

Check Summary

Transaction Date: October 20, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23291E10355570 Payment Amount: 13,936.73 Check/EFT Date: 10/20/2023 Production End Cycle Date: 10/18/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
-------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------

Patient Name: BLACKSMITH, JULIE

Claim Number: 0202316750114C20X00

Claim Date: 05/31/2023-05/31/2023 Claim Status Code: 22

Patient ID: JEA003230450

Group / Policy: 0002380000200

Facility Type: 21

Claim Charge: \$-21,770.00

Patient Ctrl Nmbr: 0.3023022

Contract Hdr: HEALTH MAINTENANCE
ORGANIZATION

Claim Frequency: 1

Claim Payment: \$-164.55

Rendering Prvd: DE JESUS, MARIA A

Rendering Prv ID:

Claim Received Date: 06/16/2023

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
6999247475Z1	05/31/2023 - 05/31/2023				HC:95941 // 2	N830		\$-8,280.00	PR-1 PR-2 CO-45	\$-266.00 \$-6.22 \$-7,998.44	\$-9.34
6999247475Z2	05/31/2023 - 05/31/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-2 CO-45	\$-24.20 \$-1,694.49	\$-36.31
6999247475Z3	05/31/2023 - 05/31/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-2 CO-45	\$-19.22 \$-3,058.94	\$-28.84
6999247475Z4	05/31/2023 - 05/31/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-2 CO-45	\$-34.52 \$-1,527.70	\$-51.78
6999247475Z5	05/31/2023 - 05/31/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-2 CO-45	\$-25.51 \$-1,550.21	\$-38.28
6999247475Z6	05/31/2023 - 05/31/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

Patient Name: BLACKSMITH, JULIE A	Claim Number: 0202316750114C20X01	Claim Date: 05/31/2023-05/31/2023	Claim Status Code: 1
Patient ID: JEA003230450	Group / Policy: 0002380000200	Facility Type: 21	Claim Charge: \$21,770.00
Patient Ctrl Nmbr: 0.3023022	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$2,629.33
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$375.67
Original Ref Nmbr: 0202316750114C20X00			

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
	05/31/2023 - 05/31/2023				HC:95941 // 3	MA44	\$2,746.34 (B6)	\$8,280.00	PR-1 PR-2 CO-45	\$266.00 \$6.22 \$5,533.66	\$2,474.12
	05/31/2023 - 05/31/2023				HC:95822 / 26 / 1	MA44	\$60.51 (B6)	\$1,755.00	PR-2 CO-45	\$24.20 \$1,694.49	\$36.31
	05/31/2023 - 05/31/2023				HC:95938 / 26 / 1	MA44	\$48.06 (B6)	\$3,107.00	PR-2 CO-45	\$19.22 \$3,058.94	\$28.84
	05/31/2023 - 05/31/2023				HC:95861 / 26 / 1	MA44	\$86.30 (B6)	\$1,614.00	PR-2 CO-45	\$34.52 \$1,527.70	\$51.78
	05/31/2023 - 05/31/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-2 CO-45	\$25.51 \$1,550.21	\$38.28
	05/31/2023 - 05/31/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$3,005.00 (AU)

Patient Name: BROBBEY, DORIS	Claim Number: 02023192500622A0X00	Claim Date: 04/28/2023-04/28/2023	Claim Status Code: 22
Patient ID: JEA013038900	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$-15,036.00
Patient Ctrl Nmbr: 0.2983643	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-375.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 07/11/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E1035570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	-----------------------------------------------	-----------------------------------	--------------------------------

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
7071729581Z1	04/28/2023 - 04/28/2023				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,619.22	\$-140.78
7071729581Z2	04/28/2023 - 04/28/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,688.35	\$-125.65
7071729581Z3	04/28/2023 - 04/28/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,694.49	\$-60.51
7071729581Z4	04/28/2023 - 04/28/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,058.94	\$-48.06
7071729581Z5	04/28/2023 - 04/28/2023				HC:95999 // 1	N830		\$-3,600.00	CO-45	\$-3,600.00	\$0.00

Patient Name: BROBBEY, DORIS O	Claim Number: 02023192500622A0X01	Claim Date: 04/28/2023-04/28/2023	Claim Status Code: 1
Patient ID: JEA013038900	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$15,036.00
Patient Ctrl Nmbr: 0.2983643	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$3,000.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$3,600.00
Original Ref Nmbr: 02023192500622A0X00			

