

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: C23289E09602000 Payment Amount: 3,574.42 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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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
CS	02022335509S8800X01.0.2632450	\$340.60

Patient Name: ARONOV, FREDDI

Claim Number: 020232795060Y420X00

Claim Date: 09/07/2023-09/07/2023 Claim Status Code: 1

Patient ID: PPA848803894

Group / Policy: 000ZGPPOX0000

Facility Type: 21

Claim Charge: \$18,476.00

Patient Ctrl Nmbr: 0.3132857

Contract Hdr: PREFERRED PROVIDER
ORGANIZATION

Claim Frequency: 1

Claim Payment: \$354.20

Rendering Prvd: THOMAS, GEORGE P

Rendering Prv ID:

Claim Received Date: 10/06/2023

Patient Resp: \$18,121.80

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
7380252217Z1	09/07/2023 - 09/07/2023				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-1 PR-2 PR-45	\$100.00 \$64.47 \$7,857.66	\$257.87
7380252217Z2	09/07/2023 - 09/07/2023				HC:95926 / 26 / 1		\$227.00 (B6)	\$227.00	PR-2 PR-45	\$3.98 \$207.09	\$15.93
7380252217Z3	09/07/2023 - 09/07/2023				HC:95908 / 26 / 1		\$437.00 (B6)	\$437.00	PR-2 PR-45	\$9.55 \$389.25	\$38.20
7380252217Z4	09/07/2023 - 09/07/2023				HC:95885 / 26 / 2		\$1,166.00 (B6)	\$1,166.00	PR-2 PR-45	\$5.28 \$1,139.62	\$21.10
7380252217Z5	09/07/2023 - 09/07/2023				HC:95885 / 26,XU / 2		\$1,166.00 (B6)	\$1,166.00	PR-2 PR-45	\$5.28 \$1,139.62	\$21.10

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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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
7380252217Z6	09/07/2023 - 09/07/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$542.76 (AU)

Patient Name: BENTLEY, DIANA	Claim Number: 02023251506P3570X00	Claim Date: 08/24/2023-08/24/2023	Claim Status Code: 1
Patient ID: YAX866190359	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$13,784.00
Patient Ctrl Nmbr: 0.3118867	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/08/2023	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
7263034027Z1	08/24/2023 - 08/24/2023				HC:95941 // 1	N350		\$2,760.00	PI-252	\$2,760.00	\$0.00
7263034027Z2	08/24/2023 - 08/24/2023				HC:95865 / 26 / 1	N350		\$1,502.00	PI-252	\$1,502.00	\$0.00
7263034027Z3	08/24/2023 - 08/24/2023				HC:95865 / 26,XU / 1	N350		\$1,502.00	PI-252	\$1,502.00	\$0.00
7263034027Z4	08/24/2023 - 08/24/2023				HC:95868 / 26,XU / 1	N350		\$1,310.00	PI-252	\$1,310.00	\$0.00
7263034027Z5	08/24/2023 - 08/24/2023				HC:95868 / 26,XU / 1	N350		\$1,310.00	PI-252	\$1,310.00	\$0.00
7263034027Z6	08/24/2023 - 08/24/2023				HC:95999 // 3	N350		\$5,400.00	PI-252	\$5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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Patient Name: DUNCAN, TAYLOR	Claim Number: 0202325550C92240X00	Claim Date: 08/29/2023-08/29/2023	Claim Status Code: 1
Patient ID: TXX981547445	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$14,495.00
Patient Ctrl Nmbr: 0.3123617	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 09/12/2023	Patient Resp: \$14,495.00
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
7275485882Z1	08/29/2023 - 08/29/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-272	\$2,760.00	\$0.00
7275485882Z2	08/29/2023 - 08/29/2023				HC:95938 / 26 / 1	N130	\$3,107.00 (B6)	\$3,107.00	PR-96	\$3,107.00	\$0.00
7275485882Z3	08/29/2023 - 08/29/2023				HC:95861 / 26 / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
7275485882Z4	08/29/2023 - 08/29/2023				HC:95861 / 26,XU / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
7275485882Z5	08/29/2023 - 08/29/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-272	\$5,400.00	\$0.00

Patient Name: FOX BILLER, JODI	Claim Number: 02023143507135U0X00	Claim Date: 04/26/2023-04/26/2023	Claim Status Code: 22
Patient ID: ISM107013557	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$-33,008.00
Patient Ctrl Nmbr: 0.2980136	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 05/23/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details **Results:** 11

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
6922823035Z1	04/26/2023 - 04/26/2023				HC:95941 // 3	N661		\$-8,280.00	PR-50	\$-8,280.00	\$0.00
6922823035Z2	04/26/2023 - 04/26/2023				HC:95939 / 26 / 1	N661		\$-3,814.00	PR-50	\$-3,814.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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Line Details											Results: 11
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
6922823035Z3	04/26/2023 - 04/26/2023				HC:95822 / 26 / 1	N661		\$-1,755.00	PR-50	\$-1,755.00	\$0.00
6922823035Z4	04/26/2023 - 04/26/2023				HC:95938 / 26 / 1	N661		\$-3,107.00	PR-50	\$-3,107.00	\$0.00
6922823035Z5	04/26/2023 - 04/26/2023				HC:95861 / 26 / 1	N661		\$-1,614.00	PR-50	\$-1,614.00	\$0.00
6922823035Z6	04/26/2023 - 04/26/2023				HC:95861 / 26,XU / 1	N661		\$-1,614.00	PR-50	\$-1,614.00	\$0.00
6922823035Z7	04/26/2023 - 04/26/2023				HC:95865 / 26 / 1	N661		\$-1,502.00	PR-50	\$-1,502.00	\$0.00
6922823035Z8	04/26/2023 - 04/26/2023				HC:95865 / 26,XU / 1	N661		\$-1,502.00	PR-50	\$-1,502.00	\$0.00
6922823035Z9	04/26/2023 - 04/26/2023				HC:95868 / 26,XU / 1	N661		\$-1,310.00	PR-50	\$-1,310.00	\$0.00
6922823035Z10	04/26/2023 - 04/26/2023				HC:95868 / 26,XU / 1	N661		\$-1,310.00	PR-50	\$-1,310.00	\$0.00
6922823035Z11	04/26/2023 - 04/26/2023				HC:95999 // 4	N661		\$-7,200.00	PR-50	\$-7,200.00	\$0.00

Patient Name: FOX BILLER, JODI	Claim Number: 02023143507135U0X01	Claim Date: 04/26/2023-04/26/2023	Claim Status Code: 1
Patient ID: ISM107013557001	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$33,008.00
Patient Ctrl Nmbr: 0.2980136	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$25.97
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/11/2023	Patient Resp: \$32,982.03
Original Ref Nmbr: 02023143507135U0X00			

Line Details											Results: 11
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 // 3	N661	\$8,280.00 (B6)	\$8,280.00	PR-50	\$8,280.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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Line Details											Results: 11
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:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-45	\$85.67 \$3,728.33	\$0.00
	04/26/2023 - 04/26/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-2 PR-45	\$36.93 \$1.30 \$1,713.74	\$3.03
	04/26/2023 - 04/26/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$9.83 \$3,074.23	\$22.94
	04/26/2023 - 04/26/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00
	04/26/2023 - 04/26/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$63.79 \$1,550.21	\$0.00
	04/26/2023 - 04/26/2023				HC:95865 / 26 / 1		\$1,502.00 (B6)	\$1,502.00	PR-1 PR-45	\$59.65 \$1,442.35	\$0.00
	04/26/2023 - 04/26/2023				HC:95865 / 26,XU / 1		\$1,502.00 (B6)	\$1,502.00	PR-1 PR-45	\$64.33 \$1,437.67	\$0.00
	04/26/2023 - 04/26/2023				HC:95868 / 26,XU / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
	04/26/2023 - 04/26/2023				HC:95868 / 26,XU / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
	04/26/2023 - 04/26/2023				HC:95999 // 1	N130	\$7,200.00 (B6)	\$7,200.00	PR-96	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$406.31 (AU)

