

## Check Summary

Transaction Date: October 12, 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> C23283E08130020 <b>Payment Amount:</b> 20,821.77 <b>Check/EFT Date:</b> 10/12/2023 <b>Production End Cycle Date:</b> 10/10/2023	<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: ALLEN, KENNETH

Claim Number: 0202325150K74320X00

Claim Date: 08/23/2023-08/23/2023 Claim Status Code: 1

<b>Patient ID:</b> ZGP826856435	<b>Group / Policy:</b> 0001545610000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$13,704.00
<b>Patient Ctrl Nmbr:</b> 0.3117380	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$380.12
<b>Rendering Prvd:</b> IBRAHIM, BADRELDIN A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/08/2023	<b>Patient Resp:</b> \$11,523.88
<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
7262136243Z1	08/23/2023 - 08/23/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-45	\$3,698.12	\$115.88
7262136243Z2	08/23/2023 - 08/23/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,699.26	\$55.74
7262136243Z3	08/23/2023 - 08/23/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,062.66	\$44.34
7262136243Z4	08/23/2023 - 08/23/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,534.38	\$79.62
7262136243Z5	08/23/2023 - 08/23/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,529.46	\$84.54
7262136243Z6	08/23/2023 - 08/23/2023				HC:95999 / / 1	M29		\$1,800.00	CO-252	\$1,800.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$380.12 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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<b>Patient Name:</b> ANAST, DIANE	<b>Claim Number:</b> 0202327854006670X00	<b>Claim Date:</b> 08/01/2023-08/01/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XOF847812803	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$23,963.00
<b>Patient Ctrl Nmbr:</b> 0.3091376	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$2,502.25
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/29/2023	<b>Patient Resp:</b> \$5,400.00
<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
	08/01/2023 - 08/01/2023				HC:95941 // 2	N830	\$365.14 (B6)	\$5,520.00	CO-45	\$5,154.86	\$365.14
	08/01/2023 - 08/01/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	08/01/2023 - 08/01/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	08/01/2023 - 08/01/2023				HC:95908 / 26 / 1	N830	\$64.08 (B6)	\$437.00	CO-45	\$372.92	\$64.08
	08/01/2023 - 08/01/2023				HC:95886 / 26 / 2	N830	\$88.66 (B6)	\$2,972.00	CO-45	\$2,883.34	\$88.66
	08/01/2023 - 08/01/2023				HC:95886 / 26,XU / 2	N830	\$88.66 (B6)	\$2,972.00	CO-45	\$2,883.34	\$88.66
	08/01/2023 - 08/01/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$5,400.00	\$1,800.00

Supplemental Information - AMT/Payer Codes: \$2,502.25 (AU)

<b>Patient Name:</b> BRINGLE, CHRIS	<b>Claim Number:</b> 0202327254005830X00	<b>Claim Date:</b> 07/03/2023-07/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> VCB820075943	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$32,337.00
<b>Patient Ctrl Nmbr:</b> 0.3060286	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$761.83
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/26/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
	07/03/2023 - 07/03/2023				HC:95941 // 3	N830	\$422.34 (B6)	\$8,280.00	CO-45	\$7,857.66	\$422.34
	07/03/2023 - 07/03/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
	07/03/2023 - 07/03/2023				HC:95822 / 26 / 1	N830	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26
	07/03/2023 - 07/03/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	07/03/2023 - 07/03/2023				HC:95908 / 26 / 1	N830	\$47.75 (B6)	\$437.00	CO-45	\$389.25	\$47.75
	07/03/2023 - 07/03/2023				HC:95886 / 26 / 2	N830	\$66.02 (B6)	\$2,972.00	CO-45	\$2,905.98	\$66.02
	07/03/2023 - 07/03/2023				HC:95886 / 26,XU / 2	N830	\$66.02 (B6)	\$2,972.00	CO-45	\$2,905.98	\$66.02
	07/03/2023 - 07/03/2023				HC:95999 // 5	N830		\$9,000.00	CO-45	\$9,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$761.83 (AU)

<b>Patient Name:</b> CIECK, RONALD	<b>Claim Number:</b> 0202324254010040X00	<b>Claim Date:</b> 08/08/2023-08/08/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> XOH827309258	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-30,964.00
<b>Patient Ctrl Nmbr:</b> 0.3099072	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/28/2023	<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
	08/08/2023 - 08/08/2023				HC:95941 // 4			\$-11,040.00	PR-40	\$-11,040.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
	08/08/2023 - 08/08/2023				HC:95939 / 26 / 1			\$-3,814.00	PR-40	\$-3,814.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95822 / 26 / 1			\$-1,755.00	PR-40	\$-1,755.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95938 / 26 / 1			\$-3,107.00	PR-40	\$-3,107.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95861 / 26 / 1			\$-1,614.00	PR-40	\$-1,614.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95861 / 26,XU / 1			\$-1,614.00	PR-40	\$-1,614.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95868 / 26 / 1			\$-1,310.00	PR-40	\$-1,310.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95868 / 26,XU / 1			\$-1,310.00	PR-40	\$-1,310.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95999 // 3			\$-5,400.00	PR-40	\$-5,400.00	\$0.00