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
	04/28/2023 - 04/28/2023				HC:95941 // 1	MA44	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
	04/28/2023 - 04/28/2023				HC:95939 / 26 / 1	MA44	\$2,750.65 (B6)	\$3,814.00	CO-45	\$1,063.35	\$2,750.65
	04/28/2023 - 04/28/2023				HC:95822 / 26 / 1	MA44	\$60.51 (B6)	\$1,755.00	CO-45	\$1,694.49	\$60.51
	04/28/2023 - 04/28/2023				HC:95938 / 26 / 1	MA44	\$48.06 (B6)	\$3,107.00	CO-45	\$3,058.94	\$48.06
	04/28/2023 - 04/28/2023				HC:95999 // 2		\$3,600.00 (B6)	\$3,600.00	PR-45	\$3,600.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

Supplemental Information - AMT/Payer Codes: \$3,000.00 (AU)

Patient Name: DYER, JACQUE	Claim Number: 020231875080X080X00	Claim Date: 06/26/2023-06/26/2023	Claim Status Code: 22
Patient ID: JEA007017930	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$-24,530.00
Patient Ctrl Nmbr: 0.3052248	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-93.62
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 07/06/2023	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
7058206512Z1	06/26/2023 - 06/26/2023				HC:95941 // 2	N830		\$-11,040.00	PR-1 CO-45	\$-281.56 \$-10,758.44	\$0.00
7058206512Z2	06/26/2023 - 06/26/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-60.51 \$-1,694.49	\$0.00
7058206512Z3	06/26/2023 - 06/26/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 PR-2 CO-45	\$-42.13 \$-2.37 \$-3,058.94	\$-3.56
7058206512Z4	06/26/2023 - 06/26/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-2 CO-45	\$-34.52 \$-1,527.70	\$-51.78
7058206512Z5	06/26/2023 - 06/26/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-2 CO-45	\$-25.51 \$-1,550.21	\$-38.28
7058206512Z6	06/26/2023 - 06/26/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Patient Name: DYER, JACQUE A	Claim Number: 020231875080X080X01	Claim Date: 06/26/2023-06/26/2023	Claim Status Code: 1
Patient ID: JEA007017930	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$24,530.00
Patient Ctrl Nmbr: 0.3052248	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$1,731.40
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$446.60
Original Ref Nmbr: 020231875080X080X00			

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

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
	06/26/2023 - 06/26/2023				HC:95941 / / 4	MA44	\$1,919.34 (B6)	\$11,040.00	PR-1 CO-45	\$281.56 \$9,120.66	\$1,637.78
	06/26/2023 - 06/26/2023				HC:95822 / 26 / 1	MA44	\$60.51 (B6)	\$1,755.00	PR-1 CO-45	\$60.51 \$1,694.49	\$0.00
	06/26/2023 - 06/26/2023				HC:95938 / 26 / 1	MA44	\$48.06 (B6)	\$3,107.00	PR-1 PR-2 CO-45	\$42.13 \$2.37 \$3,058.94	\$3.56
	06/26/2023 - 06/26/2023				HC:95861 / 26 / 1	MA44	\$86.30 (B6)	\$1,614.00	PR-2 CO-45	\$34.52 \$1,527.70	\$51.78
	06/26/2023 - 06/26/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-2 CO-45	\$25.51 \$1,550.21	\$38.28
	06/26/2023 - 06/26/2023				HC:95999 / / 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$2,178.00 (AU)

Patient Name: LONDONO JR, LUIS	Claim Number: 02023157507D0680X00	Claim Date: 05/16/2023-05/16/2023	Claim Status Code: 22
Patient ID: JEA004105770	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$-23,350.00
Patient Ctrl Nmbr: 0.3004935	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-34.80
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 06/06/2023	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
6964270471Z1	05/16/2023 - 05/16/2023				HC:95941 / / 2	N830		\$-11,040.00	PR-1 CO-45	\$-281.56 \$-10,758.44	\$0.00
6964270471Z2	05/16/2023 - 05/16/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-60.51 \$-1,694.49	\$0.00
6964270471Z3	05/16/2023 - 05/16/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 CO-45	\$-48.06 \$-3,058.94	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