Patient Name: GARZA, WINDI	Claim Number: 0202327050521F50X00	Claim Date: 11/16/2022-11/16/2022	Claim Status Code: 1
Patient ID: DIBW01721671	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$16,030.00
Patient Ctrl Nmbr: 0.2792447	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: HEGAZY, MOHAMED	Rendering Prv ID:	Claim Received Date: 09/27/2023	Patient Resp: \$16,030.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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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
7344707727Z1	11/16/2022 - 11/16/2022				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-29	\$5,520.00	\$0.00
7344707727Z2	11/16/2022 - 11/16/2022				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-29	\$1,755.00	\$0.00
7344707727Z3	11/16/2022 - 11/16/2022				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-29	\$3,107.00	\$0.00
7344707727Z4	11/16/2022 - 11/16/2022				HC:95867 / 26 / 1		\$742.00 (B6)	\$742.00	PR-29	\$742.00	\$0.00
7344707727Z5	11/16/2022 - 11/16/2022				HC:95867 / 26,XU / 1		\$742.00 (B6)	\$742.00	PR-29	\$742.00	\$0.00
7344707727Z6	11/16/2022 - 11/16/2022				HC:92653 / 26 / 1		\$564.00 (B6)	\$564.00	PR-29	\$564.00	\$0.00
7344707727Z7	11/16/2022 - 11/16/2022				HC:95999 // 2		\$3,600.00 (B6)	\$3,600.00	PR-29	\$3,600.00	\$0.00

Patient Name: JARVIS, JAMES	Claim Number: 02023275507579V0X00	Claim Date: 09/28/2023-09/28/2023	Claim Status Code: 1
Patient ID: PPA802619756	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$73,260.00
Patient Ctrl Nmbr: 0.3160686	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$688.15
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp: \$62,931.85
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
7362016222Z1	09/28/2023 - 09/28/2023				HC:95941 // 5		\$13,800.00 (B6)	\$13,800.00	PR-2 PR-45	\$211.17 \$13,096.10	\$492.73
7362016222Z2	09/28/2023 - 09/28/2023				HC:95939 / 26 / 1		\$10,303.00 (B6)	\$10,303.00	PR-2 PR-45	\$25.70 \$10,217.33	\$59.97
7362016222Z3	09/28/2023 - 09/28/2023				HC:95938 / 26 / 1		\$7,270.00 (B6)	\$7,270.00	PR-2 PR-45	\$9.83 \$7,237.23	\$22.94

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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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
7362016222Z4	09/28/2023 - 09/28/2023				HC:95955 / 26 / 1		\$6,979.00 (B6)	\$6,979.00	PR-2 PR-45	\$11.55 \$6,940.49	\$26.96
7362016222Z5	09/28/2023 - 09/28/2023				HC:95868 / 26 / 1		\$4,214.00 (B6)	\$4,214.00	PR-2 PR-45	\$13.50 \$4,168.99	\$31.51
7362016222Z6	09/28/2023 - 09/28/2023				HC:95868 / 26,XU / 1		\$4,214.00 (B6)	\$4,214.00	PR-2 PR-45	\$14.68 \$4,165.08	\$34.24
7362016222Z7	09/28/2023 - 09/28/2023				HC:95870 / 26,XU / 2	M127		\$9,640.00	PI-252	\$9,640.00	\$0.00
7362016222Z8	09/28/2023 - 09/28/2023				HC:95870 / 26,XU / 2		\$9,640.00 (B6)	\$9,640.00	PR-2 PR-45	\$8.48 \$9,611.72	\$19.80
7362016222Z9	09/28/2023 - 09/28/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$983.06 (AU)

Patient Name: JOHNSON, DONNA	Claim Number: 0202328250026B80X00	Claim Date: 09/13/2023-09/13/2023	Claim Status Code: 1
Patient ID: RJF130049097	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$35,427.00
Patient Ctrl Nmbr: 0.3140085	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/09/2023	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
7385869657Z1	09/13/2023 - 09/13/2023				HC:95941 // 4	N830		\$11,040.00	OA-209	\$11,040.00	\$0.00
7385869657Z2	09/13/2023 - 09/13/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7385869657Z3	09/13/2023 - 09/13/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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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
7385869657Z4	09/13/2023 - 09/13/2023				HC:95908 / 26 / 1	N830		\$437.00	OA-209	\$437.00	\$0.00
7385869657Z5	09/13/2023 - 09/13/2023				HC:95886 / 26 / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7385869657Z6	09/13/2023 - 09/13/2023				HC:95886 / 26,XU / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7385869657Z7	09/13/2023 - 09/13/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Patient Name: JORDAN, CALVIN	Claim Number: 0202327150Y45150X00	Claim Date: 07/17/2023-07/17/2023	Claim Status Code: 1
Patient ID: WHW129258365	Group / Policy:	Facility Type: 21	Claim Charge: \$30,248.00
Patient Ctrl Nmbr: 0.3074097	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$30,248.00
Original Ref Nmbr:			

