

**Check Summary****Transaction Date:** October 18, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> C23291N36706300 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/18/2023 <b>Production End Cycle Date:</b> 10/18/2023	<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:** WILLIAMS, CLIFFORD**Claim Number:** 020232915006E370X00**Claim Date:** 09/18/2023-09/18/2023 **Claim Status Code:** 1

<b>Patient ID:</b> T2S925073492	<b>Group / Policy:</b> 0003850000001	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$4,862.00
<b>Patient Ctrl Nmbr:</b> 0.3144752	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/18/2023	<b>Patient Resp:</b> \$4,862.00
<b>Original Ref Nmbr:</b>			

**Line Details****Results:** 2

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
7418055002Z1	09/18/2023 - 09/18/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$55.01 \$3,051.99	\$0.00
7418055002Z2	09/18/2023 - 09/18/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$64.63 \$1,690.37	\$0.00

Supplemental Information - AMT/Payer Codes: \$119.64 (AU)

**Code Descriptions****AMT CODE(S):**B6=Allowed - Actual  
AU=Coverage Amount**GROUP CODE(S):**

PR=Patient Responsibility

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

1=Deductible Amount

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291N36706300	<b>Check/EFT Date:</b> 10/18/2023	<b>Total Paid:</b> \$0.00
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**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)

**CLAIM STATUS CODE(S):**

1=Processed as Primary