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
6964270471Z4	05/16/2023 - 05/16/2023				HC:95867 / 26 / 1	N830		\$-742.00	PR-1 CO-45	\$-44.39 \$-697.61	\$0.00
6964270471Z5	05/16/2023 - 05/16/2023				HC:95867 / 26,XU / 1	N830		\$-742.00	PR-1 CO-45	\$-32.71 \$-709.29	\$0.00
6964270471Z6	05/16/2023 - 05/16/2023				HC:92653 // 1	N830		\$-564.00	PR-1 PR-2 CO-45	\$-32.77 \$-23.20 \$-473.23	\$-34.80
6964270471Z7	05/16/2023 - 05/16/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Patient Name: LONDONO JR, LUIS E	Claim Number: 02023157507D0680X01	Claim Date: 05/16/2023-05/16/2023	Claim Status Code: 1
Patient ID: JEA004105770	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$23,350.00
Patient Ctrl Nmbr: 0.3004935	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$289.80
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$5,923.20
Original Ref Nmbr: 02023157507D0680X00			

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
	05/16/2023 - 05/16/2023				HC:95941 // 4	MA44	\$536.56 (B6)	\$11,040.00	PR-1 CO-45	\$281.56 \$10,503.44	\$255.00
	05/16/2023 - 05/16/2023				HC:95822 / 26 / 1	MA44	\$60.51 (B6)	\$1,755.00	PR-1 CO-45	\$60.51 \$1,694.49	\$0.00
	05/16/2023 - 05/16/2023				HC:95938 / 26 / 1	MA44	\$48.06 (B6)	\$3,107.00	PR-1 CO-45	\$48.06 \$3,058.94	\$0.00
	05/16/2023 - 05/16/2023				HC:95867 / 26 / 1	MA44	\$44.39 (B6)	\$742.00	PR-1 CO-45	\$44.39 \$697.61	\$0.00
	05/16/2023 - 05/16/2023				HC:95867 / 26,XU / 1	MA44	\$32.71 (B6)	\$742.00	PR-1 CO-45	\$32.71 \$709.29	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

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
	05/16/2023 - 05/16/2023				HC:92653 // 1	MA44	\$90.77 (B6)	\$564.00	PR-1 PR-2 CO-45	\$32.77 \$23.20 \$473.23	\$34.80
	05/16/2023 - 05/16/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$813.00 (AU)

Patient Name: ROBERTS, YOLANDA	Claim Number: 0202317150U58060X00	Claim Date: 05/09/2023-05/09/2023	Claim Status Code: 22
Patient ID: JEA001554750	Group / Policy: 0002380000200	Facility Type: 21	Claim Charge: \$-18,870.00
Patient Ctrl Nmbr: 0.2995667	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-67.38
Rendering Prvd: TANTILLO SEPULVEDA, GABRIELA	Rendering Prv ID:	Claim Received Date: 06/20/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 8
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
7008163376Z1	05/09/2023 - 05/09/2023				HC:95941 // 1	N830		\$-2,760.00	PR-1 CO-45	\$-140.78 \$-2,619.22	\$0.00
7008163376Z2	05/09/2023 - 05/09/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-60.51 \$-1,694.49	\$0.00
7008163376Z3	05/09/2023 - 05/09/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45 PR-1	\$-3,058.94 \$-48.06	\$0.00
7008163376Z4	05/09/2023 - 05/09/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45 PR-1	\$-1,527.70 \$-86.30	\$0.00
7008163376Z5	05/09/2023 - 05/09/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-1 CO-45	\$-63.79 \$-1,550.21	\$0.00
7008163376Z6	05/09/2023 - 05/09/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	PR-1 PR-2 CO-45	\$-2.65 \$-25.34 \$-1,243.99	\$-38.02

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

Line Details											Results: 8
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
7008163376Z7	05/09/2023 - 05/09/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45 PR-2	\$-1,261.08 \$-19.56	\$-29.36
7008163376Z8	05/09/2023 - 05/09/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Patient Name: ROBERTS, YOLANDA M	Claim Number: 0202317150U58060X01	Claim Date: 05/09/2023-05/09/2023	Claim Status Code: 1
Patient ID: JEA001554750	Group / Policy: 0002380000200	Facility Type: 21	Claim Charge: \$18,870.00
Patient Ctrl Nmbr: 0.2995667	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$157.01
Rendering Prvd: TANTILLO SEPULVEDA, GABRIELA	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$446.99
Original Ref Nmbr: 0202317150U58060X00			

