

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: C23289E09602010 Payment Amount: 16,019.68 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: CASTILLO, MARIO**Claim Number:** 02023146500474C0X00**Claim Date:** 05/03/2023-05/03/2023 **Claim Status Code:** 22

Patient ID: TEA806168563	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-24,081.00
Patient Ctrl Nmbr: 0.2989643	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 05/26/2023	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
6935101620Z1	05/03/2023 - 05/03/2023				HC:95941 // 2	M127		\$-5,520.00	PI-252	\$-5,520.00	\$0.00
6935101620Z2	05/03/2023 - 05/03/2023				HC:95822 / 26 / 1	M127		\$-1,755.00	PI-252	\$-1,755.00	\$0.00
6935101620Z3	05/03/2023 - 05/03/2023				HC:95938 / 26 / 1	M127		\$-3,107.00	PI-252	\$-3,107.00	\$0.00
6935101620Z4	05/03/2023 - 05/03/2023				HC:95909 / 26 / 1	M127		\$-555.00	PI-252	\$-555.00	\$0.00
6935101620Z5	05/03/2023 - 05/03/2023				HC:95886 / 26 / 2	M127		\$-2,972.00	PI-252	\$-2,972.00	\$0.00
6935101620Z6	05/03/2023 - 05/03/2023				HC:95886 / 26,XU / 2	M127		\$-2,972.00	PI-252	\$-2,972.00	\$0.00
6935101620Z7	05/03/2023 - 05/03/2023				HC:95999 // 4	M127		\$-7,200.00	PI-252	\$-7,200.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602010	Check/EFT Date: 10/18/2023	Total Paid: \$16,019.68
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Patient Name: CASTILLO, MARIO	Claim Number: 02023146500474C0X01	Claim Date: 05/03/2023-05/03/2023	Claim Status Code: 1
Patient ID: TEA806168563	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$24,081.00
Patient Ctrl Nmbr: 0.2989643	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/11/2023	Patient Resp: \$24,081.00
Original Ref Nmbr: 02023146500474C0X00			

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
	05/03/2023 - 05/03/2023				HC:95941 / / 2		\$5,520.00 (B6)	\$5,520.00	PR-45	\$5,520.00	\$0.00
	05/03/2023 - 05/03/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,755.00	\$0.00
	05/03/2023 - 05/03/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,107.00	\$0.00
	05/03/2023 - 05/03/2023				HC:95909 / 26 / 1		\$555.00 (B6)	\$555.00	PR-45	\$555.00	\$0.00
	05/03/2023 - 05/03/2023				HC:95886 / 26 / 2		\$2,972.00 (B6)	\$2,972.00	PR-45	\$2,972.00	\$0.00
	05/03/2023 - 05/03/2023				HC:95886 / 26,XU / 2		\$2,972.00 (B6)	\$2,972.00	PR-45	\$2,972.00	\$0.00
	05/03/2023 - 05/03/2023				HC:95999 / / 1		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Patient Name: COPPOLINO, JENNIFER	Claim Number: 0202321354000270X00	Claim Date: 06/15/2023-06/15/2023	Claim Status Code: 22
Patient ID: CEP842199651	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-26,723.00
Patient Ctrl Nmbr: 0.3041040	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-11,535.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 06/30/2023	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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602010	Check/EFT Date: 10/18/2023	Total Paid: \$16,019.68
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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
	06/15/2023 - 06/15/2023				HC:95941 // 3			\$-8,280.00	PR-1 PR-2	\$-400.00 \$-2,364.00	\$-5,516.00
	06/15/2023 - 06/15/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-2 CO-45	\$-236.00 \$-48.00	\$-1,471.00
	06/15/2023 - 06/15/2023				HC:95938 / 26 / 1			\$-3,107.00			\$-3,107.00
	06/15/2023 - 06/15/2023				HC:95908 / 26 / 1			\$-437.00			\$-437.00
	06/15/2023 - 06/15/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,470.00	\$-502.00
	06/15/2023 - 06/15/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,470.00	\$-502.00
	06/15/2023 - 06/15/2023				HC:95999 // 4			\$-7,200.00	CO-45	\$-7,200.00	\$0.00