<b>Patient Name:</b> CIECK, RONALD	<b>Claim Number:</b> 0202324254010040X01	<b>Claim Date:</b> 08/08/2023-08/08/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XOH827309258	<b>Group / Policy:</b> 000ZGCFAT0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$30,964.00
<b>Patient Ctrl Nmbr:</b> 0.3099072	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/05/2023	<b>Patient Resp:</b> \$30,964.00
<b>Original Ref Nmbr:</b> 0202324254010040X00			

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
	08/08/2023 - 08/08/2023				HC:95941 // 4	N130	\$11,040.00 (B6)	\$11,040.00	PR-96	\$11,040.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95939 / 26 / 1	N130	\$3,814.00 (B6)	\$3,814.00	PR-96	\$3,814.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
	08/08/2023 - 08/08/2023				HC:95822 / 26 / 1	N130	\$1,755.00 (B6)	\$1,755.00	PR-96	\$1,755.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95938 / 26 / 1	N130	\$3,107.00 (B6)	\$3,107.00	PR-96	\$3,107.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95861 / 26 / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95861 / 26,XU / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95868 / 26 / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95868 / 26,XU / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
	08/08/2023 - 08/08/2023				HC:95999 // 1	N130	\$5,400.00 (B6)	\$5,400.00	PR-96	\$5,400.00	\$0.00

<b>Patient Name:</b> CLARK, DIANE	<b>Claim Number:</b> 0202327754006370X00	<b>Claim Date:</b> 06/15/2023-06/15/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> NXQ846149151	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,010.00
<b>Patient Ctrl Nmbr:</b> 0.3041625	<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> 09/15/2023	<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
	06/15/2023 - 06/15/2023				HC:95941 // 2	N394		\$5,520.00	CO-A1	\$5,520.00	\$0.00
	06/15/2023 - 06/15/2023				HC:95822 / 26 / 1	N394		\$1,755.00	CO-A1	\$1,755.00	\$0.00
	06/15/2023 - 06/15/2023				HC:95938 / 26 / 1	N394		\$3,107.00	CO-A1	\$3,107.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
	06/15/2023 - 06/15/2023				HC:95861 / 26 / 1	N394		\$1,614.00	CO-A1	\$1,614.00	\$0.00
	06/15/2023 - 06/15/2023				HC:95861 / 26,XU / 1	N394		\$1,614.00	CO-A1	\$1,614.00	\$0.00
	06/15/2023 - 06/15/2023				HC:95999 // 3	N394		\$5,400.00	CO-A1	\$5,400.00	\$0.00

<b>Patient Name:</b> CROSS, JOSHUA	<b>Claim Number:</b> 02023272501928F0X00	<b>Claim Date:</b> 07/28/2023-07/28/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> YUP825660739	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$30,248.00
<b>Patient Ctrl Nmbr:</b> 0.3087850	<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> 09/29/2023	<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
7353715886Z1	07/28/2023 - 07/28/2023				HC:95941 // 2	N394		\$5,520.00	CO-A1	\$5,520.00	\$0.00
7353715886Z2	07/28/2023 - 07/28/2023				HC:95939 / 26 / 1	N394		\$3,814.00	CO-A1	\$3,814.00	\$0.00
7353715886Z3	07/28/2023 - 07/28/2023				HC:95938 / 26 / 1	N394		\$3,107.00	CO-A1	\$3,107.00	\$0.00
7353715886Z4	07/28/2023 - 07/28/2023				HC:95955 / 26 / 1	N394		\$1,755.00	CO-A1	\$1,755.00	\$0.00
7353715886Z5	07/28/2023 - 07/28/2023				HC:95861 / 26 / 1	N394		\$1,614.00	CO-A1	\$1,614.00	\$0.00
7353715886Z6	07/28/2023 - 07/28/2023				HC:95861 / 26,XU / 1	N394		\$1,614.00	CO-A1	\$1,614.00	\$0.00
7353715886Z7	07/28/2023 - 07/28/2023				HC:95865 / 26 / 1	N394		\$1,502.00	CO-A1	\$1,502.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
7353715886Z8	07/28/2023 - 07/28/2023				HC:95865 / 26,XU / 1	N394		\$1,502.00	CO-A1	\$1,502.00	\$0.00
7353715886Z9	07/28/2023 - 07/28/2023				HC:95868 / 26,XU / 1	N394		\$1,310.00	CO-A1	\$1,310.00	\$0.00
7353715886Z10	07/28/2023 - 07/28/2023				HC:95868 / 26,XU / 1	N394		\$1,310.00	CO-A1	\$1,310.00	\$0.00
7353715886Z11	07/28/2023 - 07/28/2023				HC:95999 // 4	N394		\$7,200.00	CO-A1	\$7,200.00	\$0.00