Line Details											Results: 8
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
	05/09/2023 - 05/09/2023				HC:95941 // 1	MA44	\$140.78 (B6)	\$2,760.00	PR-1 CO-45	\$140.78 \$2,619.22	\$0.00
	05/09/2023 - 05/09/2023				HC:95822 / 26 / 1	MA44	\$60.51 (B6)	\$1,755.00	PR-1 CO-45	\$60.51 \$1,694.49	\$0.00
	05/09/2023 - 05/09/2023				HC:95938 / 26 / 1	MA44	\$137.69 (B6)	\$3,107.00	PR-1 CO-45	\$48.06 \$2,969.31	\$89.63
	05/09/2023 - 05/09/2023				HC:95861 / 26 / 1	MA44	\$86.30 (B6)	\$1,614.00	PR-1 CO-45	\$86.30 \$1,527.70	\$0.00
	05/09/2023 - 05/09/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00
	05/09/2023 - 05/09/2023				HC:95868 / 26 / 1	MA44	\$66.01 (B6)	\$1,310.00	PR-1 PR-2 CO-45	\$2.65 \$25.34 \$1,243.99	\$38.02
	05/09/2023 - 05/09/2023				HC:95868 / 26,XU / 1	MA44	\$48.92 (B6)	\$1,310.00	PR-2 CO-45	\$19.56 \$1,261.08	\$29.36
	05/09/2023 - 05/09/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

Supplemental Information - AMT/Payer Codes: \$604.00 (AU)

Patient Name: SPRINGER, CANDACE	Claim Number: 02023192501202A0X00	Claim Date: 04/26/2023-04/26/2023	Claim Status Code: 22
Patient ID: JEA002268070	Group / Policy: 0002380000200	Facility Type: 21	Claim Charge: \$-29,601.00
Patient Ctrl Nmbr: 0.2981444	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-119.68
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 07/11/2023	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
7071661402Z1	04/26/2023 - 04/26/2023				HC:95941 // 2	N830		\$-11,040.00	PR-1 CO-45	\$-281.56 \$-10,758.44	\$0.00
7071661402Z2	04/26/2023 - 04/26/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-60.51 \$-1,694.49	\$0.00
7071661402Z3	04/26/2023 - 04/26/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 CO-45	\$-48.06 \$-3,058.94	\$0.00
7071661402Z4	04/26/2023 - 04/26/2023				HC:95909 / 26 / 1	N830		\$-555.00	PR-1 PR-2 CO-45	\$-78.37 \$-2.32 \$-470.83	\$-3.48
7071661402Z5	04/26/2023 - 04/26/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	PR-2 CO-45	\$-38.72 \$-2,875.18	\$-58.10
7071661402Z6	04/26/2023 - 04/26/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	PR-2 CO-45	\$-38.72 \$-2,875.18	\$-58.10
7071661402Z7	04/26/2023 - 04/26/2023				HC:95999 // 1	N830		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

Patient Name: SPRINGER, CANDACE	Claim Number: 02023192501202A0X01	Claim Date: 04/26/2023-04/26/2023	Claim Status Code: 1
Patient ID: JEA002268070	Group / Policy: 0002380000200	Facility Type: 21	Claim Charge: \$29,601.00
Patient Ctrl Nmbr: 0.2981444	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$3,451.74
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$548.26
Original Ref Nmbr: 02023192501202A0X00			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

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
	04/26/2023 - 04/26/2023				HC:95941 // 4	MA44	\$3,613.62 (B6)	\$11,040.00	PR-1 CO-45	\$281.56 \$7,426.38	\$3,332.06
	04/26/2023 - 04/26/2023				HC:95822 / 26 / 1	MA44	\$60.51 (B6)	\$1,755.00	PR-1 CO-45	\$60.51 \$1,694.49	\$0.00
	04/26/2023 - 04/26/2023				HC:95938 / 26 / 1	MA44	\$48.06 (B6)	\$3,107.00	PR-1 CO-45	\$48.06 \$3,058.94	\$0.00
	04/26/2023 - 04/26/2023				HC:95909 / 26 / 1	MA44	\$84.17 (B6)	\$555.00	PR-1 PR-2 CO-45	\$78.37 \$2.32 \$470.83	\$3.48
	04/26/2023 - 04/26/2023				HC:95886 / 26 / 2	MA44	\$96.82 (B6)	\$2,972.00	PR-2 CO-45	\$38.72 \$2,875.18	\$58.10
	04/26/2023 - 04/26/2023				HC:95886 / 26,XU / 2	MA44	\$96.82 (B6)	\$2,972.00	PR-2 CO-45	\$38.72 \$2,875.18	\$58.10
	04/26/2023 - 04/26/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$4,000.00 (AU)

