

Check Summary

Transaction Date: October 18, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23289E09602460 Payment Amount: 167.21 Check/EFT Date: 10/18/2023 Production End Cycle Date: 10/16/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: JOHNSON, JACK

Claim Number: 02023275507010A0X00

Claim Date: 09/27/2023-09/27/2023 Claim Status Code: 1

Patient ID: ZGZ838848924	Group / Policy: 0002878360001	Facility Type: 22	Claim Charge:	\$14,926.00
Patient Ctrl Nmbr: 0.3157293	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment:	\$167.21
Rendering Prvd: BURNS, JONATHAN D	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp:	\$14,758.79
Original Ref Nmbr:				

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
7361114539Z1	09/27/2023 - 09/27/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,699.99	\$55.01
7361114539Z2	09/27/2023 - 09/27/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,063.31	\$43.69
7361114539Z3	09/27/2023 - 09/27/2023				HC:95870 / 26 / 2		\$2,332.00 (B6)	\$2,332.00	PR-45	\$2,294.30	\$37.70
7361114539Z4	09/27/2023 - 09/27/2023				HC:95870 / 26,XU / 2		\$2,332.00 (B6)	\$2,332.00	PR-45	\$2,301.19	\$30.81
7361114539Z5	09/27/2023 - 09/27/2023				HC:95999 // 3	M15	\$5,400.00 (B6)	\$5,400.00	PR-97	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$167.21 (AU)

Code Descriptions

REMARK CODE(S):

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602460	Check/EFT Date: 10/18/2023	Total Paid: \$167.21
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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.

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

PR=Patient Responsibility

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)

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