



BLUE CROSS

P.O. Box 91059
Seattle, WA 98111-9159

Page A -1
Date of Payment: January 31, 2026
Check Number: 0031372426
Payment Reference #: 26031B1000546622
Provider Number: B07MXVB07MXV
Provider Tax ID Number: 260139165
NPI ID: NA

MELISSA D NILSEN OT
8752 122ND AVE NE
KIRKLAND WA 98033-5829

Premera Blue Cross provides administrative and/or network access services only. The Employer/Sponsor, and not Premera Blue Cross assumes any/all financial risk or obligation with respect to claims.

GRAND TOTAL SUMMARY

BILLED CHARGES	ALLOWED AMOUNT	PROVIDER ADJUSTMENT / DISALLOWED	OTHER INSURANCE ADJUSTMENT	PATIENT LIABILITY	PAYABLE AMOUNT
\$3,040.00	\$2,727.83	\$312.17	\$0.00	\$2,017.98	\$709.85
				LESS PAID TO CODES LISTED AS 'S' OR 'C'	\$0.00
				TOTAL PAYABLE	\$709.85

PLEASE DETACH BEFORE DEPOSITING

0-016183-004433-0000



P.O. Box 91059
Seattle, WA 98111-9159

Wells Fargo Bank

CHECK NO: 0031372426

56-382
412

PAY: Seven Hundred Nine And 85/100

Pay To The Order Of

MELISSA D NILSEN OT
8752 122ND AVE NE
KIRKLAND WA 98033-5829

COPY

PAYEE NO.	DATE	PAY
B07MXVB07MXV	01/31/2026	\$709.85

VOID After 180 Days

⑈0031372426⑈ ⑆041203824⑆ 9600099109⑈

COPY



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BY PROVIDER SUMMARY

# OF CLAIMS	PROVIDER NAME	BILLED CHARGES	PAYABLE AMOUNT
17	MELISSA D NILSEN	\$3,040.00	\$709.85
	GRAND TOTAL		\$709.85
		LESS PAID TO CODES LISTED AS "S" OR "C"	\$0.00
		TOTAL PAYABLE	\$709.85

1-016184-004433-0000



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January 31, 2026

DETAILED EXPLANATION OF PAYMENT

Patient Name Subscriber # & PT Suffix Patient Account # Subscriber Name Claim # Provider of Service Product	SERVICE DATES	CODE/ MODIFIER	UNITS BILLED/ ALLOWED	APC / APG / DRG / ROOM TYPE	BILLED CHARGES	INFORMATIONAL	PROVIDER	OTHER INSURANCE ADJUSTMENT	PATIENT LIABILITY	PAYABLE AMOUNT	REASON REMARKS
						ALLOWED AMOUNT	ADJUSTMENT (A) DISALLOWED (D)		FEE ADJUST (A) COB SAV APP (B) COINSURANCE (C) DEDUCTIBLE (D) FUNDING ACCT (F) INELIGIBLE (I) COPAY (P)		
BETZ, XANDER T MSJ 600046430-04 ADH0QTZ73TZKWR BETZ, BENJAMIN A 875719703300 MELISSA D NILSEN HERITAGE	01/28/26-01/28/26	97530-GO	4/4		\$160.00	\$148.28	\$11.72 A	\$0.00	\$148.28 D	\$0.00	PSS X49 X49
	01/28/26-01/28/26	97750-59	1/0		\$40.00	\$0.00	\$40.00 D	\$0.00		\$0.00	
	Claim Total		Paid To:		\$200.00	\$148.28	\$51.72	\$0.00	\$148.28	\$0.00	
BRADSHAW, HARMONY GGS347A78044 ADCY3BJLFSWGIS BRADSHAW, ROBERT 875658600300 MELISSA D NILSEN ITS HOST PLAN	01/21/26-01/21/26	97530-GO	4/4		\$160.00	\$148.28	\$11.72 A	\$0.00	\$148.28 D	\$0.00	V21
	Claim Total		Paid To:		\$160.00	\$148.28	\$11.72	\$0.00	\$148.28	\$0.00	
	01/27/26-01/27/26	97530-GO	1/1		\$40.00	\$37.07	\$2.93 A	\$0.00	\$37.07 D	\$0.00	PSS
CHASE, SARA A MSJ 602575073-01 ADH0QUNT PFGK7C CHASE, SARA A 875719838000 MELISSA D NILSEN HERITAGE	Claim Total		Paid To:		\$40.00	\$37.07	\$2.93	\$0.00	\$37.07	\$0.00	