Patient Name: VASQUEZ, JUAN	Claim Number: 02023192500387A0X00	Claim Date: 04/07/2023-04/07/2023	Claim Status Code: 22
Patient ID: JEA001176320	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$-30,004.00
Patient Ctrl Nmbr: 0.2957774	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-187.40
Rendering Prvd: LIN, LU	Rendering Prv ID:	Claim Received Date: 07/11/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7071525663Z1	04/07/2023 - 04/07/2023				HC:95941 // 2	N830		\$-8,280.00	PR-1 CO-45	\$-281.56 \$-7,998.44	\$0.00
7071525663Z2	04/07/2023 - 04/07/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	PR-1 CO-45	\$-125.65 \$-3,688.35	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

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
7071525663Z3	04/07/2023 - 04/07/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-60.51 \$-1,694.49	\$0.00
7071525663Z4	04/07/2023 - 04/07/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 PR-2 CO-45	\$-0.78 \$-18.91 \$-3,058.94	\$-28.37
7071525663Z5	04/07/2023 - 04/07/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-2 CO-45	\$-34.52 \$-1,527.70	\$-51.78
7071525663Z6	04/07/2023 - 04/07/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-2 CO-45	\$-25.51 \$-1,550.21	\$-38.28
7071525663Z7	04/07/2023 - 04/07/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	PR-2 CO-45	\$-26.40 \$-1,243.99	\$-39.61
7071525663Z8	04/07/2023 - 04/07/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	PR-2 CO-45	\$-19.56 \$-1,261.08	\$-29.36
7071525663Z9	04/07/2023 - 04/07/2023				HC:95999 / / 1	N830		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

Patient Name: VASQUEZ, JUAN G	Claim Number: 02023192500387A0X01	Claim Date: 04/07/2023-04/07/2023	Claim Status Code: 1
Patient ID: JEA001176320	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$30,004.00
Patient Ctrl Nmbr: 0.2957774	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$2,406.60
Rendering Prvd: LIN, LU	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$593.40
Original Ref Nmbr: 02023192500387A0X00			

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
	04/07/2023 - 04/07/2023				HC:95941 / / 3	MA44	\$2,500.76 (B6)	\$8,280.00	PR-1 CO-45	\$281.56 \$5,779.24	\$2,219.20
	04/07/2023 - 04/07/2023				HC:95939 / 26 / 1	MA44	\$125.65 (B6)	\$3,814.00	PR-1 CO-45	\$125.65 \$3,688.35	\$0.00
	04/07/2023 - 04/07/2023				HC:95822 / 26 / 1	MA44	\$60.51 (B6)	\$1,755.00	PR-1 CO-45	\$60.51 \$1,694.49	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

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
	04/07/2023 - 04/07/2023				HC:95938 / 26 / 1	MA44	\$48.06 (B6)	\$3,107.00	PR-1 PR-2 CO-45	\$0.78 \$18.91 \$3,058.94	\$28.37
	04/07/2023 - 04/07/2023				HC:95861 / 26 / 1	MA44	\$86.30 (B6)	\$1,614.00	PR-2 CO-45	\$34.52 \$1,527.70	\$51.78
	04/07/2023 - 04/07/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-2 CO-45	\$25.51 \$1,550.21	\$38.28
	04/07/2023 - 04/07/2023				HC:95868 / 26 / 1	MA44	\$66.01 (B6)	\$1,310.00	PR-2 CO-45	\$26.40 \$1,243.99	\$39.61
	04/07/2023 - 04/07/2023				HC:95868 / 26,XU / 1	MA44	\$48.92 (B6)	\$1,310.00	PR-2 CO-45	\$19.56 \$1,261.08	\$29.36
	04/07/2023 - 04/07/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$3,000.00 (AU)

Patient Name: VERGARA, DINO	Claim Number: 0202317250063V90X00	Claim Date: 06/02/2023-06/02/2023	Claim Status Code: 22
Patient ID: JEA007910280	Group / Policy: 0002380000100	Facility Type: 22	Claim Charge: \$-22,684.00
Patient Ctrl Nmbr: 0.3025713	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-112.05
Rendering Prvd: IBRAHIM, BADRELDIN A	Rendering Prv ID:	Claim Received Date: 06/21/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7012334505Z1	06/02/2023 - 06/02/2023				HC:95941 / / 1			\$-2,760.00	PR-1 PR-45	\$-140.78 \$-2,619.22	\$0.00
7012334505Z2	06/02/2023 - 06/02/2023				HC:95939 / 26 / 1			\$-3,814.00	PR-1 PR-45	\$-128.96 \$-3,685.04	\$0.00
7012334505Z3	06/02/2023 - 06/02/2023				HC:95822 / 26 / 1			\$-1,755.00	PR-1 PR-45	\$-62.03 \$-1,692.97	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