<b>Patient Name:</b> DARBY, DANIEL	<b>Claim Number:</b> 0202327954003880X00	<b>Claim Date:</b> 09/12/2023-09/12/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> LAJ835558572	<b>Group / Policy:</b> 000ZGBPOP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,010.00
<b>Patient Ctrl Nmbr:</b> 0.3137816	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$475.47
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/04/2023	<b>Patient Resp:</b> \$5,400.00
<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
	09/12/2023 - 09/12/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
	09/12/2023 - 09/12/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	09/12/2023 - 09/12/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
	09/12/2023 - 09/12/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	09/12/2023 - 09/12/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	09/12/2023 - 09/12/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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Supplemental Information - AMT/Payer Codes: \$475.47 (AU)

<b>Patient Name:</b> GRIFFIN, ADAM	<b>Claim Number:</b> 02022123500135Z0X00	<b>Claim Date:</b> 02/10/2022-02/10/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> ZGP825975055	<b>Group / Policy:</b> 0002404820000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$-26,219.00
<b>Patient Ctrl Nmbr:</b> 0.2459521	<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> 05/03/2022	<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
623522681	02/10/2022 - 02/10/2022				HC:51785 / 59 / 1			\$-3,694.00	PR-1 PR-45	\$-71.90 \$-3,622.10	\$0.00
623522680	02/10/2022 - 02/10/2022				HC:95938 / 59 / 1			\$-7,270.00	PR-1 PR-45	\$-35.68 \$-7,234.32	\$0.00
623522682	02/10/2022 - 02/10/2022				HC:95955 / 59 / 1	M127		\$-6,979.00	PI-252	\$-6,979.00	\$0.00
623522683	02/10/2022 - 02/10/2022				HC:95861 / 59 / 1	M127		\$-4,753.00	PI-252	\$-4,753.00	\$0.00
623522684	02/10/2022 - 02/10/2022				HC:95927 / 59 / 1	M127		\$-763.00	PI-252	\$-763.00	\$0.00
623522685	02/10/2022 - 02/10/2022				HC:95941 / / 1			\$-2,760.00	PR-1 PR-45	\$-140.78 \$-2,619.22	\$0.00

<b>Patient Name:</b> GRIFFIN, ADAM	<b>Claim Number:</b> 02022123500135Z0X01	<b>Claim Date:</b> 02/10/2022-02/10/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZGP825975055	<b>Group / Policy:</b> 0002404820000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$26,219.00
<b>Patient Ctrl Nmbr:</b> 0.2459521	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$62.98
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/28/2023	<b>Patient Resp:</b> \$21,403.02
<b>Original Ref Nmbr:</b> 02022123500135Z0X00			

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> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
	02/10/2022 - 02/10/2022				HC:51785 / 59 / 1		\$3,694.00 (B6)	\$3,694.00	PR-1 PR-45	\$71.90 \$3,622.10	\$0.00
	02/10/2022 - 02/10/2022				HC:95938 / 59 / 1		\$7,270.00 (B6)	\$7,270.00	PR-1 PR-45	\$35.68 \$7,234.32	\$0.00
	02/10/2022 - 02/10/2022				HC:95955 / 59 / 1		\$6,979.00 (B6)	\$6,979.00	PR-1 PR-45	\$41.90 \$6,937.10	\$0.00
	02/10/2022 - 02/10/2022				HC:95861 / 59 / 1	M127		\$4,753.00	PI-252	\$4,753.00	\$0.00
	02/10/2022 - 02/10/2022				HC:95927 / 59 / 1		\$763.00 (B6)	\$763.00	PR-1 PR-45	\$21.08 \$741.92	\$0.00
	02/10/2022 - 02/10/2022				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-1 PR-45	\$77.80 \$2,619.22	\$62.98

Supplemental Information - AMT/Payer Codes: \$311.34 (AU)

<b>Patient Name:</b> HAMILTON, DOUGLAS	<b>Claim Number:</b> 0202326154010660X00	<b>Claim Date:</b> 06/13/2023-06/13/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> QMG845880913	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$-25,444.00
<b>Patient Ctrl Nmbr:</b> 0.3038229	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-2,286.75
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/14/2023	<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
	06/13/2023 - 06/13/2023				HC:95941 / / 2	N830		\$-5,520.00	CO-45	\$-5,154.86	\$-365.14
	06/13/2023 - 06/13/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,693.21	\$-120.79
	06/13/2023 - 06/13/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,696.85	\$-58.15