Line Details										Results: 11	
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
7348477910Z1	07/17/2023 - 07/17/2023				HC:95941 // 2	N130	\$5,520.00 (B6)	\$5,520.00	PR-96	\$5,520.00	\$0.00
7348477910Z2	07/17/2023 - 07/17/2023				HC:95939 / 26 / 1	N130	\$3,814.00 (B6)	\$3,814.00	PR-96	\$3,814.00	\$0.00
7348477910Z3	07/17/2023 - 07/17/2023				HC:95938 / 26 / 1	N130	\$3,107.00 (B6)	\$3,107.00	PR-96	\$3,107.00	\$0.00
7348477910Z4	07/17/2023 - 07/17/2023				HC:95955 / 26 / 1	N130	\$1,755.00 (B6)	\$1,755.00	PR-96	\$1,755.00	\$0.00
7348477910Z5	07/17/2023 - 07/17/2023				HC:95861 / 26 / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
7348477910Z6	07/17/2023 - 07/17/2023				HC:95861 / 26,XU / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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Line Details											Results: 11
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
7348477910Z7	07/17/2023 - 07/17/2023				HC:95865 / 26 / 1	N130	\$1,502.00 (B6)	\$1,502.00	PR-96	\$1,502.00	\$0.00
7348477910Z8	07/17/2023 - 07/17/2023				HC:95865 / 26,XU / 1	N130	\$1,502.00 (B6)	\$1,502.00	PR-96	\$1,502.00	\$0.00
7348477910Z9	07/17/2023 - 07/17/2023				HC:95868 / 26,XU / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
7348477910Z10	07/17/2023 - 07/17/2023				HC:95868 / 26,XU / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
7348477910Z11	07/17/2023 - 07/17/2023				HC:95999 // 4	N130	\$7,200.00 (B6)	\$7,200.00	PR-96	\$7,200.00	\$0.00

Patient Name: KANE, REBECCA	Claim Number: 0202327950A64140X00	Claim Date: 09/08/2023-09/08/2023	Claim Status Code: 1
Patient ID: SGY0006206NE	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$20,884.00
Patient Ctrl Nmbr: 0.3134784	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/06/2023	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
7375401075Z1	09/08/2023 - 09/08/2023				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7375401075Z2	09/08/2023 - 09/08/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7375401075Z3	09/08/2023 - 09/08/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7375401075Z4	09/08/2023 - 09/08/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7375401075Z5	09/08/2023 - 09/08/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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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
7375401075Z6	09/08/2023 - 09/08/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7375401075Z7	09/08/2023 - 09/08/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7375401075Z8	09/08/2023 - 09/08/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7375401075Z9	09/08/2023 - 09/08/2023				HC:95999 // 2	N830		\$3,600.00	OA-209	\$3,600.00	\$0.00

Patient Name: KNIOLA, BRIAN	Claim Number: 0202327950A39150X00	Claim Date: 09/08/2023-09/08/2023	Claim Status Code: 1
Patient ID: NIQAN1055412	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$35,524.00
Patient Ctrl Nmbr: 0.3134822	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/06/2023	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
7375133221Z1	09/08/2023 - 09/08/2023				HC:95941 // 5	N830		\$13,800.00	OA-209	\$13,800.00	\$0.00
7375133221Z2	09/08/2023 - 09/08/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7375133221Z3	09/08/2023 - 09/08/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7375133221Z4	09/08/2023 - 09/08/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7375133221Z5	09/08/2023 - 09/08/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7375133221Z6	09/08/2023 - 09/08/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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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
7375133221Z7	09/08/2023 - 09/08/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7375133221Z8	09/08/2023 - 09/08/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7375133221Z9	09/08/2023 - 09/08/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Patient Name: LUKER, CHAD	Claim Number: 0202326154009820X00	Claim Date: 06/02/2023-06/02/2023	Claim Status Code: 1
Patient ID: PPA901476358	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$21,203.00
Patient Ctrl Nmbr: 0.3026746	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/13/2023	Patient Resp: \$21,203.00
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
	06/02/2023 - 06/02/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-1 PR-45	\$140.78 \$2,619.22	\$0.00
	06/02/2023 - 06/02/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$41.26 \$1,713.74	\$0.00
	06/02/2023 - 06/02/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
	06/02/2023 - 06/02/2023				HC:95908 / 26 / 1		\$437.00 (B6)	\$437.00	PR-45 PR-1	\$389.25 \$47.75	\$0.00
	06/02/2023 - 06/02/2023				HC:95886 / 26 / 2		\$2,972.00 (B6)	\$2,972.00	PR-1 PR-45	\$66.02 \$2,905.98	\$0.00
	06/02/2023 - 06/02/2023				HC:95886 / 26,XU / 2		\$2,972.00 (B6)	\$2,972.00	PR-1 PR-45	\$66.02 \$2,905.98	\$0.00
	06/02/2023 - 06/02/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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Supplemental Information - AMT/Payer Codes: \$394.60 (AU)