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
7012334505Z4	06/02/2023 - 06/02/2023				HC:95938 / 26 / 1			\$-3,107.00	PR-1 PR-45	\$-49.35 \$-3,057.65	\$0.00
7012334505Z5	06/02/2023 - 06/02/2023				HC:95861 / 26 / 1			\$-1,614.00	PR-1 PR-45	\$-88.61 \$-1,525.39	\$0.00
7012334505Z6	06/02/2023 - 06/02/2023				HC:95861 / 26,XU / 1			\$-1,614.00	PR-45 PR-1 PR-2	\$-1,529.46 \$-30.27 \$-21.70	\$-32.57
7012334505Z7	06/02/2023 - 06/02/2023				HC:95868 / 26 / 1			\$-1,310.00	PR-2 PR-45	\$-27.04 \$-1,242.38	\$-40.58
7012334505Z8	06/02/2023 - 06/02/2023				HC:95868 / 26,XU / 1			\$-1,310.00	PR-2 PR-45	\$-25.93 \$-1,245.17	\$-38.90
7012334505Z9	06/02/2023 - 06/02/2023				HC:95999 // 3	M15		\$-5,400.00	PR-97	\$-5,400.00	\$0.00

Patient Name: VERGARA, DINO A	Claim Number: 0202317250063V90X01	Claim Date: 06/02/2023-06/02/2023	Claim Status Code: 1
Patient ID: JEA007910280	Group / Policy: 0002380000100	Facility Type: 22	Claim Charge: \$22,684.00
Patient Ctrl Nmbr: 0.3025713	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$1,425.33
Rendering Prvd: IBRAHIM, BADRELDIN A	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$574.67
Original Ref Nmbr: 0202317250063V90X00			

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
	06/02/2023 - 06/02/2023				HC:95941 // 1	MA44	\$1,454.06 (B6)	\$2,760.00	PR-1 CO-45	\$140.78 \$1,305.94	\$1,313.28
	06/02/2023 - 06/02/2023				HC:95939 / 26 / 1	MA44	\$128.96 (B6)	\$3,814.00	PR-1 CO-45	\$128.96 \$3,685.04	\$0.00
	06/02/2023 - 06/02/2023				HC:95822 / 26 / 1	MA44	\$62.03 (B6)	\$1,755.00	PR-1 CO-45	\$62.03 \$1,692.97	\$0.00
	06/02/2023 - 06/02/2023				HC:95938 / 26 / 1	MA44	\$49.35 (B6)	\$3,107.00	PR-1 CO-45	\$49.35 \$3,057.65	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

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
	06/02/2023 - 06/02/2023				HC:95861 / 26 / 1	MA44	\$88.61 (B6)	\$1,614.00	PR-1 CO-45	\$88.61 \$1,525.39	\$0.00
	06/02/2023 - 06/02/2023				HC:95861 / 26,XU / 1	MA44	\$84.54 (B6)	\$1,614.00	PR-1 PR-2 CO-45	\$30.27 \$21.70 \$1,529.46	\$32.57
	06/02/2023 - 06/02/2023				HC:95868 / 26 / 1	MA44	\$67.62 (B6)	\$1,310.00	PR-2 CO-45	\$27.04 \$1,242.38	\$40.58
	06/02/2023 - 06/02/2023				HC:95868 / 26,XU / 1	MA44	\$64.83 (B6)	\$1,310.00	PR-2 CO-45	\$25.93 \$1,245.17	\$38.90
	06/02/2023 - 06/02/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$2,000.00 (AU)

Code Descriptions

REMARK CODE(S):

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

MA44=Alert: No appeal rights. Adjudicative decision based on law.

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

PR=Patient Responsibility

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

1=Deductible Amount

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355570	Check/EFT Date: 10/20/2023	Total Paid: \$13,936.73
---------------------------------------------	------------------------------------------------	-----------------------------------	--------------------------------

CLAIM ADJUSTMENT REASON CODE(S):

2=Coinsurance 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)

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary