.87 (B6)	\$956.00	OA-23	\$930.13	\$25.87
205119621442556004	11/22/2022 - 11/22/2022				HC:95886 / 26 / 2		\$17.82 (B6)	\$2,972.00	OA-23	\$2,954.18	\$17.82
205119621442556005	11/22/2022 - 11/22/2022				HC:95886 / 26,XU / 2		\$17.82 (B6)	\$2,972.00	OA-23	\$2,954.18	\$17.82
205119621442556006	11/22/2022 - 11/22/2022				HC:95887 / 26 / 1			\$583.00	CO-204	\$583.00	\$0.00
205119621442556007	11/22/2022 - 11/22/2022				HC:95887 / 26,XU / 1			\$583.00	CO-204	\$583.00	\$0.00
205119621442556008	11/22/2022 - 11/22/2022				HC:95999 // 4	M15		\$7,200.00	PI-97	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$81.61 (AU)

Patient Name: SULLY, RICHARD	Claim Number: 26232777969100700	Claim Date: 11/01/2022-11/01/2022	Claim Status Code: 2
Patient ID: 9836893160000	Group / Policy:	Facility Type: 21	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 0.2769576	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$45.99
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/03/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUE CROSS AND BLUE SHIELD OF MASS	Check/EFT Trace Number: 737930120	Check/EFT Date: 10/12/2023	Total Paid: \$214.61
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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
254146813094556001	11/01/2022 - 11/01/2022				HC:95939 / 26 / 1		\$24.67 (B6)	\$3,814.00	OA-23	\$3,789.33	\$24.67
254146813094556002	11/01/2022 - 11/01/2022				HC:95822 / 26 / 1		\$11.87 (B6)	\$1,755.00	OA-23	\$1,743.13	\$11.87
254146813094556003	11/01/2022 - 11/01/2022				HC:95938 / 26 / 1		\$9.45 (B6)	\$3,107.00	OA-23	\$3,097.55	\$9.45
254146813094556004	11/01/2022 - 11/01/2022				HC:95861 / 26 / 1			\$1,614.00	CO-204	\$1,614.00	\$0.00
254146813094556005	11/01/2022 - 11/01/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-204	\$1,614.00	\$0.00
254146813094556006	11/01/2022 - 11/01/2022				HC:95868 / 26 / 1			\$1,310.00	CO-204	\$1,310.00	\$0.00
254146813094556007	11/01/2022 - 11/01/2022				HC:95868 / 26,XU / 1			\$1,310.00	CO-204	\$1,310.00	\$0.00
254146813094556008	11/01/2022 - 11/01/2022				HC:95999 // 4			\$7,200.00	CO-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$45.99 (AU)

Code Descriptions

REMARK CODE(S):

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
N479=Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

OA=Other Adjustments
PI=Payor Initiated Reductions
CO=Contractual Obligations

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CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

96=Non-covered charge(s). 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.)

Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

204=This service/equipment/drug is not covered under the patient's current benefit plan

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

2=Processed as Secondary