

**Check Summary****Transaction Date:** October 13, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	<b>Payee Tax ID:</b> 850542512 <b>Payee ID:</b> 1770111452 <b>Check/EFT Trace Number:</b> C23284E08489030 <b>Payment Amount:</b> 64,128.56 <b>Check/EFT Date:</b> 10/13/2023 <b>Production End Cycle Date:</b> 10/11/2023	<b>Payee Name:</b> PHYSICIAN OVERSIGHT LLC <b>Payee Address:</b> DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** BARSIC, DAVE**Claim Number:** 0202327150U83270X00**Claim Date:** 07/24/2023-07/24/2023 **Claim Status Code:** 1**Patient ID:** YSW970885066**Group / Policy:** 000ZGPPOW0000**Facility Type:** 21**Claim Charge:** \$19,104.00**Patient Ctrl Nmbr:** 0.3082955**Contract Hdr:** PREFERRED PROVIDER  
ORGANIZATION**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** DE JESUS, MARIA A**Rendering Prv ID:****Claim Received Date:** 09/28/2023**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
7349039569Z1	07/24/2023 - 07/24/2023				HC:95941 / / 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7349039569Z2	07/24/2023 - 07/24/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7349039569Z3	07/24/2023 - 07/24/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7349039569Z4	07/24/2023 - 07/24/2023				HC:95908 / 26 / 1	N830		\$138.00	OA-209	\$138.00	\$0.00
7349039569Z5	07/24/2023 - 07/24/2023				HC:95886 / 26 / 2	N830		\$2,972.00	OA-209	\$2,972.00	\$0.00
7349039569Z6	07/24/2023 - 07/24/2023				HC:95886 / 26,XU / 2	N830		\$2,972.00	OA-209	\$2,972.00	\$0.00
7349039569Z7	07/24/2023 - 07/24/2023				HC:95999 / / 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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<b>Patient Name:</b> BETHEA, ERIN	<b>Claim Number:</b> 0202326150462N90X00	<b>Claim Date:</b> 12/13/2022-12/13/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> LZJ390A24112	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$32,973.00
<b>Patient Ctrl Nmbr:</b> 0.2824247	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$1,014.15
<b>Rendering Prvd:</b> TANTILLO SEPULVEDA, GABRIELA	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/18/2023	<b>Patient Resp:</b> \$7,200.00
<b>Original Ref Nmbr:</b>			

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
7299287682Z1	12/13/2022 - 12/13/2022				HC:95941 // 5	N830	\$703.90 (B6)	\$13,800.00	CO-45	\$13,096.10	\$703.90
7299287682Z2	12/13/2022 - 12/13/2022				HC:95939 / 26 / 1	N830	\$87.68 (B6)	\$3,814.00	CO-45	\$3,726.32	\$87.68
7299287682Z3	12/13/2022 - 12/13/2022				HC:95938 / 26 / 1	N830	\$33.59 (B6)	\$3,107.00	CO-45	\$3,073.41	\$33.59
7299287682Z4	12/13/2022 - 12/13/2022				HC:95865 / 26 / 1	N830	\$61.14 (B6)	\$1,502.00	CO-45	\$1,440.86	\$61.14
7299287682Z5	12/13/2022 - 12/13/2022				HC:95865 / 26,XU / 1	N830	\$64.33 (B6)	\$1,502.00	CO-45	\$1,437.67	\$64.33
7299287682Z6	12/13/2022 - 12/13/2022				HC:95867 / 26,XU / 1	N640		\$742.00	PI-222	\$742.00	\$0.00
7299287682Z7	12/13/2022 - 12/13/2022				HC:95867 / 26,XU / 1	M127		\$742.00	PI-252	\$742.00	\$0.00
7299287682Z8	12/13/2022 - 12/13/2022				HC:92653 // 1	N830	\$63.51 (B6)	\$564.00	CO-45	\$500.49	\$63.51
7299287682Z9	12/13/2022 - 12/13/2022				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,014.15 (AU)

<b>Patient Name:</b> BRESSIE, MICHELE	<b>Claim Number:</b> 0202327654002490X00	<b>Claim Date:</b> 07/27/2023-07/27/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ODL907767566	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$42,043.00
<b>Patient Ctrl Nmbr:</b> 0.3086572	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$6,265.08
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
	07/27/2023 - 07/27/2023				HC:95941 // 2	N830	\$374.40 (B6)	\$5,520.00	CO-45	\$5,145.60	\$374.40
	07/27/2023 - 07/27/2023				HC:95938 / 26 / 1	N830	\$53.73 (B6)	\$7,270.00	CO-45	\$7,216.27	\$53.73
	07/27/2023 - 07/27/2023				HC:95955 / 26 / 1	N830	\$64.97 (B6)	\$6,979.00	CO-45	\$6,914.03	\$64.97
	07/27/2023 - 07/27/2023				HC:95908 / 26 / 1	N830	\$100.36 (B6)	\$830.00	CO-45	\$729.64	\$100.36
	07/27/2023 - 07/27/2023				HC:95886 / 26 / 2	N830	\$135.81 (B6)	\$8,022.00	CO-45	\$7,886.19	\$135.81
	07/27/2023 - 07/27/2023				HC:95886 / 26,XU / 2	N830	\$135.81 (B6)	\$8,022.00	CO-45	\$7,886.19	\$135.81
	07/27/2023 - 07/27/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00			\$5,400.00

Supplemental Information - AMT/Payer Codes: \$6,265.08 (AU)

<b>Patient Name:</b> CARRERA, PHILIP	<b>Claim Number:</b> 0202327050342G20X00	<b>Claim Date:</b> 09/26/2023-09/26/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ADL980W06854	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$33,008.00
<b>Patient Ctrl Nmbr:</b> 0.3156049	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/27/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7344642329Z1	09/26/2023 - 09/26/2023				HC:95941 // 3	N830		\$8,280.00	OA-209	\$8,280.00	\$0.00
7344642329Z2	09/26/2023 - 09/26/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7344642329Z3	09/26/2023 - 09/26/2023				HC:95822 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7344642329Z4	09/26/2023 - 09/26/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7344642329Z5	09/26/2023 - 09/26/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7344642329Z6	09/26/2023 - 09/26/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7344642329Z7	09/26/2023 - 09/26/2023				HC:95865 / 26 / 1	N830		\$1,502.00	OA-209	\$1,502.00	\$0.00
7344642329Z8	09/26/2023 - 09/26/2023				HC:95865 / 26,XU / 1	N830		\$1,502.00	OA-209	\$1,502.00	\$0.00
7344642329Z9	09/26/2023 - 09/26/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7344642329Z10	09/26/2023 - 09/26/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7344642329Z11	09/26/2023 - 09/26/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

<b>Patient Name:</b> CHAMBERS, MARIAN	<b>Claim Number:</b> 0202325450S58320X00	<b>Claim Date:</b> 08/25/2023-08/25/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> WJZ980497363	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$40,866.00
<b>Patient Ctrl Nmbr:</b> 0.3120358	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/11/2023	<b>Patient Resp:</b> \$40,866.00
<b>Original Ref Nmbr:</b>			

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
7269091325Z1	08/25/2023 - 08/25/2023				HC:95941 // 8		\$22,080.00 (B6)	\$22,080.00	PR-272	\$22,080.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7269091325Z2	08/25/2023 - 08/25/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$87.53 \$1,667.47	\$0.00
7269091325Z3	08/25/2023 - 08/25/2023				HC:95938 / 26 / 1	N130	\$3,107.00 (B6)	\$3,107.00	PR-96	\$3,107.00	\$0.00
7269091325Z4	08/25/2023 - 08/25/2023				HC:95910 / 26 / 1	N130	\$780.00 (B6)	\$780.00	PR-96	\$780.00	\$0.00
7269091325Z5	08/25/2023 - 08/25/2023				HC:95886 / 26 / 2	N130	\$2,972.00 (B6)	\$2,972.00	PR-96	\$2,972.00	\$0.00
7269091325Z6	08/25/2023 - 08/25/2023				HC:95886 / 26,XU / 2	N130	\$2,972.00 (B6)	\$2,972.00	PR-96	\$2,972.00	\$0.00
7269091325Z7	08/25/2023 - 08/25/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-1 PR-45	\$193.26 \$7,006.74	\$0.00

Supplemental Information - AMT/Payer Codes: \$280.79 (AU)

<b>Patient Name:</b> CHEEK, DEBORAH	<b>Claim Number:</b> 02023272509180L0X00	<b>Claim Date:</b> 08/02/2023-08/02/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PPA818786010	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$32,904.00
<b>Patient Ctrl Nmbr:</b> 0.3092759	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/29/2023	<b>Patient Resp:</b> \$32,904.00
<b>Original Ref Nmbr:</b>			

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
7354120319Z1	08/02/2023 - 08/02/2023				HC:95941 / / 5		\$13,800.00 (B6)	\$13,800.00	PR-1 PR-45	\$703.90 \$13,096.10	\$0.00
7354120319Z2	08/02/2023 - 08/02/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-45	\$85.67 \$3,728.33	\$0.00
7354120319Z3	08/02/2023 - 08/02/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7354120319Z4	08/02/2023 - 08/02/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$38.51 \$1,716.49	\$0.00
7354120319Z5	08/02/2023 - 08/02/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00
7354120319Z6	08/02/2023 - 08/02/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$63.79 \$1,550.21	\$0.00
7354120319Z7	08/02/2023 - 08/02/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$983.48 (AU)

<b>Patient Name:</b> CHOICE, III, JOHN	<b>Claim Number:</b> 0202326350057L50X00	<b>Claim Date:</b> 08/08/2023-08/08/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> DOMAN5261795	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$27,244.00
<b>Patient Ctrl Nmbr:</b> 0.3099578	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$657.82
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/19/2023	<b>Patient Resp:</b> \$7,200.00
<b>Original Ref Nmbr:</b>			

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
7305159245Z1	08/08/2023 - 08/08/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
7305159245Z2	08/08/2023 - 08/08/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
7305159245Z3	08/08/2023 - 08/08/2023				HC:95822 / 26 / 1	N830	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26
7305159245Z4	08/08/2023 - 08/08/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7305159245Z5	08/08/2023 - 08/08/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7305159245Z6	08/08/2023 - 08/08/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
7305159245Z7	08/08/2023 - 08/08/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
7305159245Z8	08/08/2023 - 08/08/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
7305159245Z9	08/08/2023 - 08/08/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$657.82 (AU)

<b>Patient Name:</b> CONRAD, HEATHER	<b>Claim Number:</b> 020232565041P040X00	<b>Claim Date:</b> 08/30/2023-08/30/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ESKW00744956	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$27,488.00
<b>Patient Ctrl Nmbr:</b> 0.3125929	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/13/2023	<b>Patient Resp:</b> \$27,488.00
<b>Original Ref Nmbr:</b>			

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
7279968668Z1	08/30/2023 - 08/30/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-45 PR-1	\$2,619.22 \$140.78	\$0.00
7279968668Z2	08/30/2023 - 08/30/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-45	\$85.67 \$3,728.33	\$0.00
7279968668Z3	08/30/2023 - 08/30/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$41.26 \$1,713.74	\$0.00
7279968668Z4	08/30/2023 - 08/30/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
7279968668Z5	08/30/2023 - 08/30/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7279968668Z6	08/30/2023 - 08/30/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$63.79 \$1,550.21	\$0.00
7279968668Z7	08/30/2023 - 08/30/2023				HC:95865 / 26 / 1		\$1,502.00 (B6)	\$1,502.00	PR-1 PR-45	\$59.65 \$1,442.35	\$0.00
7279968668Z8	08/30/2023 - 08/30/2023				HC:95865 / 26,XU / 1		\$1,502.00 (B6)	\$1,502.00	PR-1 PR-45	\$64.33 \$1,437.67	\$0.00
7279968668Z9	08/30/2023 - 08/30/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$45.01 \$1,264.99	\$0.00
7279968668Z10	08/30/2023 - 08/30/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$48.92 \$1,261.08	\$0.00
7279968668Z11	08/30/2023 - 08/30/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$641.02 (AU)

<b>Patient Name:</b> CROW, THOMAS	<b>Claim Number:</b> 02023272503445N0X00	<b>Claim Date:</b> 08/01/2023-08/01/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> D7Y836664368	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$27,244.00
<b>Patient Ctrl Nmbr:</b> 0.3091343	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$636.98
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/29/2023	<b>Patient Resp:</b> \$26,607.02
<b>Original Ref Nmbr:</b>			

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
7353886914Z1	08/01/2023 - 08/01/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-2 PR-45	\$18.09 \$5,238.44	\$263.47
7353886914Z2	08/01/2023 - 08/01/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-45	\$3,728.33	\$85.67
7353886914Z3	08/01/2023 - 08/01/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,074.23	\$32.77



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7353886914Z4	08/01/2023 - 08/01/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,716.49	\$38.51
7353886914Z5	08/01/2023 - 08/01/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,555.16	\$58.84
7353886914Z6	08/01/2023 - 08/01/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,550.21	\$63.79
7353886914Z7	08/01/2023 - 08/01/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-45	\$1,264.99	\$45.01
7353886914Z8	08/01/2023 - 08/01/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-45	\$1,261.08	\$48.92
7353886914Z9	08/01/2023 - 08/01/2023				HC:95999 / / 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$655.07 (AU)

<b>Patient Name:</b> DAVEY, WILLIAM	<b>Claim Number:</b> 0202322254002760X01	<b>Claim Date:</b> 06/23/2023-06/23/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> CPR991M98745	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$11,690.00
<b>Patient Ctrl Nmbr:</b> 0.3050406	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$3,898.20
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/21/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202322254002760X00			

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
	06/23/2023 - 06/23/2023				HC:95822 / 26 / 1	MA44	\$1,042.01 (B6)	\$1,755.00	CO-45	\$712.99	\$1,042.01
	06/23/2023 - 06/23/2023				HC:95938 / 26 / 1	MA44	\$2,742.75 (B6)	\$3,107.00	CO-45	\$364.25	\$2,742.75
	06/23/2023 - 06/23/2023				HC:95861 / 26 / 1	MA44	\$56.72 (B6)	\$1,614.00	CO-45	\$1,557.28	\$56.72

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
	06/23/2023 - 06/23/2023				HC:95861 / 26,XU / 1	MA44	\$56.72 (B6)	\$1,614.00	CO-45	\$1,557.28	\$56.72
	06/23/2023 - 06/23/2023				HC:95999 // 2	MA44		\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$3,931.32 (AU)

<b>Patient Name:</b> DAVEY, WILLIAM	<b>Claim Number:</b> 0202322254002760X00	<b>Claim Date:</b> 06/23/2023-06/23/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> CPR991M98745	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$-11,690.00
<b>Patient Ctrl Nmbr:</b> 0.3050406	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-191.55
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/07/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	06/23/2023 - 06/23/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-2 CO-45	\$-7.97 \$-1,705.02	\$-42.01
	06/23/2023 - 06/23/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-2 CO-45	\$-5.37 \$-3,065.53	\$-36.10
	06/23/2023 - 06/23/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-2 CO-45	\$-9.89 \$-1,547.39	\$-56.72
	06/23/2023 - 06/23/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-2 CO-45	\$-9.89 \$-1,547.39	\$-56.72
	06/23/2023 - 06/23/2023				HC:95999 // 2	N830		\$-3,600.00	CO-45	\$-3,600.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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<b>Patient Name:</b> DUDZINSKI, ERIC	<b>Claim Number:</b> 0202310854001740X00	<b>Claim Date:</b> 01/23/2023-01/23/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> L8X6104688AB	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-35,768.00
<b>Patient Ctrl Nmbr:</b> 0.2868406	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 04/04/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	01/23/2023 - 01/23/2023				HC:95941 // 2	M127		\$-11,040.00	CO-252	\$-11,040.00	\$0.00
	01/23/2023 - 01/23/2023				HC:95939 / 26 / 1	M127		\$-3,814.00	CO-252	\$-3,814.00	\$0.00
	01/23/2023 - 01/23/2023				HC:95822 / 26 / 1	M127		\$-1,755.00	CO-252	\$-1,755.00	\$0.00
	01/23/2023 - 01/23/2023				HC:95938 / 26 / 1	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00
	01/23/2023 - 01/23/2023				HC:95861 / 26 / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
	01/23/2023 - 01/23/2023				HC:95861 / 26,XU / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
	01/23/2023 - 01/23/2023				HC:95865 / 26 / 1	M127		\$-1,502.00	CO-252	\$-1,502.00	\$0.00
	01/23/2023 - 01/23/2023				HC:95865 / 26,XU / 1	M127		\$-1,502.00	CO-252	\$-1,502.00	\$0.00
	01/23/2023 - 01/23/2023				HC:95868 / 26,XU / 1	M127		\$-1,310.00	CO-252	\$-1,310.00	\$0.00
	01/23/2023 - 01/23/2023				HC:95868 / 26,XU / 1	M127		\$-1,310.00	CO-252	\$-1,310.00	\$0.00
	01/23/2023 - 01/23/2023				HC:95999 // 1	M127		\$-7,200.00	CO-252	\$-7,200.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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<b>Patient Name:</b> DUDZINSKI, ERIC	<b>Claim Number:</b> 0202310854001740X01	<b>Claim Date:</b> 01/23/2023-01/23/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> L8X6104688AB	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$35,768.00
<b>Patient Ctrl Nbr:</b> 0.2868406	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$22,136.81
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/02/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b> 0202310854001740X00			

Line Details											Results: 11
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
	01/23/2023 - 01/23/2023				HC:95941 // 4	N830		\$11,040.00	CO-45	\$11,040.00	\$0.00
	01/23/2023 - 01/23/2023				HC:95939 / 26 / 1	N830	\$1,222.81 (B6)	\$3,814.00	CO-45	\$2,591.19	\$1,222.81
	01/23/2023 - 01/23/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00			\$1,755.00
	01/23/2023 - 01/23/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00			\$3,107.00
	01/23/2023 - 01/23/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00			\$1,614.00
	01/23/2023 - 01/23/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00			\$1,614.00
	01/23/2023 - 01/23/2023				HC:95865 / 26 / 1		\$1,502.00 (B6)	\$1,502.00			\$1,502.00
	01/23/2023 - 01/23/2023				HC:95865 / 26,XU / 1		\$1,502.00 (B6)	\$1,502.00			\$1,502.00
	01/23/2023 - 01/23/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00			\$1,310.00
	01/23/2023 - 01/23/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00			\$1,310.00
	01/23/2023 - 01/23/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00			\$7,200.00

Supplemental Information - AMT/Payer Codes: \$22,136.81 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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<b>Patient Name:</b> ESSEX, PAULETTE	<b>Claim Number:</b> 020232565014F320X00	<b>Claim Date:</b> 06/02/2023-06/02/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> EIB901396912	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$18,870.00
<b>Patient Ctrl Nmbr:</b> 0.3025903	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$345.10
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/13/2023	<b>Patient Resp:</b> \$18,524.90
<b>Original Ref Nmbr:</b>			

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
7279168068Z1	06/02/2023 - 06/02/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-2 \$28.16 PR-45 \$2,619.22		\$112.62
7279168068Z2	06/02/2023 - 06/02/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 \$8.25 PR-45 \$1,713.74		\$33.01
7279168068Z3	06/02/2023 - 06/02/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45 \$3,074.23 PR-2 \$6.55		\$26.22
7279168068Z4	06/02/2023 - 06/02/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 \$11.77 PR-45 \$1,555.16		\$47.07
7279168068Z5	06/02/2023 - 06/02/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 \$12.76 PR-45 \$1,550.21		\$51.03
7279168068Z6	06/02/2023 - 06/02/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-2 \$9.00 PR-45 \$1,264.99		\$36.01
7279168068Z7	06/02/2023 - 06/02/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-2 \$9.78 PR-45 \$1,261.08		\$39.14
7279168068Z8	06/02/2023 - 06/02/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45 \$5,400.00		\$0.00

Supplemental Information - AMT/Payer Codes: \$431.37 (AU)

<b>Patient Name:</b> GALEY, FIONA	<b>Claim Number:</b> 0202326354011080X00	<b>Claim Date:</b> 08/01/2023-08/01/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> INC510A78441	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$11,562.00
<b>Patient Ctrl Nmbr:</b> 0.3091548	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$438.25
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/19/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
	08/01/2023 - 08/01/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$7,074.00	CO-45	\$6,792.44	\$281.56
	08/01/2023 - 08/01/2023				HC:95865 / 26 / 1	N830	\$59.65 (B6)	\$1,502.00	CO-45	\$1,442.35	\$59.65
	08/01/2023 - 08/01/2023				HC:95865 / 26,XU / 1	N830	\$64.33 (B6)	\$1,502.00	CO-45	\$1,437.67	\$64.33
	08/01/2023 - 08/01/2023				HC:95867 / 26,XU / 1	N640		\$742.00	PI-222	\$742.00	\$0.00
	08/01/2023 - 08/01/2023				HC:95867 / 26,XU / 1	N830	\$32.71 (B6)	\$742.00	CO-45	\$709.29	\$32.71

Supplemental Information - AMT/Payer Codes: \$438.25 (AU)