Patient Name: MADONIA, PAMELA	Claim Number: 02023282506W2920X00	Claim Date: 09/07/2023-09/07/2023	Claim Status Code: 1
Patient ID: ACL970887342	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$20,306.00
Patient Ctrl Nmbr: 0.3132508	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/09/2023	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
7384784565Z1	09/07/2023 - 09/07/2023				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7384784565Z2	09/07/2023 - 09/07/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7384784565Z3	09/07/2023 - 09/07/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7384784565Z4	09/07/2023 - 09/07/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7384784565Z5	09/07/2023 - 09/07/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7384784565Z6	09/07/2023 - 09/07/2023				HC:95870 / 26,XU / 2	N830		\$2,332.00	OA-209	\$2,332.00	\$0.00
7384784565Z7	09/07/2023 - 09/07/2023				HC:95870 / 26,XU / 2	N830		\$2,332.00	OA-209	\$2,332.00	\$0.00
7384784565Z8	09/07/2023 - 09/07/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

Patient Name: MCCORMICK, JONATHAN	Claim Number: 0202328250972A70X00	Claim Date: 09/13/2023-09/13/2023	Claim Status Code: 1
Patient ID: BEG874894992	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$42,325.00
Patient Ctrl Nmbr: 0.3140641	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$42,325.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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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
7385545990Z1	09/13/2023 - 09/13/2023				HC:95941 // 4		\$11,040.00 (B6)	\$11,040.00	PR-1 PR-45	\$563.12 \$10,476.88	\$0.00
7385545990Z2	09/13/2023 - 09/13/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-45	\$85.67 \$3,728.33	\$0.00
7385545990Z3	09/13/2023 - 09/13/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
7385545990Z4	09/13/2023 - 09/13/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$38.51 \$1,716.49	\$0.00
7385545990Z5	09/13/2023 - 09/13/2023				HC:95909 / 26 / 1		\$555.00 (B6)	\$555.00	PR-1 PR-45	\$57.39 \$497.61	\$0.00
7385545990Z6	09/13/2023 - 09/13/2023				HC:95886 / 26 / 2		\$5,944.00 (B6)	\$5,944.00	PR-1 PR-45	\$66.02 \$5,877.98	\$0.00
7385545990Z7	09/13/2023 - 09/13/2023				HC:95886 / 26,XU / 2		\$5,944.00 (B6)	\$5,944.00	PR-1 PR-45	\$66.02 \$5,877.98	\$0.00
7385545990Z8	09/13/2023 - 09/13/2023				HC:95887 / 26 / 1		\$583.00 (B6)	\$583.00	PR-1 PR-45	\$27.02 \$555.98	\$0.00
7385545990Z9	09/13/2023 - 09/13/2023				HC:95887 / 26,XU / 1		\$583.00 (B6)	\$583.00	PR-1 PR-45	\$27.02 \$555.98	\$0.00
7385545990Z10	09/13/2023 - 09/13/2023				HC:95999 // 5		\$9,000.00 (B6)	\$9,000.00	PR-45	\$9,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$963.54 (AU)