Patient Name: COPPOLINO, JENNIFER	Claim Number: 0202321354000270X01	Claim Date: 06/15/2023-06/15/2023	Claim Status Code: 1
Patient ID: CEP842199651	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$26,723.00
Patient Ctrl Nmbr: 0.3041040	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$14,539.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/12/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202321354000270X00			

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
	06/15/2023 - 06/15/2023				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00			\$8,280.00
	06/15/2023 - 06/15/2023				HC:95822 / 26 / 1	N830	\$1,707.00 (B6)	\$1,755.00	CO-45	\$48.00	\$1,707.00
	06/15/2023 - 06/15/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00			\$3,107.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602010	Check/EFT Date: 10/18/2023	Total Paid: \$16,019.68
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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
	06/15/2023 - 06/15/2023				HC:95908 / 26 / 1		\$437.00 (B6)	\$437.00			\$437.00
	06/15/2023 - 06/15/2023				HC:95886 / 26 / 2	N830	\$502.00 (B6)	\$2,972.00	CO-45	\$2,470.00	\$502.00
	06/15/2023 - 06/15/2023				HC:95886 / 26,XU / 2	N830	\$502.00 (B6)	\$2,972.00	CO-45	\$2,470.00	\$502.00
	06/15/2023 - 06/15/2023				HC:95999 // 1	N830	\$4.00 (B6)	\$7,200.00	CO-45	\$7,196.00	\$4.00

Supplemental Information - AMT/Payer Codes: \$14,539.00 (AU)

Patient Name: HANNO, DIANE	Claim Number: 0202328050598S40X00	Claim Date: 10/27/2022-10/27/2022	Claim Status Code: 1
Patient ID: NTM844929064	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$27,997.00
Patient Ctrl Nmbr: 0.2765668	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/07/2023	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
7380850684Z1	10/27/2022 - 10/27/2022				HC:95941 // 4	N830		\$11,040.00	OA-209	\$11,040.00	\$0.00
7380850684Z2	10/27/2022 - 10/27/2022				HC:95822 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7380850684Z3	10/27/2022 - 10/27/2022				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7380850684Z4	10/27/2022 - 10/27/2022				HC:95908 / 26 / 1	N830		\$437.00	OA-209	\$437.00	\$0.00
7380850684Z5	10/27/2022 - 10/27/2022				HC:95886 / 26 / 1	N830		\$1,486.00	OA-209	\$1,486.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602010	Check/EFT Date: 10/18/2023	Total Paid: \$16,019.68
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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
7380850684Z6	10/27/2022 - 10/27/2022				HC:95886 / 26,XU / 2	N830		\$2,972.00	OA-209	\$2,972.00	\$0.00
7380850684Z7	10/27/2022 - 10/27/2022				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Patient Name: HILL-HECHT, LAURA	Claim Number: 0202327654005720X00	Claim Date: 01/19/2022-01/19/2022	Claim Status Code: 1
Patient ID: NEI801062821	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$42,562.00
Patient Ctrl Nmbr: 0	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$656.70
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/13/2023	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
	01/19/2022 - 01/19/2022				HC:95939 / 59 / 1	N830	\$151.19 (B6)	\$10,303.00	CO-45	\$10,151.81	\$151.19
	01/19/2022 - 01/19/2022				HC:95938 / 59 / 1	N830	\$49.90 (B6)	\$7,270.00	CO-45	\$7,220.10	\$49.90
	01/19/2022 - 01/19/2022				HC:95955 / 59 / 1	N830	\$60.33 (B6)	\$6,979.00	CO-45	\$6,918.67	\$60.33
	01/19/2022 - 01/19/2022				HC:95861 / 59 / 1	N830	\$91.86 (B6)	\$4,753.00	CO-45	\$4,661.14	\$91.86
	01/19/2022 - 01/19/2022				HC:95868 / 59 / 1	N830	\$96.83 (B6)	\$4,214.00	CO-45	\$4,117.17	\$96.83
	01/19/2022 - 01/19/2022				HC:95927 / 59 / 1	N830	\$32.75 (B6)	\$763.00	CO-45	\$730.25	\$32.75
	01/19/2022 - 01/19/2022				HC:95941 // 1	N830	\$173.84 (B6)	\$8,280.00	CO-45	\$8,106.16	\$173.84

Supplemental Information - AMT/Payer Codes: \$656.70 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602010	Check/EFT Date: 10/18/2023	Total Paid: \$16,019.68
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Patient Name: JENNINGS, JUDITH	Claim Number: 02023269501532Q0X00	Claim Date: 07/05/2023-07/05/2023	Claim Status Code: 1
Patient ID: ZGP833785942	Group / Policy: 0003357819000	Facility Type: 22	Claim Charge: \$22,370.00
Patient Ctrl Nmbr: 0.3061438	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$646.49
Rendering Prvd: IBRAHIM, BADRELDIN A	Rendering Prv ID:	Claim Received Date: 09/26/2023	Patient Resp: \$21,723.51
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
7338352558Z1	07/05/2023 - 07/05/2023				HC:95941 / / 1		\$5,850.00 (B6)	\$5,850.00	PR-45	\$5,709.22	\$140.78
7338352558Z2	07/05/2023 - 07/05/2023				HC:95939 / 26 / 1		\$2,440.00 (B6)	\$2,440.00	PR-45	\$2,324.12	\$115.88
7338352558Z3	07/05/2023 - 07/05/2023				HC:95822 / 26 / 1		\$1,180.00 (B6)	\$1,180.00	PR-45	\$1,124.26	\$55.74
7338352558Z4	07/05/2023 - 07/05/2023				HC:95938 / 26 / 1		\$940.00 (B6)	\$940.00	PR-45	\$895.66	\$44.34
7338352558Z5	07/05/2023 - 07/05/2023				HC:95861 / 26 / 1		\$1,680.00 (B6)	\$1,680.00	PR-45	\$1,600.38	\$79.62
7338352558Z6	07/05/2023 - 07/05/2023				HC:95861 / 26,XU / 1		\$1,680.00 (B6)	\$1,680.00	PR-45	\$1,595.46	\$84.54
7338352558Z7	07/05/2023 - 07/05/2023				HC:95868 / 26 / 1		\$1,300.00 (B6)	\$1,300.00	PR-45	\$1,239.24	\$60.76
7338352558Z8	07/05/2023 - 07/05/2023				HC:95868 / 26,XU / 1		\$1,300.00 (B6)	\$1,300.00	PR-45	\$1,235.17	\$64.83
7338352558Z9	07/05/2023 - 07/05/2023				HC:95999 / / 1	N640	\$6,000.00 (B6)	\$6,000.00	PR-222	\$6,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$646.49 (AU)

Patient Name: KOTORA, ERIC	Claim Number: 0202328354003850X00	Claim Date: 09/07/2023-09/07/2023	Claim Status Code: 1
Patient ID: XOF826920312	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$30,004.00
Patient Ctrl Nmbr: 0.3132875	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$4,697.95
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$3,600.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602010	Check/EFT Date: 10/18/2023	Total Paid: \$16,019.68
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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
	09/07/2023 - 09/07/2023				HC:95941 // 3	N830	\$547.71 (B6)	\$8,280.00	CO-45	\$7,732.29	\$547.71
	09/07/2023 - 09/07/2023				HC:95939 / 26 / 1	N830	\$115.04 (B6)	\$3,814.00	CO-45	\$3,698.96	\$115.04
	09/07/2023 - 09/07/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	09/07/2023 - 09/07/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	09/07/2023 - 09/07/2023				HC:95861 / 26 / 1	N830	\$79.02 (B6)	\$1,614.00	CO-45	\$1,534.98	\$79.02
	09/07/2023 - 09/07/2023				HC:95861 / 26,XU / 1	N830	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
	09/07/2023 - 09/07/2023				HC:95868 / 26 / 1	N830	\$60.40 (B6)	\$1,310.00	CO-45	\$1,249.60	\$60.40
	09/07/2023 - 09/07/2023				HC:95868 / 26,XU / 1	N830	\$86.31 (B6)	\$1,310.00	CO-45	\$1,223.69	\$86.31
	09/07/2023 - 09/07/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$3,600.00	\$3,600.00

Supplemental Information - AMT/Payer Codes: \$4,697.95 (AU)

Patient Name: SKEENS, NATHAN	Claim Number: 0202328254006340X00	Claim Date: 09/08/2023-09/08/2023	Claim Status Code: 1
Patient ID: XOF846161257	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$29,907.00
Patient Ctrl Nmbr: 0.3134743	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$4,302.25
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/06/2023	Patient Resp: \$3,600.00
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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602010	Check/EFT Date: 10/18/2023	Total Paid: \$16,019.68
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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
	09/08/2023 - 09/08/2023				HC:95941 // 2	N830	\$365.14 (B6)	\$5,520.00	CO-45	\$5,154.86	\$365.14
	09/08/2023 - 09/08/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	09/08/2023 - 09/08/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	09/08/2023 - 09/08/2023				HC:95908 / 26 / 1	N830	\$64.08 (B6)	\$437.00	CO-45	\$372.92	\$64.08
	09/08/2023 - 09/08/2023				HC:95886 / 26 / 2	N830	\$88.66 (B6)	\$5,944.00	CO-45	\$5,855.34	\$88.66
	09/08/2023 - 09/08/2023				HC:95886 / 26,XU / 2	N830	\$88.66 (B6)	\$5,944.00	CO-45	\$5,855.34	\$88.66
	09/08/2023 - 09/08/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$3,600.00	\$3,600.00

Supplemental Information - AMT/Payer Codes: \$4,302.25 (AU)

Patient Name: STEINBERG, BARRY	Claim Number: 0202328354008080X00	Claim Date: 07/24/2023-07/24/2023	Claim Status Code: 1
Patient ID: XOX848602651	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$16,592.00
Patient Ctrl Nmbr: 0.3082687	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,627.33
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$2,700.00
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
	07/24/2023 - 07/24/2023				HC:51785 / 26 / 1	N830	\$47.18 (B6)	\$1,071.00	CO-45	\$1,023.82	\$47.18
	07/24/2023 - 07/24/2023				HC:51785 / 26,XU / 1	N830	\$200.35 (B6)	\$1,071.00	CO-45	\$870.65	\$200.35

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602010	Check/EFT Date: 10/18/2023	Total Paid: \$16,019.68
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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
	07/24/2023 - 07/24/2023				HC:95941 // 1	N830	\$182.57 (B6)	\$2,760.00	CO-45	\$2,577.43	\$182.57
	07/24/2023 - 07/24/2023				HC:95938 / 26 / 1	N830	\$46.21 (B6)	\$3,107.00	CO-45	\$3,060.79	\$46.21
	07/24/2023 - 07/24/2023				HC:95955 / 26,XU / 1	N830	\$54.29 (B6)	\$1,755.00	CO-45	\$1,700.71	\$54.29
	07/24/2023 - 07/24/2023				HC:95861 / 26,XU / 1	N640	\$82.97 (B6)	\$1,614.00	PI-222	\$1,531.03	\$82.97
	07/24/2023 - 07/24/2023				HC:95861 / 26,XU / 1	N830	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
	07/24/2023 - 07/24/2023				HC:95999 // 2		\$3,600.00 (B6)	\$3,600.00	PR-45	\$2,700.00	\$900.00

