

Check Summary**Transaction Date:** November 07, 2023

BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS PO BOX 3686 SCRANTON, PA 18505	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: M23310E27388490 Payment Amount: 270.04 Check/EFT Date: 11/07/2023 Production End Cycle Date: 11/06/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: NIERADKA, ZYGMUNT**Claim Number:** 232910814100**Claim Date:** 01/20/2023-01/20/2023**Claim Status Code:** 19 - ADVOCATE CHRIST
HOSPITAL PHYSICIAN PARTNERS

Patient ID: 804259836	Group / Policy:	Facility Type: 21	Claim Charge: \$18,561.00
Patient Ctrl Nmbr: 0.2866612	Contract Hdr: HM001001	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details**Results: 6**

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
7412572501Z1	01/20/2023 - 01/20/2023				HC:95938 / 26 / 0	N1		\$3,107.00	PI-B11	\$3,107.00	\$0.00
7412572501Z2	01/20/2023 - 01/20/2023				HC:95955 / 26 / 0	N1		\$1,755.00	PI-B11	\$1,755.00	\$0.00
7412572501Z3	01/20/2023 - 01/20/2023				HC:95909 / 26 / 0	N1		\$555.00	PI-B11	\$555.00	\$0.00
7412572501Z4	01/20/2023 - 01/20/2023				HC:95886 / 26 / 0	N1		\$2,972.00	PI-B11	\$2,972.00	\$0.00
7412572501Z5	01/20/2023 - 01/20/2023				HC:95886 / 26,XU / 0	N1		\$2,972.00	PI-B11	\$2,972.00	\$0.00
7412572501Z6	01/20/2023 - 01/20/2023				HC:95999 / / 0	N1		\$7,200.00	PI-B11	\$7,200.00	\$0.00

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: M23310E27388490	Check/EFT Date: 11/07/2023	Total Paid: \$270.04
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Patient Name: NORRIS, ARLENE M	Claim Number: 232840909000	Claim Date: 01/10/2023-01/10/2023	Claim Status Code: 1
Patient ID: 804003159	Group / Policy:	Facility Type: 21	Claim Charge: \$18,561.00
Patient Ctrl Nmbr: 0.2854466	Contract Hdr: HM001001	Claim Frequency:	Claim Payment: \$270.04
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/11/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 6
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
7389032046Z1	01/10/2023 - 01/10/2023				HC:95938 / 26 / 1		\$46.44 (B6)	\$3,107.00	CO-45 CO-253	\$3,060.56 \$0.93	\$45.51
7389032046Z2	01/10/2023 - 01/10/2023				HC:95955 / 26 / 1		\$54.42 (B6)	\$1,755.00	CO-45 CO-253	\$1,700.58 \$1.09	\$53.33
7389032046Z3	01/10/2023 - 01/10/2023				HC:95909 / 26 / 1		\$81.11 (B6)	\$555.00	CO-45 CO-253	\$473.89 \$1.62	\$79.49
7389032046Z4	01/10/2023 - 01/10/2023				HC:95886 / 26 / 2		\$93.58 (B6)	\$2,972.00	CO-45 CO-253	\$2,878.42 \$1.87	\$91.71
7389032046Z5	01/10/2023 - 01/10/2023				HC:95886 / 26,XU / 0	N1		\$2,972.00	OA-18	\$2,972.00	\$0.00
7389032046Z6	01/10/2023 - 01/10/2023				HC:95999 / / 0	M127 N1 M127 N1		\$7,200.00	PI-252	\$7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

PI=Payor Initiated Reductions

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GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

B11=The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

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)

253=Sequestration - reduction in federal payment

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

252=An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).

CLAIM STATUS CODE(S):

19=Processed as Primary, Forwarded to Additional Payer(s)

1=Processed as Primary