<b>Patient Name:</b> GAMBLE, CAMERON	<b>Claim Number:</b> 0202325750V11020X00	<b>Claim Date:</b> 06/14/2023-06/14/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> BCJAN5981833	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$42,350.00
<b>Patient Ctrl Nmbr:</b> 0.3040247	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$3,243.97
<b>Rendering Prvd:</b> GAVVALA, JAY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/14/2023	<b>Patient Resp:</b> \$7,200.00
<b>Original Ref Nmbr:</b>			

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
7283788670Z1	06/14/2023 - 06/14/2023				HC:95941 // 8	N830	\$1,783.92 (B6)	\$22,080.00	CO-45	\$20,296.08	\$1,783.92
7283788670Z2	06/14/2023 - 06/14/2023				HC:95939 / 26 / 1	N830	\$409.19 (B6)	\$3,814.00	CO-45	\$3,404.81	\$409.19
7283788670Z3	06/14/2023 - 06/14/2023				HC:95822 / 26 / 1	N830	\$196.88 (B6)	\$1,755.00	CO-45	\$1,558.12	\$196.88
7283788670Z4	06/14/2023 - 06/14/2023				HC:95938 / 26 / 1	N830	\$156.56 (B6)	\$3,107.00	CO-45	\$2,950.44	\$156.56

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7283788670Z5	06/14/2023 - 06/14/2023				HC:95861 / 26 / 1	N830	\$281.09 (B6)	\$1,614.00	CO-45	\$1,332.91	\$281.09
7283788670Z6	06/14/2023 - 06/14/2023				HC:95861 / 26,XU / 1	N830	\$281.09 (B6)	\$1,614.00	CO-45	\$1,332.91	\$281.09
7283788670Z7	06/14/2023 - 06/14/2023				HC:95870 / 26,XU / 1	N830	\$67.62 (B6)	\$583.00	CO-45	\$515.38	\$67.62
7283788670Z8	06/14/2023 - 06/14/2023				HC:95870 / 26,XU / 1	N830	\$67.62 (B6)	\$583.00	CO-45	\$515.38	\$67.62
7283788670Z9	06/14/2023 - 06/14/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$3,243.97 (AU)

<b>Patient Name:</b> GOLOB, ROBERT	<b>Claim Number:</b> 0202327150X77170X00	<b>Claim Date:</b> 07/13/2023-07/13/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> IIL129042956	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$20,509.00
<b>Patient Ctrl Nmbr:</b> 0.3071417	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$20,509.00
<b>Original Ref Nmbr:</b>			

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
7348218716Z1	07/13/2023 - 07/13/2023				HC:95941 // 1	N661	\$2,760.00 (B6)	\$2,760.00	PR-50	\$2,760.00	\$0.00
7348218716Z2	07/13/2023 - 07/13/2023				HC:95938 / 26 / 1	N661	\$3,107.00 (B6)	\$3,107.00	PR-50	\$3,107.00	\$0.00
7348218716Z3	07/13/2023 - 07/13/2023				HC:95955 / 26 / 1	N661	\$1,755.00 (B6)	\$1,755.00	PR-50	\$1,755.00	\$0.00
7348218716Z4	07/13/2023 - 07/13/2023				HC:95929 / 26 / 1	N661	\$2,459.00 (B6)	\$2,459.00	PR-50	\$2,459.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7348218716Z5	07/13/2023 - 07/13/2023				HC:95861 / 26 / 1	N661	\$1,614.00 (B6)	\$1,614.00	PR-50	\$1,614.00	\$0.00
7348218716Z6	07/13/2023 - 07/13/2023				HC:95861 / 26,XU / 1	N661	\$1,614.00 (B6)	\$1,614.00	PR-50	\$1,614.00	\$0.00
7348218716Z7	07/13/2023 - 07/13/2023				HC:95999 // 4	N661	\$7,200.00 (B6)	\$7,200.00	PR-50	\$7,200.00	\$0.00

<b>Patient Name:</b> GONZALES, RICHARD	<b>Claim Number:</b> 0202325054000040X00	<b>Claim Date:</b> 03/08/2023-03/08/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> YFW082A72164	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$-24,484.00
<b>Patient Ctrl Nmbr:</b> 0.2922067	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-376.26
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 04/27/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	03/08/2023 - 03/08/2023				HC:95941 // 1	N830		\$-2,760.00	PR-2 CO-45	\$-140.78 \$-2,619.22	\$0.00
	03/08/2023 - 03/08/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,728.33	\$-85.67
	03/08/2023 - 03/08/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
	03/08/2023 - 03/08/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
	03/08/2023 - 03/08/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
	03/08/2023 - 03/08/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
	03/08/2023 - 03/08/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,264.99	\$-45.01



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
	03/08/2023 - 03/08/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
	03/08/2023 - 03/08/2023				HC:95999 // 4			\$-7,200.00	PR-45	\$-7,200.00	\$0.00

<b>Patient Name:</b> GONZALES, RICHARD	<b>Claim Number:</b> 0202325054000040X01	<b>Claim Date:</b> 03/08/2023-03/08/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> YFW082A72164	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$24,484.00
<b>Patient Ctrl Nmbr:</b> 0.2922067	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$8,089.87
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/03/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202325054000040X00			

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
	03/08/2023 - 03/08/2023				HC:95941 // 1	MA44	\$2,140.78 (B6)	\$2,760.00	CO-45	\$619.22	\$2,140.78
	03/08/2023 - 03/08/2023				HC:95939 / 26 / 1	MA44	\$3,085.67 (B6)	\$3,814.00	CO-45	\$728.33	\$3,085.67
	03/08/2023 - 03/08/2023				HC:95822 / 26 / 1	MA44	\$1,041.26 (B6)	\$1,755.00	CO-45	\$713.74	\$1,041.26
	03/08/2023 - 03/08/2023				HC:95938 / 26 / 1	MA44	\$1,605.60 (B6)	\$3,107.00	CO-45	\$1,501.40	\$1,605.60
	03/08/2023 - 03/08/2023				HC:95861 / 26 / 1	MA44	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	03/08/2023 - 03/08/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	03/08/2023 - 03/08/2023				HC:95868 / 26 / 1	MA44	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
	03/08/2023 - 03/08/2023				HC:95868 / 26,XU / 1	MA44	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
	03/08/2023 - 03/08/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$8,089.87 (AU)

<b>Patient Name:</b> GRAVITT, LISA	<b>Claim Number:</b> 0202321454004930X01	<b>Claim Date:</b> 04/07/2023-04/07/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> GPJ525M99707	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$27,244.00
<b>Patient Ctrl Nmbr:</b> 0.2957641	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$8,277.07
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/03/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202321454004930X00			

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
	04/07/2023 - 04/07/2023				HC:95941 // 2	MA44	\$1,077.07 (B6)	\$5,520.00	CO-45	\$4,442.93	\$1,077.07
	04/07/2023 - 04/07/2023				HC:95939 / 26 / 1	MA44		\$3,814.00	CO-45	\$3,814.00	\$0.00
	04/07/2023 - 04/07/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	04/07/2023 - 04/07/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	04/07/2023 - 04/07/2023				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	04/07/2023 - 04/07/2023				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	04/07/2023 - 04/07/2023				HC:95868 / 26 / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	04/07/2023 - 04/07/2023				HC:95868 / 26,XU / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
	04/07/2023 - 04/07/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00			\$7,200.00