Supplemental Information - AMT/Payer Codes: \$1,627.33 (AU)

Patient Name: WELLS, ANDREW	Claim Number: 0202309454004400X01	Claim Date: 01/03/2023-01/03/2023	Claim Status Code: 22
Patient ID: ZPK840838917	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$-22,684.00
Patient Ctrl Nmbr: 0.2846304	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-4,733.37
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 08/08/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202309454004400X00			

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
	01/03/2023 - 01/03/2023				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,637.41	\$-122.59
	01/03/2023 - 01/03/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,698.96	\$-115.04
	01/03/2023 - 01/03/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,699.62	\$-55.38

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602010	Check/EFT Date: 10/18/2023	Total Paid: \$16,019.68
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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
	01/03/2023 - 01/03/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-1,719.50	\$-1,387.50
	01/03/2023 - 01/03/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,534.98	\$-79.02
	01/03/2023 - 01/03/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,492.79	\$-121.21
	01/03/2023 - 01/03/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,249.60	\$-60.40
	01/03/2023 - 01/03/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,217.77	\$-92.23
	01/03/2023 - 01/03/2023				HC:95999 // 3	N830		\$-5,400.00	CO-45	\$-2,700.00	\$-2,700.00

Patient Name: WELLS, ANDREW	Claim Number: 0202309454004400X02	Claim Date: 01/03/2023-01/03/2023	Claim Status Code: 1
Patient ID: ZPK840838917	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$22,684.00
Patient Ctrl Nmbr: 0.2846304	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$5,818.33
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/11/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202309454004400X01			

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
	01/03/2023 - 01/03/2023				HC:95941 // 1	N830	\$122.59 (B6)	\$2,760.00	CO-45	\$2,637.41	\$122.59
	01/03/2023 - 01/03/2023				HC:95939 / 26 / 1	N830	\$1,200.00 (B6)	\$3,814.00	CO-45	\$2,614.00	\$1,200.00
	01/03/2023 - 01/03/2023				HC:95822 / 26 / 1	N830	\$55.38 (B6)	\$1,755.00	CO-45	\$1,699.62	\$55.38
	01/03/2023 - 01/03/2023				HC:95938 / 26 / 1	N830	\$1,387.50 (B6)	\$3,107.00	CO-45	\$1,719.50	\$1,387.50

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602010	Check/EFT Date: 10/18/2023	Total Paid: \$16,019.68
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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
	01/03/2023 - 01/03/2023				HC:95861 / 26 / 1	N830	\$79.02 (B6)	\$1,614.00	CO-45	\$1,534.98	\$79.02
	01/03/2023 - 01/03/2023				HC:95861 / 26,XU / 1	N830	\$121.21 (B6)	\$1,614.00	CO-45	\$1,492.79	\$121.21
	01/03/2023 - 01/03/2023				HC:95868 / 26 / 1	N830	\$60.40 (B6)	\$1,310.00	CO-45	\$1,249.60	\$60.40
	01/03/2023 - 01/03/2023				HC:95868 / 26,XU / 1	N830	\$92.23 (B6)	\$1,310.00	CO-45	\$1,217.77	\$92.23
	01/03/2023 - 01/03/2023				HC:95999 // 3	N830	\$2,700.00 (B6)	\$5,400.00	CO-45	\$2,700.00	\$2,700.00

Supplemental Information - AMT/Payer Codes: \$5,891.44 (AU)

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

N640=Exceeds number/frequency approved/allowed within time period.

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):

PI=Payor Initiated Reductions

PR=Patient Responsibility

CO=Contractual Obligations

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23289E09602010	Check/EFT Date: 10/18/2023	Total Paid: \$16,019.68
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CLAIM ADJUSTMENT REASON CODE(S):

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).

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)

1=Deductible Amount

2=Coinsurance Amount

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)

222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. 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