

## Check Summary

Transaction Date: October 20, 2023

REGENCE BCBS OF UTAH FEP FEDERAL EMPLOYEE PROGRAM P.O. BOX 1388 LEWISTON, ID 83501	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 0240878139 <b>Payment Amount:</b> 717.01 <b>Check/EFT Date:</b> 10/20/2023 <b>Production End Cycle Date:</b> 10/17/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> 9811 W CHARLESTON BLVD STE 2-641 LAS VEGAS, NV 891177528
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Patient Name: FRIEDRICH, DARREN R

Claim Number: 23265815945

Claim Date: 06/07/2022-06/07/2022 Claim Status Code: 1

Patient ID: R60241344	Group / Policy:	Facility Type: 21	Claim Charge:	\$22,610.00
Patient Ctrl Nmbr: 0.2593344	Contract Hdr: NP	Claim Frequency:	Claim Payment:	\$207.38
Rendering Prvd: MOCHIZUKI, KEVIN S	Rendering Prv ID: 271622508	Claim Received Date: 09/22/2023	Patient Resp:	\$8,814.00
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
7320908926Z1	06/07/2022 - 06/07/2022				HC:95941 // 2	M127		\$5,520.00	PI-252	\$5,520.00	\$0.00
7320908926Z2	06/07/2022 - 06/07/2022				HC:95822 / 26 / 1		\$64.47 (B6)	\$1,755.00	PI-45	\$1,690.53	\$64.47
7320908926Z3	06/07/2022 - 06/07/2022				HC:95938 / 26 / 1		\$51.26 (B6)	\$3,107.00	PI-45	\$3,055.74	\$51.26
7320908926Z4	06/07/2022 - 06/07/2022				HC:95861 / 26 / 1		\$91.65 (B6)	\$1,614.00	PI-45	\$1,522.35	\$91.65
7320908926Z5	06/07/2022 - 06/07/2022				HC:95861 / 26,XU / 1	N19 N390		\$1,614.00	PR-97	\$1,614.00	\$0.00
006	06/07/2022 - 06/07/2022				HC:95999 // 1	M127		\$1,800.00	PI-252	\$1,800.00	\$0.00
007	06/07/2022 - 06/07/2022				HC:95999 // 4	N19 N390		\$7,200.00	PR-97	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$207.38 (AU)

<b>Payer:</b> REGENCE BCBS OF UTAH FEP	<b>Check/EFT Trace Number:</b> 0240878139	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$717.01
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<b>Patient Name:</b> SULLIVAN, ANNA M	<b>Claim Number:</b> 23235814781	<b>Claim Date:</b> 06/13/2023-06/13/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> R58449637	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$21,724.00
<b>Patient Ctrl Nmbr:</b> 0.3038469	<b>Contract Hdr:</b> NP	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$509.63
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b> 271622508	<b>Claim Received Date:</b> 09/26/2023	<b>Patient Resp:</b> \$8,324.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 9
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
7210078822Z1	06/13/2023 - 06/13/2023				HC:95939 / 26 / 1		\$165.15 (B6)	\$3,814.00	PI-45	\$3,648.85	\$165.15
7210078822Z2	06/13/2023 - 06/13/2023				HC:95822 / 26 / 1		\$79.45 (B6)	\$1,755.00	PI-45	\$1,675.55	\$79.45
7210078822Z3	06/13/2023 - 06/13/2023				HC:95938 / 26 / 1		\$63.48 (B6)	\$3,107.00	PI-45	\$3,043.52	\$63.48
7210078822Z4	06/13/2023 - 06/13/2023				HC:95861 / 26 / 1		\$114.32 (B6)	\$1,614.00	PI-45	\$1,499.68	\$114.32
7210078822Z5	06/13/2023 - 06/13/2023				HC:95861 / 26,XU / 1	N19 N390		\$1,614.00	PR-97	\$1,614.00	\$0.00
7210078822Z6	06/13/2023 - 06/13/2023				HC:95868 / 26 / 1		\$87.23 (B6)	\$1,310.00	PI-45	\$1,222.77	\$87.23
7210078822Z7	06/13/2023 - 06/13/2023				HC:95868 / 26,XU / 1	N19 N390		\$1,310.00	PR-97	\$1,310.00	\$0.00
008	06/13/2023 - 06/13/2023				HC:95999 // 1	M127		\$1,800.00	PI-252	\$1,800.00	\$0.00
009	06/13/2023 - 06/13/2023				HC:95999 // 3	N19 N390		\$5,400.00	PR-97	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$509.63 (AU)

#### Code Descriptions

#### REMARK CODE(S):

M127=Missing patient medical record for this service.  
N19=Procedure code incidental to primary procedure.

<b>Payer:</b> REGENCE BCBS OF UTAH FEP	<b>Check/EFT Trace Number:</b> 0240878139	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$717.01
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**REMARK CODE(S):**

N390=This service/report cannot be billed separately.

**AMT CODE(S):**

B6=Allowed - Actual

AU=Coverage Amount

**GROUP CODE(S):**

PI=Payor Initiated Reductions

PR=Patient Responsibility

**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)

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):**

1=Processed as Primary