

Check Summary**Transaction Date:** October 18, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23289E09602020 Payment Amount: 7,514.54 Check/EFT Date: 10/18/2023 Production End Cycle Date: 10/16/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: VALENZUELA, DORA**Claim Number:** 0202325150S37860X00**Claim Date:** 08/23/2023-08/23/2023 **Claim Status Code:** 22**Patient ID:** T3X839131225**Group / Policy:** 0004850000001**Facility Type:** 21**Claim Charge:** \$-32,243.00**Patient Ctrl Nmbr:** 0.3117019**Contract Hdr:** PREFERRED PROVIDER
ORGANIZATION**Claim Frequency:** 1**Claim Payment:** \$-1,126.90**Rendering Prvd:** MOORE, OMAR J**Claim Received Date:** 09/08/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Rendering Prv ID:****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
7262102026Z1	08/23/2023 - 08/23/2023				HC:95941 // 5	N830		\$-13,800.00	CO-45	\$-13,096.10	\$-703.90
7262102026Z2	08/23/2023 - 08/23/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,686.24	\$-68.76
7262102026Z3	08/23/2023 - 08/23/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,052.39	\$-54.61
7262102026Z4	08/23/2023 - 08/23/2023				HC:95908 / 26 / 1	N830		\$-437.00	CO-45	\$-357.41	\$-79.59
7262102026Z5	08/23/2023 - 08/23/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,861.98	\$-110.02
7262102026Z6	08/23/2023 - 08/23/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,861.98	\$-110.02
7262102026Z7	08/23/2023 - 08/23/2023				HC:95999 // 1	N830		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602020	Check/EFT Date: 10/18/2023	Total Paid: \$7,514.54
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Patient Name: VALENZUELA, DORA L	Claim Number: 0202325150S37860X01	Claim Date: 08/23/2023-08/23/2023	Claim Status Code: 1
Patient ID: T3X839131225	Group / Policy: 0004850000001	Facility Type: 21	Claim Charge: \$32,243.00
Patient Ctrl Nbr: 0.3117019	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$8,641.44
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/11/2023	Patient Resp: \$0.00
Original Ref Nbr: 0202325150S37860X00			

Line Details											Results: 7
Line Ctrl Nbr	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
	08/23/2023 - 08/23/2023				HC:95941 // 5	MA44	\$8,641.44 (B6)	\$13,800.00	CO-45	\$5,158.56	\$8,641.44
	08/23/2023 - 08/23/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	08/23/2023 - 08/23/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	08/23/2023 - 08/23/2023				HC:95908 / 26 / 1	MA44		\$437.00	CO-45	\$437.00	\$0.00
	08/23/2023 - 08/23/2023				HC:95886 / 26 / 2	MA44		\$2,972.00	CO-45	\$2,972.00	\$0.00
	08/23/2023 - 08/23/2023				HC:95886 / 26,XU / 2	MA44		\$2,972.00	CO-45	\$2,972.00	\$0.00
	08/23/2023 - 08/23/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$8,641.44 (AU)

Code Descriptions

REMARK CODE(S):

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).

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602020	Check/EFT Date: 10/18/2023	Total Paid: \$7,514.54
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AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations

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)

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment
1=Processed as Primary