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
	06/13/2023 - 06/13/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,060.79	\$-46.21
	06/13/2023 - 06/13/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,531.03	\$-82.97
	06/13/2023 - 06/13/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,500.24	\$-113.76
	06/13/2023 - 06/13/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,246.58	\$-63.42
	06/13/2023 - 06/13/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,223.69	\$-86.31
	06/13/2023 - 06/13/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-4,050.00	\$-1,350.00

<b>Patient Name:</b> HAMILTON, DOUGLAS	<b>Claim Number:</b> 0202326154010660X01	<b>Claim Date:</b> 06/13/2023-06/13/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> QMG845880913	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$25,444.00
<b>Patient Ctrl Nmbr:</b> 0.3038229	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$6,477.08
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/04/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202326154010660X00			

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
	06/13/2023 - 06/13/2023				HC:95941 // 2	MA44	\$905.47 (B6)	\$5,520.00	CO-45	\$4,614.53	\$905.47
	06/13/2023 - 06/13/2023				HC:95939 / 26 / 1	MA44	\$120.79 (B6)	\$3,814.00	CO-45	\$3,693.21	\$120.79
	06/13/2023 - 06/13/2023				HC:95822 / 26 / 1	MA44	\$58.15 (B6)	\$1,755.00	CO-45	\$1,696.85	\$58.15
	06/13/2023 - 06/13/2023				HC:95938 / 26 / 1	MA44	\$46.21 (B6)	\$3,107.00	CO-45	\$3,060.79	\$46.21

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
	06/13/2023 - 06/13/2023				HC:95861 / 26 / 1	MA44	\$82.97 (B6)	\$1,614.00	CO-45	\$1,531.03	\$82.97
	06/13/2023 - 06/13/2023				HC:95861 / 26,XU / 1	MA44	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
	06/13/2023 - 06/13/2023				HC:95868 / 26 / 1	MA44	\$63.42 (B6)	\$1,310.00	CO-45	\$1,246.58	\$63.42
	06/13/2023 - 06/13/2023				HC:95868 / 26,XU / 1	MA44	\$86.31 (B6)	\$1,310.00	CO-45	\$1,223.69	\$86.31
	06/13/2023 - 06/13/2023				HC:95999 // 3	MA44	\$5,000.00 (B6)	\$5,400.00	CO-45	\$400.00	\$5,000.00

Supplemental Information - AMT/Payer Codes: \$6,477.08 (AU)

<b>Patient Name:</b> HARGROVE, PAMELA	<b>Claim Number:</b> 0202327854000490X00	<b>Claim Date:</b> 12/01/2022-12/01/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> U3S831481035	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$20,884.00
<b>Patient Ctrl Nmbr:</b> 0.2808479	<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> 09/18/2023	<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
	12/01/2022 - 12/01/2022				HC:95941 // 1	N394		\$2,760.00	CO-A1	\$2,760.00	\$0.00
	12/01/2022 - 12/01/2022				HC:95939 / 26 / 1	N394		\$3,814.00	CO-A1	\$3,814.00	\$0.00
	12/01/2022 - 12/01/2022				HC:95822 / 26 / 1	N394		\$1,755.00	CO-A1	\$1,755.00	\$0.00
	12/01/2022 - 12/01/2022				HC:95938 / 26 / 1	N394		\$3,107.00	CO-A1	\$3,107.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
	12/01/2022 - 12/01/2022				HC:95861 / 26 / 1	N394		\$1,614.00	CO-A1	\$1,614.00	\$0.00
	12/01/2022 - 12/01/2022				HC:95861 / 26,XU / 1	N394		\$1,614.00	CO-A1	\$1,614.00	\$0.00
	12/01/2022 - 12/01/2022				HC:95868 / 26 / 1	N394		\$1,310.00	CO-A1	\$1,310.00	\$0.00
	12/01/2022 - 12/01/2022				HC:95868 / 26,XU / 1	N394		\$1,310.00	CO-A1	\$1,310.00	\$0.00
	12/01/2022 - 12/01/2022				HC:95999 // 2	N394		\$3,600.00	CO-A1	\$3,600.00	\$0.00

<b>Patient Name:</b> HAUSER, NAOMI	<b>Claim Number:</b> 0202327654004810X00	<b>Claim Date:</b> 07/20/2023-07/20/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> FSL821767884	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$16,250.00
<b>Patient Ctrl Nmbr:</b> 0.3079851	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$1,821.06
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$4,050.00
<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
	07/20/2023 - 07/20/2023				HC:95941 // 1	N830	\$182.57 (B6)	\$2,760.00	CO-45	\$2,577.43	\$182.57
	07/20/2023 - 07/20/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	07/20/2023 - 07/20/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	07/20/2023 - 07/20/2023				HC:95861 / 26 / 1	N830	\$79.02 (B6)	\$1,614.00	CO-45	\$1,534.98	\$79.02
	07/20/2023 - 07/20/2023				HC:95861 / 26,XU / 1	N830	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
	07/20/2023 - 07/20/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$4,050.00	\$1,350.00