Supplemental Information - AMT/Payer Codes: \$8,277.07 (AU)

<b>Patient Name:</b> GRAVITT, LISA	<b>Claim Number:</b> 0202321454004930X00	<b>Claim Date:</b> 04/07/2023-04/07/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> GPJ525M99707	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-27,244.00
<b>Patient Ctrl Nmbr:</b> 0.2957641	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-657.82
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 07/31/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	04/07/2023 - 04/07/2023				HC:95941 // 2	N830		\$-5,520.00	CO-45	\$-5,238.44	\$-281.56
	04/07/2023 - 04/07/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,728.33	\$-85.67
	04/07/2023 - 04/07/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
	04/07/2023 - 04/07/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
	04/07/2023 - 04/07/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
	04/07/2023 - 04/07/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
	04/07/2023 - 04/07/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,264.99	\$-45.01
	04/07/2023 - 04/07/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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Line Details											Results: 9
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
	04/07/2023 - 04/07/2023				HC:95999 // 4			\$-7,200.00	PR-45	\$-7,200.00	\$0.00

<b>Patient Name:</b> JACKSON, JASON	<b>Claim Number:</b> 0202325850939U90X00	<b>Claim Date:</b> 06/20/2023-06/20/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> EDU874396741	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$24,634.00
<b>Patient Ctrl Nbr:</b> 0.3045529	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$192.18
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/15/2023	<b>Patient Resp:</b> \$21,821.82
<b>Original Ref Nbr:</b>			

Line Details										Results: 10	
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
7288711531Z1	06/20/2023 - 06/20/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-1 PR-45	\$281.56 \$5,238.44	\$0.00
7288711531Z2	06/20/2023 - 06/20/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-2 PR-45	\$18.44 \$4.56 \$1,713.74	\$18.26
7288711531Z3	06/20/2023 - 06/20/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$6.55 \$3,074.23	\$26.22
7288711531Z4	06/20/2023 - 06/20/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$11.77 \$1,555.16	\$47.07
7288711531Z5	06/20/2023 - 06/20/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$12.76 \$1,550.21	\$51.03
7288711531Z6	06/20/2023 - 06/20/2023				HC:95865 / 26,52 / 1		\$1,502.00 (B6)	\$1,502.00	PR-2 PR-45	\$5.96 \$1,472.18	\$23.86
7288711531Z7	06/20/2023 - 06/20/2023				HC:95865 / 26,52,XU / 1		\$1,502.00 (B6)	\$1,502.00	PR-2 PR-45	\$6.43 \$1,469.83	\$25.74
7288711531Z8	06/20/2023 - 06/20/2023				HC:95868 / 26,XU / 1	N640		\$1,310.00	PI-222	\$1,310.00	\$0.00
7288711531Z9	06/20/2023 - 06/20/2023				HC:95868 / 26,XU / 1	M127		\$1,310.00	PI-252	\$1,310.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7288711531Z10	06/20/2023 - 06/20/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$540.21 (AU)

<b>Patient Name:</b> LEWIS, AMBER	<b>Claim Number:</b> 02023272508491L0X00	<b>Claim Date:</b> 08/01/2023-08/01/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> BGL856217669	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$30,248.00
<b>Patient Ctrl Nmbr:</b> 0.3091695	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/29/2023	<b>Patient Resp:</b> \$27,628.00
<b>Original Ref Nmbr:</b>			

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
7353974079Z1	08/01/2023 - 08/01/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-1 PR-45	\$281.56 \$5,238.44	\$0.00
7353974079Z2	08/01/2023 - 08/01/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-45	\$85.67 \$3,728.33	\$0.00
7353974079Z3	08/01/2023 - 08/01/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$41.26 \$1,713.74	\$0.00
7353974079Z4	08/01/2023 - 08/01/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
7353974079Z5	08/01/2023 - 08/01/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00
7353974079Z6	08/01/2023 - 08/01/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$63.79 \$1,550.21	\$0.00
7353974079Z7	08/01/2023 - 08/01/2023				HC:95865 / 26 / 1		\$1,502.00 (B6)	\$1,502.00	PR-1 PR-45	\$59.65 \$1,442.35	\$0.00
7353974079Z8	08/01/2023 - 08/01/2023				HC:95865 / 26,XU / 1		\$1,502.00 (B6)	\$1,502.00	PR-1 PR-45	\$64.33 \$1,437.67	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7353974079Z9	08/01/2023 - 08/01/2023				HC:95868 / 26,XU / 1	N640		\$1,310.00	PI-222	\$1,310.00	\$0.00
7353974079Z10	08/01/2023 - 08/01/2023				HC:95868 / 26,XU / 1	M127		\$1,310.00	PI-252	\$1,310.00	\$0.00
7353974079Z11	08/01/2023 - 08/01/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$687.87 (AU)

<b>Patient Name:</b> LITTLEFIELD, GEORGE	<b>Claim Number:</b> 020232795088Y030X00	<b>Claim Date:</b> 09/07/2023-09/07/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PNM133459650	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$10,382.00
<b>Patient Ctrl Nmbr:</b> 0.3132580	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/06/2023	<b>Patient Resp:</b> \$10,382.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 3
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
7380362706Z1	09/07/2023 - 09/07/2023				HC:95941 // 2	N661	\$5,520.00 (B6)	\$5,520.00	PR-50	\$5,520.00	\$0.00
7380362706Z2	09/07/2023 - 09/07/2023				HC:95938 / 26 / 1	N661	\$3,107.00 (B6)	\$3,107.00	PR-50	\$3,107.00	\$0.00
7380362706Z3	09/07/2023 - 09/07/2023				HC:95955 / 26 / 1	N661	\$1,755.00 (B6)	\$1,755.00	PR-50	\$1,755.00	\$0.00

<b>Patient Name:</b> NIKOLAI, SUSAN	<b>Claim Number:</b> 0202320954003840X00	<b>Claim Date:</b> 11/21/2022-11/21/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> MYEAN7746698	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-17,603.00
<b>Patient Ctrl Nmbr:</b> 0.2798581	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-399.94
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 07/26/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
	11/21/2022 - 11/21/2022				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,619.22	\$-140.78
	11/21/2022 - 11/21/2022				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,712.83	\$-42.17
	11/21/2022 - 11/21/2022				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,073.41	\$-33.59
	11/21/2022 - 11/21/2022				HC:95908 / 26 / 1	N830		\$-437.00	CO-45	\$-387.94	\$-49.06
	11/21/2022 - 11/21/2022				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,904.83	\$-67.17
	11/21/2022 - 11/21/2022				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,904.83	\$-67.17
	11/21/2022 - 11/21/2022				HC:95999 // 2			\$-3,600.00	CO-45	\$-3,600.00	\$0.00

<b>Patient Name:</b> NIKOLAI, SUSAN	<b>Claim Number:</b> 0202320954003840X01	<b>Claim Date:</b> 11/21/2022-11/21/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MYEAN7746698	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$17,603.00
<b>Patient Ctrl Nmbr:</b> 0.2798581	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$4,243.22
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/03/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202320954003840X00			

