

**Check Summary****Transaction Date:** October 19, 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> 23292B1000001635 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/19/2023 <b>Production End Cycle Date:</b> 10/19/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> PO BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
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**Patient Name:** DREIER, CHRISTINE M**Claim Number:** 232733507700**Claim Date:** 06/26/2023-06/26/2023 **Claim Status Code:** 1

<b>Patient ID:</b> 804298438	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$18,561.00
<b>Patient Ctrl Nmbr:</b> 03052266	<b>Contract Hdr:</b> H1S01000	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/27/2023	<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
	06/26/2023 - 06/26/2023				HC:95822 / 26 / 0	N1		\$1,755.00	PI-B11	\$1,755.00	\$0.00
	06/26/2023 - 06/26/2023				HC:95938 / 26 / 0	N1		\$3,107.00	PI-B11	\$3,107.00	\$0.00
	06/26/2023 - 06/26/2023				HC:95909 / 26 / 0	N1		\$555.00	PI-B11	\$555.00	\$0.00
	06/26/2023 - 06/26/2023				HC:95886 / 26 / 0	N1		\$2,972.00	PI-B11	\$2,972.00	\$0.00
	06/26/2023 - 06/26/2023				HC:95886 / 26,XU / 0	N1		\$2,972.00	PI-B11	\$2,972.00	\$0.00
	06/26/2023 - 06/26/2023				HC:95999 / / 0	N1		\$7,200.00	PI-B11	\$7,200.00	\$0.00

**Code Descriptions****REMARK CODE(S):**

<b>Payer:</b> BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	<b>Check/EFT Trace Number:</b> 23292B1000001635	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$0.00
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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.

**GROUP CODE(S):**

PI=Payor Initiated Reductions

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

B11=The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

**CLAIM STATUS CODE(S):**

1=Processed as Primary