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						ALLOWED AMOUNT	ADJUSTMENT (A) DISALLOWED (D)				
CHISALITA, DAHLIA C MSJ 600775872-03 ADH0QV0PBIBX2J CHISALITA, CIPRIAN 875720955100 MELISSA D NILSEN HERITAGE	01/26/26-01/26/26 Claim Total	97530-GO	4/4 Paid To: G		\$160.00 \$160.00	\$148.28 \$148.28	\$11.72 A \$11.72	\$0.00 \$0.00	\$14.83 C \$14.83	\$133.45 \$133.45	PSS
CZAPIEWSKI, NOLAN AWB 604681098-04 ADH0QVCV8AHJRS CZAPIEWSKI, NICHOLAS 875723915000 MELISSA D NILSEN HERITAGE	01/26/26-01/26/26 Claim Total	97530-GO	4/4 Paid To: G		\$160.00 \$160.00	\$148.28 \$148.28	\$11.72 A \$11.72	\$0.00 \$0.00	\$45.00 P \$45.00	\$103.28 \$103.28	PSS
DEAL, CAMILA A MSJ 100088253-06 ADI3ZTGYSY12 DEAL, BRADY B 875734714600 MELISSA D NILSEN HERITAGE	01/20/26-01/20/26 01/20/26-01/20/26 Claim Total	96112-59 97530-GO	1/1 4/4 Paid To:		\$200.00 \$160.00 \$360.00	\$170.00 \$148.28 \$318.28	\$30.00 A \$11.72 A \$41.72	\$0.00 \$0.00 \$0.00	\$170.00 D \$148.28 D \$318.28	\$0.00 \$0.00 \$0.00	PSS PSS

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January 31, 2026

DETAILED EXPLANATION OF PAYMENT

Patient Name Subscriber # & PT Suffix Patient Account # Subscriber Name Claim # Provider of Service Product	SERVICE DATES	CODE/ MODIFIER	UNITS BILLED/ ALLOWED	APC / APG / DRG / ROOM TYPE	BILLED CHARGES	INFORMATIONAL	PROVIDER	OTHER INSURANCE ADJUSTMENT	PATIENT LIABILITY FEE ADJUST (A) COB SAV APP (B) COINSURANCE (C) DEDUCTIBLE (D) FUNDING ACCT (F) INELIGIBLE (I) COPAY (P)	PAYABLE AMOUNT	REASON REMARKS
						ALLOWED AMOUNT	ADJUSTMENT (A) DISALLOWED (D)				
DEAL, CAMILA A MSJ 100088253-06 ADHKKZOZ5HAFK5 DEAL, BRADY B 875725022400 MELISSA D NILSEN HERITAGE	01/27/26-01/27/26 01/28/26-01/28/26 Claim Total	97530-GO 97530-GO	4/4 4/4 Paid To:		\$160.00 \$160.00 \$320.00	\$148.28 \$148.28 \$296.56	\$11.72 A \$11.72 A \$23.44	\$0.00 \$0.00 \$0.00	\$148.28 D \$148.28 D \$296.56	\$0.00 \$0.00 \$0.00	PSS PSS
HILTON, BENJAMIN K TNC667W18364 ADCY3CQWM7XF6P HILTON, BENJAMIN K 875659742600 MELISSA D NILSEN ITS HOST PLAN	01/22/26-01/22/26 Claim Total	97530-GO	4/4 Paid To: G		\$160.00 \$160.00	\$148.28 \$148.28	\$11.72 A \$11.72	\$0.00 \$0.00	\$25.00 P \$25.00	\$123.28 \$123.28	V21
KABORE, ALIA E MSJ 600533283-05 11CI20T1JMAMB6 KABORE, PATRICK R 875718559200 MELISSA D NILSEN HERITAGE	01/26/26-01/26/26 Claim Total	97530-GO	4/4 Paid To:		\$160.00 \$160.00	\$148.28 \$148.28	\$11.72 A \$11.72	\$0.00 \$0.00	\$148.28 D \$148.28	\$0.00 \$0.00	PSS

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DETAILED EXPLANATION OF PAYMENT