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
	11/21/2022 - 11/21/2022				HC:95941 // 1	MA44	\$1,140.78 (B6)	\$2,760.00	CO-45	\$1,619.22	\$1,140.78
	11/21/2022 - 11/21/2022				HC:95822 / 26 / 1	MA44	\$1,042.17 (B6)	\$1,755.00	CO-45	\$712.83	\$1,042.17
	11/21/2022 - 11/21/2022				HC:95938 / 26 / 1	MA44	\$1,876.87 (B6)	\$3,107.00	CO-45	\$1,230.13	\$1,876.87

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
	11/21/2022 - 11/21/2022				HC:95908 / 26 / 1	MA44	\$49.06 (B6)	\$437.00	CO-45	\$387.94	\$49.06
	11/21/2022 - 11/21/2022				HC:95886 / 26 / 2	MA44	\$67.17 (B6)	\$2,972.00	CO-45	\$2,904.83	\$67.17
	11/21/2022 - 11/21/2022				HC:95886 / 26,XU / 2	MA44	\$67.17 (B6)	\$2,972.00	CO-45	\$2,904.83	\$67.17
	11/21/2022 - 11/21/2022				HC:95999 // 2	MA44		\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$4,243.22 (AU)

<b>Patient Name:</b> NUNEZ, TAMI	<b>Claim Number:</b> 0202325154004190X00	<b>Claim Date:</b> 07/12/2023-07/12/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> BYM109M92274	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$28,983.00
<b>Patient Ctrl Nmbr:</b> 0.3070192	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$823.66
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 07/25/2023	<b>Patient Resp:</b> \$7,200.00
<b>Original Ref Nmbr:</b>			

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
	07/12/2023 - 07/12/2023				HC:51785 / 26,XU / 1	N830	\$71.90 (B6)	\$1,071.00	CO-45	\$999.10	\$71.90
	07/12/2023 - 07/12/2023				HC:51785 / 26 / 1	N830	\$65.96 (B6)	\$1,071.00	CO-45	\$1,005.04	\$65.96
	07/12/2023 - 07/12/2023				HC:95941 // 3	N830	\$422.34 (B6)	\$8,280.00	CO-45	\$7,857.66	\$422.34
	07/12/2023 - 07/12/2023				HC:95822 / 26,XU / 1	N830	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26
	07/12/2023 - 07/12/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
	07/12/2023 - 07/12/2023				HC:95909 / 26,XU / 1	N830	\$57.39 (B6)	\$555.00	CO-45	\$497.61	\$57.39
	07/12/2023 - 07/12/2023				HC:95886 / 26 / 2	N830	\$66.02 (B6)	\$2,972.00	CO-45	\$2,905.98	\$66.02
	07/12/2023 - 07/12/2023				HC:95886 / 26,XU / 2	N830	\$66.02 (B6)	\$2,972.00	CO-45	\$2,905.98	\$66.02
	07/12/2023 - 07/12/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$823.66 (AU)

<b>Patient Name:</b> OBRIEN, NICOLE	<b>Claim Number:</b> 0202327950A77550X00	<b>Claim Date:</b> 09/08/2023-09/08/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> WRY878W00932	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$22,684.00
<b>Patient Ctrl Nmbr:</b> 0.3133975	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/06/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7374980961Z1	09/08/2023 - 09/08/2023				HC:95941 / / 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7374980961Z2	09/08/2023 - 09/08/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7374980961Z3	09/08/2023 - 09/08/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7374980961Z4	09/08/2023 - 09/08/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7374980961Z5	09/08/2023 - 09/08/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7374980961Z6	09/08/2023 - 09/08/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7374980961Z7	09/08/2023 - 09/08/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7374980961Z8	09/08/2023 - 09/08/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7374980961Z9	09/08/2023 - 09/08/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

<b>Patient Name:</b> PARKS, AVERY	<b>Claim Number:</b> 0202326554006860X00	<b>Claim Date:</b> 06/05/2023-06/05/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MIP970032748	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$26,766.00
<b>Patient Ctrl Nmbr:</b> 0.3028618	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/13/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	06/05/2023 - 06/05/2023				HC:51785 / 26,XU / 1	N830		\$1,071.00	OA-209	\$1,071.00	\$0.00
	06/05/2023 - 06/05/2023				HC:51785 / 26 / 1	N830		\$1,071.00	OA-209	\$1,071.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95822 / 26,XU / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
	06/05/2023 - 06/05/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

<b>Patient Name:</b> PERNILLO, ANA	<b>Claim Number:</b> 0202325454008110X00	<b>Claim Date:</b> 08/23/2023-08/23/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> OWW888M89803	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$20,884.00
<b>Patient Ctrl Nmbr:</b> 0.3116792	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$517.04
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/08/2023	<b>Patient Resp:</b> \$3,600.00
<b>Original Ref Nmbr:</b>			

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
	08/23/2023 - 08/23/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
	08/23/2023 - 08/23/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
	08/23/2023 - 08/23/2023				HC:95822 / 26 / 1	N830	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26
	08/23/2023 - 08/23/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	08/23/2023 - 08/23/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	08/23/2023 - 08/23/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	08/23/2023 - 08/23/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
	08/23/2023 - 08/23/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	08/23/2023 - 08/23/2023				HC:95999 // 2		\$3,600.00 (B6)	\$3,600.00	PR-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$517.04 (AU)

<b>Patient Name:</b> PETERSON, KIMBERLY	<b>Claim Number:</b> 0202326154009440X00	<b>Claim Date:</b> 06/07/2023-06/07/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> TTYAN7422656	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$30,004.00
<b>Patient Ctrl Nmbr:</b> 0.3030903	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$1,730.84
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/13/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	06/07/2023 - 06/07/2023				HC:95941 / / 3	N830	\$477.84 (B6)	\$8,280.00	CO-45	\$7,802.16	\$477.84
	06/07/2023 - 06/07/2023				HC:95939 / 26 / 1	N830	\$292.28 (B6)	\$3,814.00	CO-45	\$3,521.72	\$292.28
	06/07/2023 - 06/07/2023				HC:95822 / 26 / 1	N830	\$140.63 (B6)	\$1,755.00	CO-45	\$1,614.37	\$140.63
	06/07/2023 - 06/07/2023				HC:95938 / 26 / 1	N830	\$111.83 (B6)	\$3,107.00	CO-45	\$2,995.17	\$111.83
	06/07/2023 - 06/07/2023				HC:95861 / 26 / 1	N830	\$200.78 (B6)	\$1,614.00	CO-45	\$1,413.22	\$200.78
	06/07/2023 - 06/07/2023				HC:95861 / 26,XU / 1	N830	\$200.78 (B6)	\$1,614.00	CO-45	\$1,413.22	\$200.78
	06/07/2023 - 06/07/2023				HC:95868 / 26 / 1	N830	\$153.35 (B6)	\$1,310.00	CO-45	\$1,156.65	\$153.35

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
	06/07/2023 - 06/07/2023				HC:95868 / 26,XU / 1	N830	\$153.35 (B6)	\$1,310.00	CO-45	\$1,156.65	\$153.35
	06/07/2023 - 06/07/2023				HC:95999 // 4			\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,730.84 (AU)