Supplemental Information - AMT/Payer Codes: \$1,821.06 (AU)

<b>Patient Name:</b> HOBBS, MARJORIE	<b>Claim Number:</b> 0202321650547A00X00	<b>Claim Date:</b> 07/19/2023-07/19/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> SBF803891130	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-34,824.00
<b>Patient Ctrl Nmbr:</b> 0.3079072	<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> 08/03/2023	<b>Patient Resp:</b> \$0.00
<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
7146802767Z1	07/19/2023 - 07/19/2023				HC:95941 // 7	N598		\$-19,320.00	PR-22	\$-19,320.00	\$0.00
7146802767Z2	07/19/2023 - 07/19/2023				HC:95939 / 26 / 1	N598		\$-3,814.00	PR-22	\$-3,814.00	\$0.00
7146802767Z3	07/19/2023 - 07/19/2023				HC:95822 / 26 / 1	N598		\$-1,755.00	PR-22	\$-1,755.00	\$0.00
7146802767Z4	07/19/2023 - 07/19/2023				HC:95938 / 26 / 1	N598		\$-3,107.00	PR-22	\$-3,107.00	\$0.00
7146802767Z5	07/19/2023 - 07/19/2023				HC:95861 / 26 / 1	N598		\$-1,614.00	PR-22	\$-1,614.00	\$0.00
7146802767Z6	07/19/2023 - 07/19/2023				HC:95861 / 26,XU / 1	N598		\$-1,614.00	PR-22	\$-1,614.00	\$0.00
7146802767Z7	07/19/2023 - 07/19/2023				HC:95999 // 2	N598		\$-3,600.00	PR-22	\$-3,600.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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<b>Patient Name:</b> HOBBS, MARJORIE	<b>Claim Number:</b> 0202321650547A00X01	<b>Claim Date:</b> 07/19/2023-07/19/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> SBF803891130	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$34,824.00
<b>Patient Ctrl Nmbr:</b> 0.3079072	<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> 10/05/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202321650547A00X00			

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
	07/19/2023 - 07/19/2023				HC:95941 / / 7			\$19,320.00	CO-B13	\$19,320.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95939 / 26 / 1			\$3,814.00	CO-B13	\$3,814.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95822 / 26 / 1			\$1,755.00	CO-B13	\$1,755.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95938 / 26 / 1			\$3,107.00	CO-B13	\$3,107.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95861 / 26 / 1			\$1,614.00	CO-B13	\$1,614.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-B13	\$1,614.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95999 / / 1			\$3,600.00	CO-B13	\$3,600.00	\$0.00

<b>Patient Name:</b> JACKSON, LONDA	<b>Claim Number:</b> 02023275508813V0X00	<b>Claim Date:</b> 09/28/2023-09/28/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> OKC846059015	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$37,435.00
<b>Patient Ctrl Nmbr:</b> 0.3158861	<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> 10/02/2023	<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> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
7362061071Z1	09/28/2023 - 09/28/2023				HC:95941 // 3	N394		\$8,280.00	CO-A1	\$8,280.00	\$0.00
7362061071Z2	09/28/2023 - 09/28/2023				HC:95938 / 26 / 1	N394		\$7,270.00	CO-A1	\$7,270.00	\$0.00
7362061071Z3	09/28/2023 - 09/28/2023				HC:95955 / 26 / 1	N394		\$6,979.00	CO-A1	\$6,979.00	\$0.00
7362061071Z4	09/28/2023 - 09/28/2023				HC:95861 / 26 / 1	N394		\$4,753.00	CO-A1	\$4,753.00	\$0.00
7362061071Z5	09/28/2023 - 09/28/2023				HC:95861 / 26,XU / 1	N394		\$4,753.00	CO-A1	\$4,753.00	\$0.00
7362061071Z6	09/28/2023 - 09/28/2023				HC:95999 // 3	N394		\$5,400.00	CO-A1	\$5,400.00	\$0.00

<b>Patient Name:</b> KANE, KERRY	<b>Claim Number:</b> 0202327754009850X00	<b>Claim Date:</b> 07/15/2023-07/15/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XOF830907300	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$25,215.00
<b>Patient Ctrl Nmbr:</b> 0.3072878	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$2,215.21
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$4,500.00
<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
	07/15/2023 - 07/15/2023				HC:95941 // 2	N830	\$365.14 (B6)	\$7,074.00	CO-45	\$6,708.86	\$365.14
	07/15/2023 - 07/15/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$2,943.00	CO-45	\$2,898.99	\$44.01
	07/15/2023 - 07/15/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$2,436.00	CO-45	\$2,384.30	\$51.70
	07/15/2023 - 07/15/2023				HC:95909 / 26 / 1	N830	\$77.04 (B6)	\$1,362.00	CO-45	\$1,284.96	\$77.04

