

Check Summary**Transaction Date:** October 27, 2023

ARKANSAS BLUE CROSS AND BLUE SHIELD P O BOX 2181 LITTLE ROCK, AR 72201	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: MK0009463446 Payment Amount: 53.26 Check/EFT Date: 10/27/2023 Production End Cycle Date: 10/26/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: STE 2-641 9811 W CHARLESTON BLVD LAS VEGAS, NV 891177528
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Patient Name: KEETON, ROY**Claim Number:** 23101861ACN5**Claim Date:** 01/26/2023-01/26/2023 **Claim Status Code:** 2**Patient ID:** 92152918801**Group / Policy:****Facility Type:****Claim Charge:** \$15,214.00**Patient Ctrl Nmbr:** 0.2872948**Contract Hdr:****Claim Frequency:****Claim Payment:** \$28.61**Rendering Prvd :****Rendering Prv ID:****Claim Received Date:** 10/18/2023**Patient Resp:** \$0.00**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
256148280671556001	01/26/2023 - 01/26/2023	1174916522			HC:95822 / 26 / 1.00		\$11.52 (B6)	\$1,755.00	OA-23 CO-45	\$45.16 \$1,698.32	\$11.52
256148280671556002	01/26/2023 - 01/26/2023	1174916522			HC:95938 / 26 / 1.00		\$9.17 (B6)	\$3,107.00	OA-23 CO-45	\$35.94 \$3,061.89	\$9.17
256148280671556003	01/26/2023 - 01/26/2023	1174916522			HC:95868 / 26 / 1.00			\$1,310.00	OA-23	\$1,310.00	\$0.00
256148280671556004	01/26/2023 - 01/26/2023	1174916522			HC:95868 / 26,XU / 1.00			\$1,310.00	OA-169	\$1,310.00	\$0.00
256148280671556005	01/26/2023 - 01/26/2023	1174916522			HC:95870 / 26,XU / 2.00			\$1,166.00	OA-23	\$1,166.00	\$0.00
256148280671556006	01/26/2023 - 01/26/2023	1174916522			HC:95870 / 26,XU / 2.00		\$7.92 (B6)	\$1,166.00	OA-23 CO-45	\$31.07 \$1,127.01	\$7.92
256148280671556007	01/26/2023 - 01/26/2023	1174916522			HC:95999 // 3.00			\$5,400.00	OA-23	\$5,400.00	\$0.00

Payer: ARKANSAS BLUE CROSS AND BLUE SHIELD	Check/EFT Trace Number: MK0009463446	Check/EFT Date: 10/27/2023	Total Paid: \$53.26
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Patient Name: NEWBERRY, ESTHER F	Claim Number: 23102061ACJ0	Claim Date: 01/26/2023-01/26/2023	Claim Status Code: 2
Patient ID: 92151287601	Group / Policy:	Facility Type:	Claim Charge: \$14,048.00
Patient Ctrl Nmbr: 0.2873338	Contract Hdr:	Claim Frequency:	Claim Payment: \$24.65
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/20/2023	Patient Resp: \$0.00
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
256148277879556001	01/26/2023 - 01/26/2023	1174916522			HC:95822 / 26 / 1.00		\$11.52 (B6)	\$1,755.00	OA-23 CO-45	\$45.16 \$1,698.32	\$11.52
256148277879556002	01/26/2023 - 01/26/2023	1174916522			HC:95938 / 26 / 1.00		\$9.17 (B6)	\$3,107.00	OA-23 CO-45	\$35.94 \$3,061.89	\$9.17
256148277879556003	01/26/2023 - 01/26/2023	1174916522			HC:95868 / 26 / 1.00			\$1,310.00	OA-23	\$1,310.00	\$0.00
256148277879556004	01/26/2023 - 01/26/2023	1174916522			HC:95868 / 26,XU / 1.00			\$1,310.00	OA-169	\$1,310.00	\$0.00
256148277879556005	01/26/2023 - 01/26/2023	1174916522			HC:95870 / 26,XU / 1.00			\$583.00	OA-23	\$583.00	\$0.00
256148277879556006	01/26/2023 - 01/26/2023	1174916522			HC:95870 / 26,XU / 1.00		\$3.96 (B6)	\$583.00	OA-23 CO-45	\$15.53 \$563.51	\$3.96
256148277879556007	01/26/2023 - 01/26/2023	1174916522			HC:95999 // 3.00			\$5,400.00	OA-23	\$5,400.00	\$0.00

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

OA=Other Adjustments

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

Payer: ARKANSAS BLUE CROSS AND BLUE SHIELD	Check/EFT Trace Number: MK0009463446	Check/EFT Date: 10/27/2023	Total Paid: \$53.26
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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)
 169=Alternate benefit has been provided.

CLAIM STATUS CODE(S):

2=Processed as Secondary