

Check Summary

Transaction Date: October 26, 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: 3224405972 Payment Amount: 7,169.84 Check/EFT Date: 10/26/2023 Production End Cycle Date: 10/25/2023	Payee Name: UNIVERSITY NEURO Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: MOSLEY, MARQUIS M

Claim Number: 2023237DM6457

Claim Date: 07/28/2023-07/28/2023 Claim Status Code: 4

Patient ID: 5554790AB	Group / Policy: 174632M009	Facility Type:	Claim Charge: \$33,911.00
Patient Ctrl Nmbr: 0.3087811	Contract Hdr: OPEN ACCESS POS	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HARTSHORN, ALENDIA	Rendering Prv ID:	Claim Received Date: 08/25/2023	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
7217958506Z1	07/28/2023 - 07/28/2023				HC:95941 / / 0	N706		\$7,074.00	PI-226	\$7,074.00	\$0.00
7217958506Z2	07/28/2023 - 07/28/2023				HC:95939 / 26 / 0	N706		\$7,500.00	PI-226	\$7,500.00	\$0.00
7217958506Z3	07/28/2023 - 07/28/2023				HC:95822 / 26 / 0	N706		\$2,436.00	PI-226	\$2,436.00	\$0.00
7217958506Z4	07/28/2023 - 07/28/2023				HC:95938 / 26 / 0	N706		\$2,943.00	PI-226	\$2,943.00	\$0.00
7217958506Z5	07/28/2023 - 07/28/2023				HC:95861 / 26 / 0	N706		\$1,200.00	PI-226	\$1,200.00	\$0.00
7217958506Z6	07/28/2023 - 07/28/2023				HC:95861 / 26,XU / 0	N706		\$1,200.00	PI-226	\$1,200.00	\$0.00
7217958506Z7	07/28/2023 - 07/28/2023				HC:95868 / 26 / 0	N706		\$1,779.00	PI-226	\$1,779.00	\$0.00
7217958506Z8	07/28/2023 - 07/28/2023				HC:95868 / 26,XU / 0	N706		\$1,779.00	PI-226	\$1,779.00	\$0.00

Payer: BCBS HEALTHCARE PLAN OF GA	Check/EFT Trace Number: 3224405972	Check/EFT Date: 10/26/2023	Total Paid: \$7,169.84
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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
7217958506Z9	07/28/2023 - 07/28/2023				HC:95999 // 0	N706		\$8,000.00	PI-226	\$8,000.00	\$0.00

Patient Name: MOSLEY, MARQUIS M	Claim Number: 2023237DM6457	Claim Date: 07/28/2023-07/28/2023	Claim Status Code: 22
Patient ID: 5554790AB	Group / Policy: 174632M009	Facility Type:	Claim Charge: \$-33,911.00
Patient Ctrl Nmbr: 0.3087811	Contract Hdr: OPEN ACCESS POS	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HARTSHORN, ALENDIA	Rendering Prv ID:	Claim Received Date: 08/25/2023	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
7217958506Z1	07/28/2023 - 07/28/2023				HC:95941 // 0	M127 N202		\$-7,074.00	CO-252	\$-7,074.00	\$0.00
7217958506Z2	07/28/2023 - 07/28/2023				HC:95939 / 26 / 0	M127 N202		\$-7,500.00	CO-252	\$-7,500.00	\$0.00
7217958506Z3	07/28/2023 - 07/28/2023				HC:95822 / 26 / 0	M127 N202		\$-2,436.00	CO-252	\$-2,436.00	\$0.00
7217958506Z4	07/28/2023 - 07/28/2023				HC:95938 / 26 / 0	M127 N202		\$-2,943.00	CO-252	\$-2,943.00	\$0.00
7217958506Z5	07/28/2023 - 07/28/2023				HC:95861 / 26 / 0	M127 N202		\$-1,200.00	CO-252	\$-1,200.00	\$0.00
7217958506Z6	07/28/2023 - 07/28/2023				HC:95861 / 26,XU / 0	M127 N202		\$-1,200.00	CO-252	\$-1,200.00	\$0.00
7217958506Z7	07/28/2023 - 07/28/2023				HC:95868 / 26 / 0	M127 N202		\$-1,779.00	CO-252	\$-1,779.00	\$0.00
7217958506Z8	07/28/2023 - 07/28/2023				HC:95868 / 26,XU / 0	M127 N202		\$-1,779.00	CO-252	\$-1,779.00	\$0.00
7217958506Z9	07/28/2023 - 07/28/2023				HC:95999 // 0	M127 N202		\$-8,000.00	CO-252	\$-8,000.00	\$0.00