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
	07/15/2023 - 07/15/2023				HC:95886 / 26 / 2	N830	\$88.66 (B6)	\$2,700.00	CO-45	\$2,611.34	\$88.66
	07/15/2023 - 07/15/2023				HC:95886 / 26,XU / 2	N830	\$88.66 (B6)	\$2,700.00	CO-45	\$2,611.34	\$88.66
	07/15/2023 - 07/15/2023				HC:95999 / / 3		\$6,000.00 (B6)	\$6,000.00	PR-45	\$4,500.00	\$1,500.00

Supplemental Information - AMT/Payer Codes: \$2,215.21 (AU)

<b>Patient Name:</b> KOTORA, ERIC	<b>Claim Number:</b> 02023282507W3620X00	<b>Claim Date:</b> 09/07/2023-09/07/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XOF826920312	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$30,004.00
<b>Patient Ctrl Nmbr:</b> 0.3132875	<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> 10/09/2023	<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
7384728266Z1	09/07/2023 - 09/07/2023				HC:95941 / / 3	N830		\$8,280.00	OA-209	\$8,280.00	\$0.00
7384728266Z2	09/07/2023 - 09/07/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7384728266Z3	09/07/2023 - 09/07/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7384728266Z4	09/07/2023 - 09/07/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7384728266Z5	09/07/2023 - 09/07/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7384728266Z6	09/07/2023 - 09/07/2023				HC:95861 / 26,XU / 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> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
7384728266Z7	09/07/2023 - 09/07/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7384728266Z8	09/07/2023 - 09/07/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7384728266Z9	09/07/2023 - 09/07/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

<b>Patient Name:</b> LAKE, CRAIG	<b>Claim Number:</b> 02023242500234X0X00	<b>Claim Date:</b> 08/15/2023-08/15/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> K4E8099872CH	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$32,764.00
<b>Patient Ctrl Nmbr:</b> 0.3107068	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$433.68
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/30/2023	<b>Patient Resp:</b> \$32,330.32
<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
7233296326Z1	08/15/2023 - 08/15/2023				HC:95941 // 4		\$11,040.00 (B6)	\$11,040.00	PR-1 PR-45	\$730.28 \$10,309.72	\$0.00
7233296326Z2	08/15/2023 - 08/15/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-45	\$115.04 \$3,698.96	\$0.00
7233296326Z3	08/15/2023 - 08/15/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$55.38 \$1,699.62	\$0.00
7233296326Z4	08/15/2023 - 08/15/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$44.01 \$3,062.99	\$0.00
7233296326Z5	08/15/2023 - 08/15/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$79.02 \$1,534.98	\$0.00
7233296326Z6	08/15/2023 - 08/15/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$113.76 \$1,500.24	\$0.00
7233296326Z7	08/15/2023 - 08/15/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$60.40 \$1,249.60	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
7233296326Z8	08/15/2023 - 08/15/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$86.31 \$1,223.69	\$0.00
7233296326Z9	08/15/2023 - 08/15/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-1 PR-2 PR-45	\$715.80 \$650.52 \$5,400.00	\$433.68

Supplemental Information - AMT/Payer Codes: \$3,084.20 (AU)

<b>Patient Name:</b> MINARDI, PAULA	<b>Claim Number:</b> 0202327550137V20X00	<b>Claim Date:</b> 09/27/2023-09/27/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> CEP805222509	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$46,603.00
<b>Patient Ctrl Nmbr:</b> 0.3157589	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$1,601.98
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/02/2023	<b>Patient Resp:</b> \$45,001.02
<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
7360815069Z1	09/27/2023 - 09/27/2023				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-1 PR-2 PR-45	\$400.00 \$44.31 \$7,732.29	\$103.40
7360815069Z2	09/27/2023 - 09/27/2023				HC:95822 / 26 / 1		\$6,979.00 (B6)	\$6,979.00	PR-2 PR-45	\$16.61 \$6,923.62	\$38.77
7360815069Z3	09/27/2023 - 09/27/2023				HC:95938 / 26 / 1		\$7,270.00 (B6)	\$7,270.00	PR-2 PR-45	\$13.20 \$7,225.99	\$30.81
7360815069Z4	09/27/2023 - 09/27/2023				HC:95908 / 26 / 1		\$830.00 (B6)	\$830.00	PR-2 PR-45	\$19.22 \$765.92	\$44.86
7360815069Z5	09/27/2023 - 09/27/2023				HC:95886 / 26 / 2		\$8,022.00 (B6)	\$8,022.00	PR-2 PR-45	\$26.59 \$7,933.34	\$62.07
7360815069Z6	09/27/2023 - 09/27/2023				HC:95886 / 26,XU / 2		\$8,022.00 (B6)	\$8,022.00	PR-2 PR-45	\$26.59 \$7,933.34	\$62.07

