

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: C23289E09602440 Payment Amount: 100.37 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: TALLEY, MAKIEL T

Claim Number: 02022300502H0740X02

Claim Date: 05/25/2022-05/25/2022 Claim Status Code: 22

Patient ID: UTS0C25DC6L5	Group / Policy: 0000717780045	Facility Type: 21	Claim Charge: \$-55,206.00
Patient Ctrl Nmbr: 0.2581107	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: PATI, SANDIPAN P	Rendering Prv ID:	Claim Received Date: 04/11/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02022300502H0740X01			

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
	05/25/2022 - 05/25/2022				HC:95941 // 2			\$-5,520.00	PR-1 PR-45	\$-281.56 \$-5,238.44	\$0.00
	05/25/2022 - 05/25/2022				HC:95939 // 1			\$-10,303.00	PR-1 PR-45	\$-92.44 \$-10,210.56	\$0.00
	05/25/2022 - 05/25/2022				HC:95822 // 1			\$-6,979.00	PR-1 PR-45	\$-44.87 \$-6,934.13	\$0.00
	05/25/2022 - 05/25/2022				HC:95938 // 1			\$-7,270.00	PR-1 PR-45	\$-35.68 \$-7,234.32	\$0.00
	05/25/2022 - 05/25/2022				HC:95861 // 1			\$-4,753.00	PR-1 PR-45	\$-63.79 \$-4,689.21	\$0.00
	05/25/2022 - 05/25/2022				HC:95861 / XU / 1			\$-4,753.00	PR-1 PR-45	\$-63.79 \$-4,689.21	\$0.00
	05/25/2022 - 05/25/2022				HC:95868 // 1			\$-4,214.00	PR-1 PR-45	\$-48.92 \$-4,165.08	\$0.00
	05/25/2022 - 05/25/2022				HC:95868 / XU / 1			\$-4,214.00	PR-1 PR-45	\$-48.92 \$-4,165.08	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602440	Check/EFT Date: 10/18/2023	Total Paid: \$100.37
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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
	05/25/2022 - 05/25/2022				HC:95999 // 1	N640		\$-7,200.00	PR-1 PR-222	\$-1.00 \$-7,199.00	\$0.00

Patient Name: TALLEY, MAKIEL T	Claim Number: 02022300502H0740X03	Claim Date: 05/25/2022-05/25/2022	Claim Status Code: 1
Patient ID: UTS0C25DC6L5	Group / Policy: 0000717780045	Facility Type: 21	Claim Charge: \$55,206.00
Patient Ctrl Nmbr: 0.2581107	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: PATI, SANDIPAN P	Rendering Prv ID:	Claim Received Date: 04/11/2023	Patient Resp: \$55,206.00
Original Ref Nmbr: 02022300502H0740X02			

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
	05/25/2022 - 05/25/2022				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-1 PR-45	\$281.56 \$5,238.44	\$0.00
	05/25/2022 - 05/25/2022				HC:95939 // 1		\$10,303.00 (B6)	\$10,303.00	PR-1 PR-45	\$92.44 \$10,210.56	\$0.00
	05/25/2022 - 05/25/2022				HC:95822 // 1		\$6,979.00 (B6)	\$6,979.00	PR-1 PR-45	\$44.87 \$6,934.13	\$0.00
	05/25/2022 - 05/25/2022				HC:95938 // 1		\$7,270.00 (B6)	\$7,270.00	PR-1 PR-45	\$35.68 \$7,234.32	\$0.00
	05/25/2022 - 05/25/2022				HC:95861 // 1		\$4,753.00 (B6)	\$4,753.00	PR-1 PR-45	\$63.79 \$4,689.21	\$0.00
	05/25/2022 - 05/25/2022				HC:95861 / XU / 1		\$4,753.00 (B6)	\$4,753.00	PR-1 PR-45	\$63.79 \$4,689.21	\$0.00
	05/25/2022 - 05/25/2022				HC:95868 // 1		\$4,214.00 (B6)	\$4,214.00	PR-1 PR-45	\$48.92 \$4,165.08	\$0.00
	05/25/2022 - 05/25/2022				HC:95868 / XU / 1		\$4,214.00 (B6)	\$4,214.00	PR-1 PR-45	\$48.92 \$4,165.08	\$0.00
	05/25/2022 - 05/25/2022				HC:95999 // 1	N640	\$7,200.00 (B6)	\$7,200.00	PR-1 PR-222	\$1.00 \$7,199.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602440	Check/EFT Date: 10/18/2023	Total Paid: \$100.37
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Supplemental Information - AMT/Payer Codes: \$680.97 (AU)

Patient Name: WHEELER, MARIE A	Claim Number: 02023289579L6560X00	Claim Date: 12/14/2022-12/14/2022	Claim Status Code: 2
Patient ID: UTS0N26TM5EV	Group / Policy: 0000717780047	Facility Type: 22	Claim Charge: \$16,975.00
Patient Ctrl Nmbr: 0.2826513	Contract Hdr: MEDICARE CROSSOVER CLAIM	Claim Frequency: 1	Claim Payment: \$100.37
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/16/2023	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
261150617350556001	12/14/2022 - 12/14/2022				HC:95939 / 26 / 1		\$24.67 (B6)	\$3,814.00	OA-23	\$3,789.33	\$24.67
261150617350556002	12/14/2022 - 12/14/2022				HC:95822 / 26 / 1		\$11.87 (B6)	\$1,755.00	OA-23	\$1,743.13	\$11.87
261150617350556003	12/14/2022 - 12/14/2022				HC:95938 / 26 / 1		\$9.45 (B6)	\$3,107.00	OA-23	\$3,097.55	\$9.45
261150617350556004	12/14/2022 - 12/14/2022				HC:95909 / 26 / 1		\$16.56 (B6)	\$555.00	OA-23	\$538.44	\$16.56
261150617350556005	12/14/2022 - 12/14/2022				HC:95886 / 26 / 2		\$18.91 (B6)	\$2,972.00	OA-23	\$2,953.09	\$18.91
261150617350556006	12/14/2022 - 12/14/2022				HC:95886 / 26,XU / 2		\$18.91 (B6)	\$2,972.00	OA-23	\$2,953.09	\$18.91
261150617350556007	12/14/2022 - 12/14/2022				HC:95999 // 1			\$1,800.00	OA-23	\$1,800.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$501.87 (AU)

Code Descriptions

REMARK CODE(S):

N640=Exceeds number/frequency approved/allowed within time period.

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602440	Check/EFT Date: 10/18/2023	Total Paid: \$100.37
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GROUP CODE(S):

PR=Patient Responsibility

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

1=Deductible Amount

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)

222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary

2=Processed as Secondary