

Check Summary**Transaction Date:** October 20, 2023

BLUECROSS BLUESHIELD OF ILLINOIS 300 E RANDOLPH CHICAGO, IL 606015099	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23291E28980080 Payment Amount: 40.50 Check/EFT Date: 10/20/2023 Production End Cycle Date: 10/18/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: FERRARA, RITA H**Claim Number:** 020232915730T150X00**Claim Date:** 02/07/2023-02/07/2023 **Claim Status Code:** 2

Patient ID: 850939943 Patient Ctrl Nmbr: 0.2886705 Rendering Prvd : Original Ref Nmbr:	Group / Policy: 0000690930000 Contract Hdr: MEDICARE CROSSOVER CLAIM Rendering Prv ID:	Facility Type: 21 Claim Frequency: 1 Claim Received Date: 10/18/2023	Claim Charge: \$13,760.00 Claim Payment: \$20.25 Patient Resp: \$0.00
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Line Details **Results: 5**

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
261150914832556001	02/07/2023 - 02/07/2023	1184745465			HC:95822 / 26 / 1		\$11.28 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
261150914832556002	02/07/2023 - 02/07/2023	1184745465			HC:95938 / 26 / 1		\$8.97 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
261150914832556003	02/07/2023 - 02/07/2023	1184745465			HC:95870 / 26 / 3			\$1,749.00	OA-23	\$1,749.00	\$0.00
261150914832556004	02/07/2023 - 02/07/2023	1184745465			HC:95870 / 26,XU / 3			\$1,749.00	OA-23	\$1,749.00	\$0.00
261150914832556005	02/07/2023 - 02/07/2023	1184745465			HC:95999 // 3			\$5,400.00	OA-23	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$101.25 (AU)

Payer: BLUECROSS BLUESHIELD OF ILLINOIS	Check/EFT Trace Number: C23291E28980080	Check/EFT Date: 10/20/2023	Total Paid: \$40.50
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Patient Name: TAYLOR, ROBERTA	Claim Number: 020232915730T160X00	Claim Date: 09/18/2023-09/18/2023	Claim Status Code: 2
Patient ID: 957084077	Group / Policy: 000ISL3000000	Facility Type: 22	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.3144468	Contract Hdr: MEDICARE CROSSOVER	Claim Frequency: 1	Claim Payment: \$20.25
Rendering Prvd: HSU, ANDREW	CLAIM	Claim Received Date: 10/18/2023	Patient Resp: \$0.00
Original Ref Nmbr:	Rendering Prv ID:		

Line Details											Results: 5
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
264152959970556001	09/18/2023 - 09/18/2023				HC:95822 / 26 / 1		\$11.28 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
264152959970556002	09/18/2023 - 09/18/2023				HC:95938 / 26 / 1		\$8.97 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
264152959970556003	09/18/2023 - 09/18/2023				HC:95861 / 26 / 1			\$1,614.00	OA-23	\$1,614.00	\$0.00
264152959970556004	09/18/2023 - 09/18/2023				HC:95861 / 26,XU / 1			\$1,614.00	OA-23	\$1,614.00	\$0.00
264152959970556005	09/18/2023 - 09/18/2023				HC:95999 // 3			\$5,400.00	OA-23	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$101.25 (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