Patient Name: PONTIUS, CARSTEN	Claim Number: 0202327150U81350X00	Claim Date: 07/24/2023-07/24/2023	Claim Status Code: 1
Patient ID: YZD804M65572	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$16,908.00
Patient Ctrl Nmbr: 0.3082678	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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Line Details											Results: 4
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
7349063897Z1	07/24/2023 - 07/24/2023				HC:95941 // 3	N830		\$8,280.00	OA-209	\$8,280.00	\$0.00
7349063897Z2	07/24/2023 - 07/24/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7349063897Z3	07/24/2023 - 07/24/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7349063897Z4	07/24/2023 - 07/24/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

Patient Name: SANSPREE, KATLYN	Claim Number: 02023283501Q8550X00	Claim Date: 09/07/2023-09/07/2023	Claim Status Code: 1
Patient ID: PHT800696703	Group / Policy: 000ZGPP0W0000	Facility Type: 21	Claim Charge: \$27,147.00
Patient Ctrl Nmbr: 0.3133183	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$1,327.59
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$25,819.41
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
7389699846Z1	09/07/2023 - 09/07/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-1 PR-2 PR-45	\$662.56 \$784.64 \$135.85	\$1,176.95
7389699846Z2	09/07/2023 - 09/07/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$13.11 \$3,074.23	\$19.66
7389699846Z3	09/07/2023 - 09/07/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$15.40 \$1,716.49	\$23.11
7389699846Z4	09/07/2023 - 09/07/2023				HC:95908 / 26 / 1		\$437.00 (B6)	\$437.00	PR-2 PR-45	\$19.10 \$389.25	\$28.65
7389699846Z5	09/07/2023 - 09/07/2023				HC:95886 / 26 / 2		\$5,944.00 (B6)	\$5,944.00	PR-2 PR-45	\$26.41 \$5,877.98	\$39.61
7389699846Z6	09/07/2023 - 09/07/2023				HC:95886 / 26,XU / 2		\$5,944.00 (B6)	\$5,944.00	PR-2 PR-45	\$26.41 \$5,877.98	\$39.61

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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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
7389699846Z7	09/07/2023 - 09/07/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$2,875.22 (AU)

Patient Name: SERGENEMES, NICOLE	Claim Number: 02022335509S8800X01	Claim Date: 07/11/2022-07/11/2022	Claim Status Code: 22
Patient ID: AJS805M54053	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$-12,650.00
Patient Ctrl Nbr: 0.2632450	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-340.60
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 04/17/2023	Patient Resp: \$0.00
Original Ref Nbr: 02022335509S8800X00			

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
	07/11/2022 - 07/11/2022				HC:95941 // 1			\$-2,760.00	PR-45	\$-2,619.22	\$-140.78
	07/11/2022 - 07/11/2022				HC:95822 / 26 / 1			\$-1,755.00	PR-45	\$-1,712.83	\$-42.17
	07/11/2022 - 07/11/2022				HC:95938 / 26 / 1			\$-3,107.00	PR-45	\$-3,073.41	\$-33.59
	07/11/2022 - 07/11/2022				HC:95861 / 26 / 1			\$-1,614.00	PR-45	\$-1,553.73	\$-60.27
	07/11/2022 - 07/11/2022				HC:95861 / 26,XU / 1			\$-1,614.00	PR-45	\$-1,550.21	\$-63.79
	07/11/2022 - 07/11/2022				HC:95999 // 1			\$-1,800.00	PR-45	\$-1,800.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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Patient Name: SERGENEMES, NICOLE	Claim Number: 02022335509S8800X02	Claim Date: 07/11/2022-07/11/2022	Claim Status Code: 1
Patient ID: AJS805M54053	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$12,650.00
Patient Ctrl Nmbr: 0.2632450	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 07/14/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02022335509S8800X01			

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
	07/11/2022 - 07/11/2022				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
	07/11/2022 - 07/11/2022				HC:95822 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
	07/11/2022 - 07/11/2022				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
	07/11/2022 - 07/11/2022				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
	07/11/2022 - 07/11/2022				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
	07/11/2022 - 07/11/2022				HC:95999 // 1	N830		\$1,800.00	OA-209	\$1,800.00	\$0.00