Patient Name Subscriber # & PT Suffix Patient Account # Subscriber Name Claim # Provider of Service Product	SERVICE DATES	CODE/ MODIFIER	UNITS BILLED/ ALLOWED	APC / APG / DRG / ROOM TYPE	BILLED CHARGES	INFORMATIONAL	PROVIDER	OTHER INSURANCE ADJUSTMENT	PATIENT LIABILITY FEE ADJUST (A) COB SAV APP (B) COINSURANCE (C) DEDUCTIBLE (D) FUNDING ACCT (F) INELIGIBLE (I) COPAY (P)	PAYABLE AMOUNT	REASON REMARKS
						ALLOWED AMOUNT	ADJUSTMENT (A) DISALLOWED (D)				
KABORE, ALIA E MSJ 600533283-05 11CLZ3KE6QMYNS KABORE, PATRICK R 875734755600 MELISSA D NILSEN HERITAGE	01/29/26-01/29/26 Claim Total	97530-GO	4/4 Paid To:		\$160.00 \$160.00	\$148.28 \$148.28	\$11.72 A \$11.72	\$0.00 \$0.00	\$148.28 D \$148.28	\$0.00 \$0.00	PSS
LEXINGTON, LEO N MSJ 100099440-03 ADH0QWJ8TPC2JT GUR-ESH, ETHAN D 875719773900 MELISSA D NILSEN HERITAGE	01/27/26-01/27/26 Claim Total	97530-GO	4/4 Paid To:		\$160.00 \$160.00	\$148.28 \$148.28	\$11.72 A \$11.72	\$0.00 \$0.00	\$148.28 D \$148.28	\$0.00 \$0.00	PSS
SAKODA, ASHER K LEE 102153519-05 11CI2OWSCQWPUO SAKODA, SHELBY K 875718565000 MELISSA D NILSEN HERITAGE	01/28/26-01/28/26 Claim Total	97530-GO	4/4 Paid To: G		\$160.00 \$160.00	\$148.28 \$148.28	\$11.72 A \$11.72	\$0.00 \$0.00	\$35.00 P \$35.00	\$113.28 \$113.28	PSS

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						ALLOWED AMOUNT	ADJUSTMENT (A) DISALLOWED (D)				
SCHLAFFER, LEONARDO SPT 102185528-04 ADI3R0KE3RNN7E SCHLAFFER, OTTO 875734768300 MELISSA D NILSEN HERITAGE	01/29/26-01/29/26 Claim Total	97530-GO	4/4 Paid To: G		\$160.00 \$160.00	\$148.28 \$148.28	\$11.72 A \$11.72	\$0.00 \$0.00	\$10.00 P \$10.00	\$138.28 \$138.28	PSS
SCHWARTZ, ADELINE R QSY 602365219-05 ADH0QXHDOPYHHZ SCHWARTZ, SARA M 875720900400 MELISSA D NILSEN HERITAGE	01/26/26-01/26/26 01/26/26-01/26/26 Claim Total	97530-GO 97750-59	4/4 1/0 Paid To:		\$160.00 \$40.00 \$200.00	\$148.28 \$0.00 \$148.28	\$11.72 A \$40.00 D \$51.72	\$0.00 \$0.00 \$0.00	\$148.28 D \$148.28	\$0.00 \$0.00 \$0.00	PSS X49 X49
SCHWARTZ, ANNA M QSY 602365219-03 11CI2OZCIIFAQC SCHWARTZ, SARA M 875719787800 MELISSA D NILSEN HERITAGE	01/26/26-01/26/26 Claim Total	97530-GO	4/4 Paid To:		\$160.00 \$160.00	\$148.28 \$148.28	\$11.72 A \$11.72	\$0.00 \$0.00	\$148.28 D \$148.28	\$0.00 \$0.00	PSS

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						ALLOWED AMOUNT	ADJUSTMENT (A) DISALLOWED (D)				
SNIDER, COLTON J T8M 603803207-04 ADH0QY6NGB0QU0 SNIDER, SAMANTHA A 875718574400 MELISSA D NILSEN HERITAGE	01/27/26-01/27/26 Claim Total	97530-GO	4/4 Paid To: G		\$160.00 \$160.00	\$148.28 \$148.28	\$11.72 A \$11.72	\$0.00 \$0.00	\$50.00 P \$50.00	\$98.28 \$98.28	PSS
STEIN, EVERETT J AQT 603048464-04 ADI3R0XPA281SL STEIN, ANNA M 875734771200 MELISSA D NILSEN HERITAGE	01/30/26-01/30/26 Claim Total	97530-GO	4/4 Paid To:		\$160.00 \$160.00	\$148.28 \$148.28	\$11.72 A \$11.72	\$0.00 \$0.00	\$148.28 D \$148.28	\$0.00 \$0.00	PSS
Voucher Total					\$3,040.00	\$2,727.83	\$312.17	\$0.00	\$2,017.98	\$709.85	
										Less Paid to Codes Listed as "S" or "C"	\$0.00
										Total Payable Amount	\$709.85

Our records indicate your current TAX ID as being 260139165

Paid To Code: P = Provider/Facility Group = G I = IPA or Rollup of Group S = Subscriber C = Copayee Check If blank, no payment was made.

Reason Remarks Explanation

- PSS Provider: The charge exceeds the allowable rate for this service. Member: This service processed according to your plan benefits.
- V21 Priced per the contracted allowed amount.
- X49 A procedure is not consistent with the modifier or a required modifier is missing.



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