

Check Summary

Transaction Date: October 13, 2023

BCBS HEALTHCARE PLAN OF GA PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908 ANTHEM.COM	Payee Tax ID: 821395495 Payee ID: 1639608516 Check/EFT Trace Number: 3223326235 Payment Amount: 6,531.86 Check/EFT Date: 10/13/2023 Production End Cycle Date: 10/12/2023	Payee Name: UNIVERSITY NEURO Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6		\$2.15

Patient Name: HICKS, SHIRLEY	Claim Number: 2023262ER8794	Claim Date: 08/04/2023-08/04/2023	Claim Status Code: 1
Patient ID: SJNA150W5065	Group / Policy: GA80392SAG	Facility Type:	Claim Charge: \$24,780.00
Patient Ctrl Nmbr: 0.3094702	Contract Hdr: SHBP HRA PLAN	Claim Frequency:	Claim Payment: \$6,529.71
Rendering Prvd: HARTSHORN, ALENDIA	Rendering Prv ID:	Claim Received Date: 09/19/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details Results: 10

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
7304478315Z10	08/04/2023 - 08/04/2023				HC:95999 // 3	N830	\$4,200.00 (B6)	\$6,000.00	CO-45	\$1,800.00	\$4,200.00
7304478315Z1	08/04/2023 - 08/04/2023				HC:95941 // 1			\$3,537.00	CO-97	\$3,537.00	\$0.00
7304478315Z2	08/04/2023 - 08/04/2023				HC:95822 / 26 / 1	N830	\$332.48 (B6)	\$2,436.00	CO-45	\$2,103.52	\$332.48
7304478315Z3	08/04/2023 - 08/04/2023				HC:95938 / 26 / 1	N830	\$1,190.20 (B6)	\$2,943.00	CO-45	\$1,752.80	\$1,190.20
7304478315Z4	08/04/2023 - 08/04/2023				HC:95861 / 26 / 1	N830	\$297.93 (B6)	\$1,200.00	CO-45	\$902.07	\$297.93
7304478315Z5	08/04/2023 - 08/04/2023				HC:95861 / 26,XU / 1			\$1,200.00	PI-119	\$1,200.00	\$0.00

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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
7304478315Z6	08/04/2023 - 08/04/2023				HC:95865 / 26 / 1	N830	\$266.45 (B6)	\$1,953.00	CO-45	\$1,686.55	\$266.45
7304478315Z7	08/04/2023 - 08/04/2023				HC:95865 / 26,XU / 1			\$1,953.00	PI-119	\$1,953.00	\$0.00
7304478315Z8	08/04/2023 - 08/04/2023				HC:95868 / 26,XU / 1	N830	\$242.65 (B6)	\$1,779.00	CO-45	\$1,536.35	\$242.65
7304478315Z9	08/04/2023 - 08/04/2023				HC:95868 / 26,XU / 1			\$1,779.00	PI-119	\$1,779.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$2.15 (I)

Code Descriptions

REMARK CODE(S):

L6=Interest Owed

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

I=Interest

GROUP CODE(S):

CO=Contractual Obligations

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

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.

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CLAIM ADJUSTMENT REASON CODE(S):

119=Benefit maximum for this time period or occurrence has been reached.

CLAIM STATUS CODE(S):

1=Processed as Primary