Patient Name: STORM, RODNEY	Claim Number: 0202327554009170X00	Claim Date: 07/12/2023-07/12/2023	Claim Status Code: 1
Patient ID: YZC125W14463	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$21,630.00
Patient Ctrl Nmbr: 0.3070386	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$438.07
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 09/28/2023	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
	07/12/2023 - 07/12/2023				HC:95941 // 2	N830	\$164.24 (B6)	\$5,520.00	CO-45	\$5,355.76	\$164.24

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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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
	07/12/2023 - 07/12/2023				HC:95938 / 26 / 1	N830	\$35.25 (B6)	\$3,107.00	CO-45	\$3,071.75	\$35.25
	07/12/2023 - 07/12/2023				HC:95955 / 26 / 1	N830	\$39.24 (B6)	\$1,755.00	CO-45	\$1,715.76	\$39.24
	07/12/2023 - 07/12/2023				HC:95861 / 26 / 1	N830	\$56.62 (B6)	\$1,614.00	CO-45	\$1,557.38	\$56.62
	07/12/2023 - 07/12/2023				HC:95861 / 26,XU / 1	N830	\$56.62 (B6)	\$1,614.00	CO-45	\$1,557.38	\$56.62
	07/12/2023 - 07/12/2023				HC:95868 / 26 / 1	N830	\$43.05 (B6)	\$1,310.00	CO-45	\$1,266.95	\$43.05
	07/12/2023 - 07/12/2023				HC:95868 / 26,XU / 1	N830	\$43.05 (B6)	\$1,310.00	CO-45	\$1,266.95	\$43.05
	07/12/2023 - 07/12/2023				HC:95999 // 3	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$438.07 (AU)

Patient Name: TUCKER, VICKIE	Claim Number: 0202313150B99290X00	Claim Date: 04/11/2023-04/11/2023	Claim Status Code: 22
Patient ID: ISM125640052	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-24,624.00
Patient Ctrl Nmbr: 0.2961230	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 05/11/2023	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
6887059049Z1	04/11/2023 - 04/11/2023				HC:95941 // 2	N661		\$-5,520.00	PR-50	\$-5,520.00	\$0.00
6887059049Z2	04/11/2023 - 04/11/2023				HC:95939 / 26 / 1	N661		\$-3,814.00	PR-50	\$-3,814.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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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
6887059049Z3	04/11/2023 - 04/11/2023				HC:95822 / 26 / 1	N661		\$-1,755.00	PR-50	\$-1,755.00	\$0.00
6887059049Z4	04/11/2023 - 04/11/2023				HC:95938 / 26 / 1	N661		\$-3,107.00	PR-50	\$-3,107.00	\$0.00
6887059049Z5	04/11/2023 - 04/11/2023				HC:95861 / 26 / 1	N661		\$-1,614.00	PR-50	\$-1,614.00	\$0.00
6887059049Z6	04/11/2023 - 04/11/2023				HC:95861 / 26,XU / 1	N661		\$-1,614.00	PR-50	\$-1,614.00	\$0.00
6887059049Z7	04/11/2023 - 04/11/2023				HC:95999 // 4	N661		\$-7,200.00	PR-50	\$-7,200.00	\$0.00

Patient Name: TUCKER, VICKIE	Claim Number: 0202313150B99290X01	Claim Date: 04/11/2023-04/11/2023	Claim Status Code: 1
Patient ID: ISM125640052001	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$24,624.00
Patient Ctrl Nmbr: 0.2961230	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$327.95
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/11/2023	Patient Resp: \$24,296.05
Original Ref Nmbr: 0202313150B99290X00			

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
	04/11/2023 - 04/11/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-1 PR-2 PR-45	\$95.39 \$55.85 \$5,238.44	\$130.32
	04/11/2023 - 04/11/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-2 PR-45	\$25.70 \$3,728.33	\$59.97
	04/11/2023 - 04/11/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$12.38 \$1,713.74	\$28.88
	04/11/2023 - 04/11/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$9.83 \$3,074.23	\$22.94
	04/11/2023 - 04/11/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$17.65 \$1,555.16	\$41.19

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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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
	04/11/2023 - 04/11/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$19.14 \$1,550.21	\$44.65
	04/11/2023 - 04/11/2023				HC:95999 // 1	N130	\$7,200.00 (B6)	\$7,200.00	PR-96	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$563.89 (AU)

