

Check Summary

Transaction Date: October 19, 2023

BLUECROSS BLUESHIELD OF NEW MEXICO P O BOX 27630 ALBUQUERQUE, NM 871257630	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23292500897570 Payment Amount: 43.95 Check/EFT Date: 10/19/2023 Production End Cycle Date: 10/19/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: DEPT 880256 P O BOX 29650 PHOENIX, AZ 850389650
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Patient Name: PAGLIARO, KATHERINE

Claim Number: 02023272579F0340X00

Claim Date: 01/17/2023-01/17/2023 Claim Status Code: 2

Patient ID: 870807883

Group / Policy: 0000NM1160000

Facility Type: 21

Claim Charge: \$24,728.00

Patient Ctrl Nmbr: 0.2862393

Contract Hdr: MEDICARE CROSSOVER

Claim Frequency: 1

Claim Payment: \$43.95

Rendering Prvd: ,

CLAIM

Claim Received Date: 09/29/2023

Patient Resp: \$0.00

Original Ref Nmbr:

Rendering Prv ID:

Line Details

Results: 10

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
235136719368556001	01/17/2023 - 01/17/2023	1336176387			HC:95939 / 26 / 1		\$23.57 (B6)	\$3,814.00	OA-23	\$3,790.43	\$23.57
235136719368556002	01/17/2023 - 01/17/2023	1336176387			HC:95822 / 26 / 1		\$11.36 (B6)	\$1,755.00	OA-23	\$1,743.64	\$11.36
235136719368556003	01/17/2023 - 01/17/2023	1336176387			HC:95938 / 26 / 1		\$9.02 (B6)	\$3,107.00	OA-23	\$3,097.98	\$9.02
235136719368556004	01/17/2023 - 01/17/2023	1336176387			HC:95861 / 26 / 1			\$1,614.00	OA-23	\$1,614.00	\$0.00
235136719368556005	01/17/2023 - 01/17/2023	1336176387			HC:95861 / 26,XU / 1			\$1,614.00	OA-23	\$1,614.00	\$0.00
235136719368556006	01/17/2023 - 01/17/2023	1336176387			HC:95865 / 26 / 1			\$1,502.00	OA-23	\$1,502.00	\$0.00
235136719368556007	01/17/2023 - 01/17/2023	1336176387			HC:95865 / 26,XU / 1			\$1,502.00	OA-23	\$1,502.00	\$0.00
235136719368556008	01/17/2023 - 01/17/2023	1336176387			HC:95868 / 26,XU / 1			\$1,310.00	OA-23	\$1,310.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF NEW MEXICO	Check/EFT Trace Number: C23292500897570	Check/EFT Date: 10/19/2023	Total Paid: \$43.95
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Line Details											Results: 10
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
235136719368556009	01/17/2023 - 01/17/2023	1336176387			HC:95868 / 26,XU / 1			\$1,310.00	OA-23	\$1,310.00	\$0.00
235136719368556010	01/17/2023 - 01/17/2023	1336176387			HC:95999 // 4			\$7,200.00	OA-23	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$219.73 (AU)

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

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

CLAIM STATUS CODE(S):

2=Processed as Secondary