

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

BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS PO BOX 3686 SCRANTON, PA 18505	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> M23292E26965400 <b>Payment Amount:</b> 455.05 <b>Check/EFT Date:</b> 10/20/2023 <b>Production End Cycle Date:</b> 10/19/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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**Patient Name:** MILLER, ROBERT B**Claim Number:** 232700421200**Claim Date:** 11/08/2022-11/08/2022 **Claim Status Code:** 1

<b>Patient ID:</b> 804204043	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$13,490.00
<b>Patient Ctrl Nmbr:</b> 0.2780359	<b>Contract Hdr:</b> P3002001	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$106.58
<b>Rendering Prvd:</b> BURNS, JONATHAN D	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/27/2023	<b>Patient Resp:</b> \$72.50
<b>Original Ref Nmbr:</b>			

**Line Details** **Results: 5**

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
7338389179Z1	11/08/2022 - 11/08/2022				HC:95822 / 26 / 1		\$56.14 (B6)	\$1,755.00	PR-2 CO-45 CO-253	\$22.46 \$1,698.86 \$0.67	\$33.01
7338389179Z2	11/08/2022 - 11/08/2022				HC:95938 / 26 / 1		\$44.71 (B6)	\$3,107.00	PR-2 CO-45 CO-253	\$17.88 \$3,062.29 \$0.54	\$26.29
7338389179Z3	11/08/2022 - 11/08/2022				HC:95861 / 26 / 1		\$80.40 (B6)	\$1,614.00	PR-2 CO-45 CO-253	\$32.16 \$1,533.60 \$0.96	\$47.28
7338389179Z4	11/08/2022 - 11/08/2022				HC:95861 / 26,XU / 0	N1		\$1,614.00	CO-18	\$1,614.00	\$0.00
7338389179Z5	11/08/2022 - 11/08/2022				HC:95999 // 0	M127 N1 M127 N1		\$5,400.00	PI-252	\$5,400.00	\$0.00

<b>Payer:</b> BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	<b>Check/EFT Trace Number:</b> M23292E26965400	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$455.05
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<b>Patient Name:</b> TELLES JR, SALOMON	<b>Claim Number:</b> 232720817600	<b>Claim Date:</b> 11/21/2022-11/21/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 804319609	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,924.00
<b>Patient Ctrl Nmbr:</b> 0.2798317	<b>Contract Hdr:</b> PP015000	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$348.47
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/29/2023	<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
7349080502Z1	11/21/2022 - 11/21/2022				HC:95939 / 26 / 1		\$116.63 (B6)	\$3,814.00	CO-45 CO-253	\$3,697.37 \$2.33	\$114.30
7349080502Z2	11/21/2022 - 11/21/2022				HC:95938 / 26 / 1		\$44.71 (B6)	\$3,107.00	CO-45 CO-253	\$3,062.29 \$0.89	\$43.82
7349080502Z3	11/21/2022 - 11/21/2022				HC:95955 / 26 / 1		\$52.38 (B6)	\$1,755.00	CO-45 CO-253	\$1,702.62 \$1.05	\$51.33
7349080502Z4	11/21/2022 - 11/21/2022				HC:95861 / 26 / 1		\$80.40 (B6)	\$1,614.00	CO-45 CO-253	\$1,533.60 \$1.61	\$78.79
7349080502Z5	11/21/2022 - 11/21/2022				HC:95861 / 26,XU / 0	N1		\$1,614.00	CO-18	\$1,614.00	\$0.00
7349080502Z6	11/21/2022 - 11/21/2022				HC:95868 / 26 / 1		\$61.46 (B6)	\$1,310.00	CO-45 CO-253	\$1,248.54 \$1.23	\$60.23
7349080502Z7	11/21/2022 - 11/21/2022				HC:95868 / 26,XU / 0	N1		\$1,310.00	CO-18	\$1,310.00	\$0.00
7349080502Z8	11/21/2022 - 11/21/2022				HC:95999 // 0	M53 N1 M53 N1		\$5,400.00	PI-16	\$5,400.00	\$0.00

#### Code Descriptions

#### REMARK CODE(S):

M127=Missing patient medical record for this service.

M53=Missing/incomplete/invalid days or units of service.

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.

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**AMT CODE(S):**

B6=Allowed - Actual

**GROUP CODE(S):**

PR=Patient Responsibility

CO=Contractual Obligations

PI=Payor Initiated Reductions

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

2=Coinsurance Amount

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)

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).

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

**CLAIM STATUS CODE(S):**

1=Processed as Primary