Payer: BCBS HEALTHCARE PLAN OF GA	Check/EFT Trace Number: 3224405972	Check/EFT Date: 10/26/2023	Total Paid: \$7,169.84
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Patient Name: MOSS, LYNN	Claim Number: 2023261KC0186	Claim Date: 07/13/2023-07/13/2023	Claim Status Code: 4
Patient ID: 841651141	Group / Policy: ITSPPO102	Facility Type:	Claim Charge: \$27,714.00
Patient Ctrl Nmbr: 0.3070514	Contract Hdr: GA BLUE CHOICE PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 09/18/2023	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
	07/13/2023 - 07/13/2023				HC:95941 // 0	M127 N202		\$3,537.00	PI-252	\$3,537.00	\$0.00
	07/13/2023 - 07/13/2023				HC:95822 / 26,XU / 0	M127 N202		\$2,436.00	PI-252	\$2,436.00	\$0.00
	07/13/2023 - 07/13/2023				HC:95938 / 26 / 0	M127 N202		\$2,943.00	PI-252	\$2,943.00	\$0.00
	07/13/2023 - 07/13/2023				HC:95908 / 26,XU / 0	M127 N202		\$1,800.00	PI-252	\$1,800.00	\$0.00
	07/13/2023 - 07/13/2023				HC:51785 / 26 / 0	M127 N202		\$2,799.00	PI-252	\$2,799.00	\$0.00
	07/13/2023 - 07/13/2023				HC:51785 / 26,XU / 0	M127 N202		\$2,799.00	PI-252	\$2,799.00	\$0.00
	07/13/2023 - 07/13/2023				HC:95886 / 26 / 0	M127 N202		\$2,700.00	PI-252	\$2,700.00	\$0.00
	07/13/2023 - 07/13/2023				HC:95886 / 26,XU / 0	M127 N202		\$2,700.00	PI-252	\$2,700.00	\$0.00
	07/13/2023 - 07/13/2023				HC:95999 // 0	M127 N202		\$6,000.00	PI-252	\$6,000.00	\$0.00

Patient Name: PARKER, JEFFERY	Claim Number: 20232507A1305	Claim Date: 07/13/2022-07/13/2022	Claim Status Code: 4
Patient ID: 839002960	Group / Policy: ITSPPO102	Facility Type:	Claim Charge: \$16,592.00
Patient Ctrl Nmbr: 0.2634632	Contract Hdr: GA BLUE CHOICE PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 09/07/2023	Patient Resp: \$16,592.00
Original Ref Nmbr:			

Payer: BCBS HEALTHCARE PLAN OF GA	Check/EFT Trace Number: 3224405972	Check/EFT Date: 10/26/2023	Total Paid: \$7,169.84
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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
	07/13/2022 - 07/13/2022				HC:95941 // 0			\$2,760.00	PR-29	\$2,760.00	\$0.00
	07/13/2022 - 07/13/2022				HC:95822 / 26,XU / 0			\$1,755.00	PR-29	\$1,755.00	\$0.00
	07/13/2022 - 07/13/2022				HC:95938 / 26 / 0			\$3,107.00	PR-29	\$3,107.00	\$0.00
	07/13/2022 - 07/13/2022				HC:51785 / 26 / 0			\$1,071.00	PR-29	\$1,071.00	\$0.00
	07/13/2022 - 07/13/2022				HC:51785 / 26,XU / 0			\$1,071.00	PR-29	\$1,071.00	\$0.00
	07/13/2022 - 07/13/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-29	\$1,614.00	\$0.00
	07/13/2022 - 07/13/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-29	\$1,614.00	\$0.00
	07/13/2022 - 07/13/2022				HC:95999 // 0			\$3,600.00	PR-29	\$3,600.00	\$0.00

Patient Name: VANLANNEN, TYSON	Claim Number: 2023262EZ2515	Claim Date: 08/25/2023-08/25/2023	Claim Status Code: 1
Patient ID: VFY000314	Group / Policy: ITSPPO102	Facility Type:	Claim Charge: \$33,911.00
Patient Ctrl Nmbr: 0.3119520	Contract Hdr: GA BLUE CHOICE PPO	Claim Frequency:	Claim Payment: \$7,169.84
Rendering Prvd: MOORE, OMAR	Rendering Prv ID:	Claim Received Date: 09/19/2023	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
7304853733Z1	08/25/2023 - 08/25/2023				HC:95941 // 2	N830	\$426.74 (B6)	\$7,074.00	CO-45	\$6,647.26	\$426.74
7304853733Z2	08/25/2023 - 08/25/2023				HC:95939 / 26 / 1	N830	\$111.01 (B6)	\$7,500.00	CO-45	\$7,388.99	\$111.01

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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
7304853733Z3	08/25/2023 - 08/25/2023				HC:95822 / 26 / 1	N830	\$53.70 (B6)	\$2,436.00	CO-45	\$2,382.30	\$53.70
7304853733Z4	08/25/2023 - 08/25/2023				HC:95938 / 26 / 1	N830	\$42.98 (B6)	\$2,943.00	CO-45	\$2,900.02	\$42.98
7304853733Z5	08/25/2023 - 08/25/2023				HC:95861 / 26 / 1	N830	\$76.83 (B6)	\$1,200.00	CO-45	\$1,123.17	\$76.83
7304853733Z6	08/25/2023 - 08/25/2023				HC:95861 / 26,XU / 1			\$1,200.00	PI-119	\$1,200.00	\$0.00
7304853733Z7	08/25/2023 - 08/25/2023				HC:95868 / 26 / 1	N830	\$58.58 (B6)	\$1,779.00	CO-45	\$1,720.42	\$58.58
7304853733Z8	08/25/2023 - 08/25/2023				HC:95868 / 26,XU / 1			\$1,779.00	PI-119	\$1,779.00	\$0.00
7304853733Z9	08/25/2023 - 08/25/2023				HC:95999 // 4	N830		\$8,000.00	CO-45	\$1,600.00	\$6,400.00

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

N202=Alert: Additional information/explanation will be sent separately.

N706=Missing documentation.

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

GROUP CODE(S):

PI=Payor Initiated Reductions

CO=Contractual Obligations

PR=Patient Responsibility

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CLAIM ADJUSTMENT REASON CODE(S):

226=Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

252=An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).

29=The time limit for filing has expired.

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)

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

CLAIM STATUS CODE(S):

4=Denied

22=Reversal of Previous Payment

1=Processed as Primary