

Check Summary

Transaction Date: October 24, 2023

BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23293E29266410 Payment Amount: 2,937.27 Check/EFT Date: 10/24/2023 Production End Cycle Date: 10/20/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: BECKMAN, DEBORAH

Claim Number: 0202329250A66500X00

Claim Date: 09/25/2023-09/25/2023 Claim Status Code: 1

Patient ID: XOX831332276	Group / Policy: 0001983990000	Facility Type: 22	Claim Charge: \$30,004.00
Patient Ctrl Nmbr: 0.3153921	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$2,937.27
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/19/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7421751873Z1	09/25/2023 - 09/25/2023	1881910255			HC:95941 // 3	N830	\$547.71 (B6)	\$8,280.00	CO-45	\$7,732.29	\$547.71
7421751873Z2	09/25/2023 - 09/25/2023	1881910255			HC:95939 / 26 / 1	N830	\$128.13 (B6)	\$3,814.00	CO-45	\$3,685.87	\$128.13
7421751873Z3	09/25/2023 - 09/25/2023	1881910255			HC:95938 / 26 / 1	N830	\$49.08 (B6)	\$3,107.00	CO-45	\$3,057.92	\$49.08
7421751873Z4	09/25/2023 - 09/25/2023	1881910255			HC:95955 / 26 / 1	N830	\$57.40 (B6)	\$1,755.00	CO-45	\$1,697.60	\$57.40
7421751873Z5	09/25/2023 - 09/25/2023	1881910255			HC:95861 / 26 / 1	N830	\$88.06 (B6)	\$1,614.00	CO-45	\$1,525.94	\$88.06
7421751873Z6	09/25/2023 - 09/25/2023	1881910255			HC:95861 / 26,XU / 1	N830	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
7421751873Z7	09/25/2023 - 09/25/2023	1881910255			HC:95868 / 26 / 1	N830	\$66.82 (B6)	\$1,310.00	CO-45	\$1,243.18	\$66.82
7421751873Z8	09/25/2023 - 09/25/2023	1881910255			HC:95868 / 26,XU / 1	N830	\$86.31 (B6)	\$1,310.00	CO-45	\$1,223.69	\$86.31

Payer: BLUECROSS BLUESHIELD OF ILLINOIS	Check/EFT Trace Number: C23293E29266410	Check/EFT Date: 10/24/2023	Total Paid: \$2,937.27
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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
7421751873Z9	09/25/2023 - 09/25/2023	1881910255			HC:95999 // 1	N830	\$1,800.00 (B6)	\$7,200.00	CO-45	\$5,400.00	\$1,800.00

Supplemental Information - AMT/Payer Codes: \$2,937.27 (AU)

Code Descriptions

REMARK CODE(S):

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations

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