Patient Name: TURNER, MATTHEW	Claim Number: 02023272508404L0X00	Claim Date: 08/02/2023-08/02/2023	Claim Status Code: 1
Patient ID: AQT604482892	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$23,912.00
Patient Ctrl Nmbr: 0.3092704	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/29/2023	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
7354126441Z4	08/02/2023 - 08/02/2023				HC:51785 / 26 / 1	M127		\$1,071.00	CO-252	\$1,071.00	\$0.00
7354126441Z5	08/02/2023 - 08/02/2023				HC:51785 / 26,XU / 1	M127		\$1,071.00	CO-252	\$1,071.00	\$0.00
7354126441Z1	08/02/2023 - 08/02/2023				HC:95941 // 3	M127		\$8,280.00	CO-252	\$8,280.00	\$0.00
7354126441Z2	08/02/2023 - 08/02/2023				HC:95938 / 26 / 1	M127		\$3,107.00	CO-252	\$3,107.00	\$0.00
7354126441Z3	08/02/2023 - 08/02/2023				HC:95955 / 26,XU / 1	M127		\$1,755.00	CO-252	\$1,755.00	\$0.00
7354126441Z6	08/02/2023 - 08/02/2023				HC:95861 / 26,XU / 1	M127		\$1,614.00	CO-252	\$1,614.00	\$0.00
7354126441Z7	08/02/2023 - 08/02/2023				HC:95861 / 26,XU / 1	M127		\$1,614.00	CO-252	\$1,614.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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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
7354126441Z8	08/02/2023 - 08/02/2023				HC:95999 // 3	M127		\$5,400.00	CO-252	\$5,400.00	\$0.00

Patient Name: WRIGHT, ANDREW	Claim Number: 0202327150W26060X00	Claim Date: 07/19/2023-07/19/2023	Claim Status Code: 1
Patient ID: D8C834771170	Group / Policy: 0002977550009	Facility Type: 21	Claim Charge: \$48,846.00
Patient Ctrl Nmbr: 0.3076802	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$412.49
Rendering Prvd: THOMAS, MELISSA S	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$101.80
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
7348689912Z1	07/19/2023 - 07/19/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	PR-2 CO-45	\$28.00 \$2,619.22	\$112.78
7348689912Z2	07/19/2023 - 07/19/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$10,303.00	PR-2 CO-45	\$17.00 \$10,217.33	\$68.67
7348689912Z3	07/19/2023 - 07/19/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$7,270.00	PR-2 CO-45	\$6.40 \$7,237.23	\$26.37
7348689912Z4	07/19/2023 - 07/19/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$6,979.00	PR-2 CO-45	\$7.60 \$6,940.49	\$30.91
7348689912Z5	07/19/2023 - 07/19/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$4,753.00	PR-2 CO-45	\$11.60 \$4,694.16	\$47.24
7348689912Z6	07/19/2023 - 07/19/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$4,753.00	PR-2 CO-45	\$12.60 \$4,689.21	\$51.19
7348689912Z7	07/19/2023 - 07/19/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$4,214.00	PR-2 CO-45	\$9.00 \$4,168.99	\$36.01
7348689912Z8	07/19/2023 - 07/19/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$4,214.00	PR-2 CO-45	\$9.60 \$4,165.08	\$39.32
7348689912Z9	07/19/2023 - 07/19/2023				HC:95999 // 1	N830		\$3,600.00	CO-45	\$3,600.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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Supplemental Information - AMT/Payer Codes: \$514.29 (AU)

Code Descriptions

REMARK CODE(S):

CS=Adjustment

M127=Missing patient medical record for this service.

N130=Consult plan benefit documents/guidelines for information about restrictions for this service.

N350=Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted/By Report procedure.

N661=Documentation does not support that the services rendered were medically necessary.

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

PI=Payor Initiated Reductions

OA=Other Adjustments

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

1=Deductible Amount

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)

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).

272=Coverage/program guidelines were not met.

96=Non-covered charge(s). 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.)

Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

50=These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

29=The time limit for filing has expired.

209=Per regulatory or other agreement. The provider cannot collect this amount from the patient. However, this amount may be billed to subsequent payer. Refund to patient if collected. (Use only with Group code OA)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602000	Check/EFT Date: 10/18/2023	Total Paid: \$3,574.42
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CLAIM STATUS CODE(S):

1=Processed as Primary

22=Reversal of Previous Payment