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
7360815069Z7	09/27/2023 - 09/27/2023				HC:95999 // 4	N362	\$7,200.00 (B6)	\$7,200.00	PR-2 PR-96	\$540.00 \$5,400.00	\$1,260.00

Supplemental Information - AMT/Payer Codes: \$2,688.50 (AU)

<b>Patient Name:</b> OSTER, PAUL	<b>Claim Number:</b> 0202327954003960X00	<b>Claim Date:</b> 08/02/2023-08/02/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> KRP844181609	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$25,688.00
<b>Patient Ctrl Nmbr:</b> 0.3091849	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$4,488.09
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/29/2023	<b>Patient Resp:</b> \$2,700.00
<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
	08/02/2023 - 08/02/2023				HC:95941 // 1	N830	\$182.57 (B6)	\$2,760.00	CO-45	\$2,577.43	\$182.57
	08/02/2023 - 08/02/2023				HC:95939 / 26 / 1	N830	\$345.12 (B6)	\$3,814.00	CO-45	\$3,468.88	\$345.12
	08/02/2023 - 08/02/2023				HC:95938 / 26 / 1	N830	\$132.03 (B6)	\$3,107.00	CO-45	\$2,974.97	\$132.03
	08/02/2023 - 08/02/2023				HC:95955 / 26 / 1	N830	\$155.10 (B6)	\$1,755.00	CO-45	\$1,599.90	\$155.10
	08/02/2023 - 08/02/2023				HC:95861 / 26 / 1	N830	\$237.06 (B6)	\$1,614.00	CO-45	\$1,376.94	\$237.06
	08/02/2023 - 08/02/2023				HC:95861 / 26,XU / 1	N830	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
	08/02/2023 - 08/02/2023				HC:95865 / 26 / 1	N830	\$240.21 (B6)	\$1,502.00	CO-45	\$1,261.79	\$240.21
	08/02/2023 - 08/02/2023				HC:95865 / 26,XU / 1	N830	\$114.73 (B6)	\$1,502.00	CO-45	\$1,387.27	\$114.73

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
	08/02/2023 - 08/02/2023				HC:95868 / 26,XU / 1	N640	\$181.20 (B6)	\$1,310.00	PI-222	\$1,128.80	\$181.20
	08/02/2023 - 08/02/2023				HC:95868 / 26,XU / 1	N830	\$86.31 (B6)	\$1,310.00	CO-45	\$1,223.69	\$86.31
	08/02/2023 - 08/02/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$2,700.00	\$2,700.00

Supplemental Information - AMT/Payer Codes: \$4,488.09 (AU)

<b>Patient Name:</b> SHAFFER, KENNETH	<b>Claim Number:</b> 0202327150Y42610X00	<b>Claim Date:</b> 07/12/2023-07/12/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> VCB847796804	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$28,550.00
<b>Patient Ctrl Nmbr:</b> 0.3070390	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HOANG, VIVIAN	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$28,550.00
<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
7348152309Z1	07/12/2023 - 07/12/2023				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-1 PR-45	\$422.34 \$7,857.66	\$0.00
7348152309Z2	07/12/2023 - 07/12/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-45	\$85.67 \$3,728.33	\$0.00
7348152309Z3	07/12/2023 - 07/12/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
7348152309Z4	07/12/2023 - 07/12/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$38.51 \$1,716.49	\$0.00
7348152309Z5	07/12/2023 - 07/12/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00
7348152309Z6	07/12/2023 - 07/12/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$63.79 \$1,550.21	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
7348152309Z7	07/12/2023 - 07/12/2023				HC:95870 / 26,XU / 1		\$583.00 (B6)	\$583.00	PR-1 PR-45	\$14.14 \$568.86	\$0.00
7348152309Z8	07/12/2023 - 07/12/2023				HC:95870 / 26,XU / 1		\$583.00 (B6)	\$583.00	PR-45 PR-1	\$567.59 \$15.41	\$0.00
7348152309Z9	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: \$731.47 (AU)