<b>Patient Name:</b> REYNAGA, JOSE	<b>Claim Number:</b> 0202325750V12000X00	<b>Claim Date:</b> 08/31/2023-08/31/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> UPD795A78970	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$32,286.00
<b>Patient Ctrl Nmbr:</b> 0.3127492	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$819.42
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/14/2023	<b>Patient Resp:</b> \$7,200.00
<b>Original Ref Nmbr:</b>			

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
7284091513Z5	08/31/2023 - 08/31/2023				HC:51785 / 26 / 1	N830	\$71.90 (B6)	\$1,071.00	CO-45	\$999.10	\$71.90
7284091513Z6	08/31/2023 - 08/31/2023				HC:51785 / 26,XU / 1	N830	\$65.96 (B6)	\$1,071.00	CO-45	\$1,005.04	\$65.96
7284091513Z1	08/31/2023 - 08/31/2023				HC:95941 // 4	N830	\$563.12 (B6)	\$11,040.00	CO-45	\$10,476.88	\$563.12
7284091513Z2	08/31/2023 - 08/31/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
7284091513Z3	08/31/2023 - 08/31/2023				HC:95822 / 26,XU / 1	M127		\$1,755.00	PI-252	\$1,755.00	\$0.00
7284091513Z4	08/31/2023 - 08/31/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7284091513Z7	08/31/2023 - 08/31/2023				HC:95861 / 26,XU / 1	N640		\$1,614.00	PI-222	\$1,614.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7284091513Z8	08/31/2023 - 08/31/2023				HC:95861 / 26,XU / 1	M127		\$1,614.00	PI-252	\$1,614.00	\$0.00
7284091513Z9	08/31/2023 - 08/31/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$819.42 (AU)

<b>Patient Name:</b> ROBINSON, STEVEN	<b>Claim Number:</b> 020232565072E180X00	<b>Claim Date:</b> 06/06/2023-06/06/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> LGB901427204	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,280.00
<b>Patient Ctrl Nmbr:</b> 0.3029395	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$195.39
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/13/2023	<b>Patient Resp:</b> \$19,084.61
<b>Original Ref Nmbr:</b>			

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
7279315849Z1	06/06/2023 - 06/06/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-1 PR-2 PR-45	\$200.00 \$16.31 \$5,238.44	\$65.25
7279315849Z2	06/06/2023 - 06/06/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$8.25 \$1,713.74	\$33.01
7279315849Z3	06/06/2023 - 06/06/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$6.55 \$3,074.23	\$26.22
7279315849Z4	06/06/2023 - 06/06/2023				HC:95870 / 26 / 3		\$1,749.00 (B6)	\$1,749.00	PR-2 PR-45	\$8.48 \$1,706.59	\$33.93
7279315849Z5	06/06/2023 - 06/06/2023				HC:95870 / 26,XU / 3		\$1,749.00 (B6)	\$1,749.00	PR-2 PR-45	\$9.24 \$1,702.78	\$36.98
7279315849Z6	06/06/2023 - 06/06/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$444.22 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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<b>Patient Name:</b> ROSA, BENVINDA	<b>Claim Number:</b> 020232565014F510X00	<b>Claim Date:</b> 06/01/2023-06/01/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XYP967462416	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$21,630.00
<b>Patient Ctrl Nbr:</b> 0.3025335	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$224.63
<b>Rendering Prvd:</b> SCHAUBLIN, GREG A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/13/2023	<b>Patient Resp:</b> \$21,405.37
<b>Original Ref Nbr:</b>			

Line Details											Results: 8
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
7279125530Z1	06/01/2023 - 06/01/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-272	\$5,520.00	\$0.00
7279125530Z2	06/01/2023 - 06/01/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$17.51 \$1,667.47	\$70.02
7279125530Z3	06/01/2023 - 06/01/2023				HC:95938 / 26 / 1	N130	\$3,107.00 (B6)	\$3,107.00	PR-96	\$3,107.00	\$0.00
7279125530Z4	06/01/2023 - 06/01/2023				HC:95861 / 26 / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
7279125530Z5	06/01/2023 - 06/01/2023				HC:95861 / 26,XU / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
7279125530Z6	06/01/2023 - 06/01/2023				HC:95868 / 26 / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
7279125530Z7	06/01/2023 - 06/01/2023				HC:95868 / 26,XU / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
7279125530Z8	06/01/2023 - 06/01/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-2 PR-45	\$38.65 \$5,206.74	\$154.61

Supplemental Information - AMT/Payer Codes: \$280.79 (AU)

<b>Patient Name:</b> SALVAT, MYONA	<b>Claim Number:</b> 02023272500798L0X00	<b>Claim Date:</b> 08/04/2023-08/04/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> RET805646359	<b>Group / Policy:</b> 0003020480002	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$27,244.00
<b>Patient Ctrl Nbr:</b> 0.3094827	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$655.07
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/29/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7354305369Z1	08/04/2023 - 08/04/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
7354305369Z2	08/04/2023 - 08/04/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
7354305369Z3	08/04/2023 - 08/04/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7354305369Z4	08/04/2023 - 08/04/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
7354305369Z5	08/04/2023 - 08/04/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
7354305369Z6	08/04/2023 - 08/04/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
7354305369Z7	08/04/2023 - 08/04/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
7354305369Z8	08/04/2023 - 08/04/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
7354305369Z9	08/04/2023 - 08/04/2023				HC:95999 // 1	N830		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$655.07 (AU)

<b>Patient Name:</b> STONE, WILLIAM	<b>Claim Number:</b> 0202327150X72140X00	<b>Claim Date:</b> 07/18/2023-07/18/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> FWRAN8727197	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$21,162.00
<b>Patient Ctrl Nmbr:</b> 0.3075413	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7348562427Z1	07/18/2023 - 07/18/2023				HC:95941 // 3	N830		\$8,280.00	OA-209	\$8,280.00	\$0.00
7348562427Z2	07/18/2023 - 07/18/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7348562427Z3	07/18/2023 - 07/18/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7348562427Z4	07/18/2023 - 07/18/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7348562427Z5	07/18/2023 - 07/18/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7348562427Z6	07/18/2023 - 07/18/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

<b>Patient Name:</b> SUTTNER, GREGORY	<b>Claim Number:</b> 0202327950B05930X00	<b>Claim Date:</b> 09/12/2023-09/12/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> FZB971176775	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$25,444.00
<b>Patient Ctrl Nmbr:</b> 0.3138007	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/06/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7375760243Z1	09/12/2023 - 09/12/2023				HC:95941 // 2	MA130		\$5,520.00	OA-A1	\$5,520.00	\$0.00
7375760243Z2	09/12/2023 - 09/12/2023				HC:95939 / 26 / 1	MA130		\$3,814.00	OA-A1	\$3,814.00	\$0.00
7375760243Z3	09/12/2023 - 09/12/2023				HC:95938 / 26 / 1	MA130		\$3,107.00	OA-A1	\$3,107.00	\$0.00
7375760243Z4	09/12/2023 - 09/12/2023				HC:95955 / 26 / 1	MA130		\$1,755.00	OA-A1	\$1,755.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7375760243Z5	09/12/2023 - 09/12/2023				HC:95861 / 26 / 1	MA130		\$1,614.00	OA-A1	\$1,614.00	\$0.00
7375760243Z6	09/12/2023 - 09/12/2023				HC:95861 / 26,XU / 1	MA130		\$1,614.00	OA-A1	\$1,614.00	\$0.00
7375760243Z7	09/12/2023 - 09/12/2023				HC:95868 / 26 / 1	MA130		\$1,310.00	OA-A1	\$1,310.00	\$0.00
7375760243Z8	09/12/2023 - 09/12/2023				HC:95868 / 26,XU / 1	MA130		\$1,310.00	OA-A1	\$1,310.00	\$0.00
7375760243Z9	09/12/2023 - 09/12/2023				HC:95999 // 3	MA130		\$5,400.00	OA-A1	\$5,400.00	\$0.00