<b>Patient Name:</b> STEINBERG, BARRY	<b>Claim Number:</b> 0202327150U94090X00	<b>Claim Date:</b> 07/24/2023-07/24/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XOX848602651	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$16,592.00
<b>Patient Ctrl Nmbr:</b> 0.3082687	<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> 09/28/2023	<b>Patient Resp:</b> \$0.00
<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
7349062621Z5	07/24/2023 - 07/24/2023				HC:51785 / 26,XU / 1	N830		\$1,071.00	OA-209	\$1,071.00	\$0.00
7349062621Z4	07/24/2023 - 07/24/2023				HC:51785 / 26 / 1	N830		\$1,071.00	OA-209	\$1,071.00	\$0.00
7349062621Z1	07/24/2023 - 07/24/2023				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7349062621Z2	07/24/2023 - 07/24/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7349062621Z3	07/24/2023 - 07/24/2023				HC:95955 / 26,XU / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7349062621Z6	07/24/2023 - 07/24/2023				HC:95861 / 26,XU / 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> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
7349062621Z7	07/24/2023 - 07/24/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7349062621Z8	07/24/2023 - 07/24/2023				HC:95999 // 2	N830		\$3,600.00	OA-209	\$3,600.00	\$0.00

<b>Patient Name:</b> VANDERVELDE, STEPHEN	<b>Claim Number:</b> 0202325854009620X00	<b>Claim Date:</b> 06/02/2023-06/02/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PPP001151935	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$56,370.00
<b>Patient Ctrl Nmbr:</b> 0.3026860	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$1,888.77
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/13/2023	<b>Patient Resp:</b> \$7,111.23
<b>Original Ref Nmbr:</b>			

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
	06/02/2023 - 06/02/2023				HC:95941 // 11	N830		\$30,360.00	CO-45	\$30,360.00	\$0.00
	06/02/2023 - 06/02/2023				HC:95939 / 26 / 1	N830		\$3,814.00	CO-45	\$3,814.00	\$0.00
	06/02/2023 - 06/02/2023				HC:95822 / 26 / 1	N830		\$1,755.00	CO-45	\$1,755.00	\$0.00
	06/02/2023 - 06/02/2023				HC:95938 / 26 / 1	N830		\$3,107.00	CO-45	\$3,107.00	\$0.00
	06/02/2023 - 06/02/2023				HC:95913 / 26 / 1	N830		\$1,224.00	CO-45	\$1,224.00	\$0.00
	06/02/2023 - 06/02/2023				HC:95886 / 26 / 2	N830		\$2,972.00	CO-45	\$2,972.00	\$0.00
	06/02/2023 - 06/02/2023				HC:95886 / 26,XU / 2	N830		\$2,972.00	CO-45	\$2,972.00	\$0.00
	06/02/2023 - 06/02/2023				HC:95887 / 26 / 1	N830		\$583.00	CO-45	\$583.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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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
	06/02/2023 - 06/02/2023				HC:95887 / 26,XU / 1	N830		\$583.00	CO-45	\$583.00	\$0.00
	06/02/2023 - 06/02/2023				HC:95999 // 5		\$9,000.00 (B6)	\$9,000.00	PR-45	\$7,111.23	\$1,888.77

Supplemental Information - AMT/Payer Codes: \$1,888.77 (AU)

<b>Patient Name:</b> YOUNG, DAWN	<b>Claim Number:</b> 0202328250034B90X00	<b>Claim Date:</b> 09/13/2023-09/13/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> VUE836223452	<b>Group / Policy:</b> 000ZGCFAP0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$32,667.00
<b>Patient Ctrl Nmbr:</b> 0.3140333	<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> 10/09/2023	<b>Patient Resp:</b> \$0.00
<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
7385555949Z1	09/13/2023 - 09/13/2023				HC:95941 // 3	N830		\$8,280.00	OA-209	\$8,280.00	\$0.00
7385555949Z2	09/13/2023 - 09/13/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7385555949Z3	09/13/2023 - 09/13/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7385555949Z4	09/13/2023 - 09/13/2023				HC:95908 / 26 / 1	N830		\$437.00	OA-209	\$437.00	\$0.00
7385555949Z5	09/13/2023 - 09/13/2023				HC:95886 / 26 / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7385555949Z6	09/13/2023 - 09/13/2023				HC:95886 / 26,XU / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7385555949Z7	09/13/2023 - 09/13/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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## Code Descriptions

### REMARK CODE(S):

M127=Missing patient medical record for this service.

M29=Missing operative note/report.

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

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

N362=The number of Days or Units of Service exceeds our acceptable maximum.

N394=Incomplete/invalid progress notes/report.

N598=Health care policy coverage is primary.

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):

PR=Patient Responsibility

CO=Contractual Obligations

PI=Payor Initiated Reductions

OA=Other Adjustments

### CLAIM ADJUSTMENT REASON CODE(S):

45=Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

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).

40=Charges do not meet qualifications for emergent/urgent care. Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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.

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.

1=Deductible Amount

22=This care may be covered by another payer per coordination of benefits.

B13=Previously paid. Payment for this claim/service may have been provided in a previous payment.



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130020	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$20,821.77
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**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)

2=Coinsurance Amount

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):**

1=Processed as Primary

22=Reversal of Previous Payment