<b>Patient Name:</b> WALKER, CLANTON		<b>Claim Number:</b> 020232795085Y910X00		<b>Claim Date:</b> 09/06/2023-09/06/2023		<b>Claim Status Code:</b> 1	
<b>Patient ID:</b> HML801395239		<b>Group / Policy:</b> 000ZGPPOW0000		<b>Facility Type:</b> 21		<b>Claim Charge:</b> \$15,836.00	
<b>Patient Ctrl Nmbr:</b> 0.3131509		<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION		<b>Claim Frequency:</b> 1		<b>Claim Payment:</b> \$0.00	
<b>Rendering Prvd:</b> THOMAS, GEORGE P		<b>Rendering Prv ID:</b>		<b>Claim Received Date:</b> 10/06/2023		<b>Patient Resp:</b> \$15,836.00	
<b>Original Ref Nmbr:</b>							

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
7379752177Z1	09/06/2023 - 09/06/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-1 PR-45	\$140.78 \$2,619.22	\$0.00
7379752177Z2	09/06/2023 - 09/06/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
7379752177Z3	09/06/2023 - 09/06/2023				HC:95908 / 26 / 1		\$437.00 (B6)	\$437.00	PR-1 PR-45	\$47.75 \$389.25	\$0.00
7379752177Z4	09/06/2023 - 09/06/2023				HC:95885 / 26 / 2		\$1,166.00 (B6)	\$1,166.00	PR-1 PR-45	\$26.38 \$1,139.62	\$0.00
7379752177Z5	09/06/2023 - 09/06/2023				HC:95885 / 26,XU / 2		\$1,166.00 (B6)	\$1,166.00	PR-1 PR-45	\$26.38 \$1,139.62	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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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
7379752177Z6	09/06/2023 - 09/06/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$274.06 (AU)

<b>Patient Name:</b> WELCH, KEITH	<b>Claim Number:</b> 0202308154010070X01	<b>Claim Date:</b> 12/05/2022-12/05/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> EFWSC0574246	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,521.00
<b>Patient Ctrl Nmbr:</b> 0.2812386	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$1,468.93
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/03/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202308154010070X00			

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
	12/05/2022 - 12/05/2022				HC:95941 // 1	N830	\$1,200.00 (B6)	\$2,760.00	CO-45	\$1,560.00	\$1,200.00
	12/05/2022 - 12/05/2022				HC:95822 / 26 / 1	N830	\$42.17 (B6)	\$1,755.00	CO-45	\$1,712.83	\$42.17
	12/05/2022 - 12/05/2022				HC:95938 / 26 / 1	N830	\$33.59 (B6)	\$3,107.00	CO-45	\$3,073.41	\$33.59
	12/05/2022 - 12/05/2022				HC:95909 / 26 / 1	N830	\$58.83 (B6)	\$555.00	CO-45	\$496.17	\$58.83
	12/05/2022 - 12/05/2022				HC:95886 / 26 / 2	N830	\$67.17 (B6)	\$2,972.00	CO-45	\$2,904.83	\$67.17
	12/05/2022 - 12/05/2022				HC:95886 / 26,XU / 2	N830	\$67.17 (B6)	\$2,972.00	CO-45	\$2,904.83	\$67.17
	12/05/2022 - 12/05/2022				HC:95999 // 3	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,468.93 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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<b>Patient Name:</b> WELCH, KEITH	<b>Claim Number:</b> 0202308154010070X00	<b>Claim Date:</b> 12/05/2022-12/05/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> EFWSC0574246	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-19,521.00
<b>Patient Ctrl Nbr:</b> 0.2812386	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-379.71
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 03/06/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

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
	12/05/2022 - 12/05/2022				HC:95941 / / 1	N830		\$-2,760.00	PR-2 CO-45	\$-30.00 \$-2,619.22	\$-110.78
	12/05/2022 - 12/05/2022				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,712.83	\$-42.17
	12/05/2022 - 12/05/2022				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,073.41	\$-33.59
	12/05/2022 - 12/05/2022				HC:95909 / 26 / 1	N830		\$-555.00	CO-45	\$-496.17	\$-58.83
	12/05/2022 - 12/05/2022				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,904.83	\$-67.17
	12/05/2022 - 12/05/2022				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,904.83	\$-67.17
	12/05/2022 - 12/05/2022				HC:95999 / / 3			\$-5,400.00	CO-45	\$-5,400.00	\$0.00

<b>Patient Name:</b> WYATT, BEVERLY	<b>Claim Number:</b> 0202325750V08480X00	<b>Claim Date:</b> 06/15/2023-06/15/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> EDU887656431	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$11,696.00
<b>Patient Ctrl Nbr:</b> 0.3040785	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$260.16
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/14/2023	<b>Patient Resp:</b> \$11,435.84
<b>Original Ref Nbr:</b>			

Line Details											Results: 6
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

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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Line Details											Results: 6
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
7283835922Z1	06/15/2023 - 06/15/2023				HC:95941 / / 1		\$2,760.00 (B6)	\$2,760.00	PR-2 PR-45	\$28.16 \$2,619.22	\$112.62
7283835922Z2	06/15/2023 - 06/15/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$8.25 \$1,713.74	\$33.01
7283835922Z3	06/15/2023 - 06/15/2023				HC:95925 / 26 / 1		\$353.00 (B6)	\$353.00	PR-2 PR-45	\$4.11 \$332.46	\$16.43
7283835922Z4	06/15/2023 - 06/15/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$11.77 \$1,555.16	\$47.07
7283835922Z5	06/15/2023 - 06/15/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$12.76 \$1,550.21	\$51.03
7283835922Z6	06/15/2023 - 06/15/2023				HC:95999 / / 2		\$3,600.00 (B6)	\$3,600.00	PR-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$325.21 (AU)

#### Code Descriptions

##### REMARK CODE(S):

M127=Missing patient medical record for this service.

MA130=Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.

MA44=Alert: No appeal rights. Adjudicative decision based on law.

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

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

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):

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23284E08489030	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$64,128.56
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**GROUP CODE(S):**

OA=Other Adjustments  
CO=Contractual Obligations  
PI=Payor Initiated Reductions  
PR=Patient Responsibility

**CLAIM ADJUSTMENT REASON CODE(S):**

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)  
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)  
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.  
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.  
1=Deductible Amount  
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.  
2=Coinsurance Amount  
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.  
A1=Claim/Service denied. 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: Use this code only when a more specific Claim Adjustment Reason Code is not available.

**CLAIM STATUS CODE(S):**

1=Processed as Primary  
22=Reversal of Previous Payment