

Check Summary**Transaction Date:** October 12, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23285N36360560 Payment Amount: 0.00 Check/EFT Date: 10/12/2023 Production End Cycle Date: 10/12/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: WILLIAMS, LAVEATA**Claim Number:** 0202325750K84080X00**Claim Date:** 06/09/2023-06/09/2023 **Claim Status Code:** 1**Patient ID:** JEA002226160**Group / Policy:** 0002380000200**Facility Type:** 22**Claim Charge:** \$7,844.00**Patient Ctrl Nmbr:** 0.3034674**Contract Hdr:** HEALTH MAINTENANCE
ORGANIZATION**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** RAMINENI, NAVEEN**Rendering Prv ID:****Claim Received Date:** 09/14/2023**Patient Resp:** \$7,844.00**Original Ref Nmbr:****Line Details** **Results: 4**

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7283695377Z1	06/09/2023 - 06/09/2023				HC:95941 // 1	N569	\$2,760.00 (B6)	\$2,760.00	PR-96	\$2,760.00	\$0.00
7283695377Z2	06/09/2023 - 06/09/2023				HC:95867 / 26 / 1	N569	\$742.00 (B6)	\$742.00	PR-96	\$742.00	\$0.00
7283695377Z3	06/09/2023 - 06/09/2023				HC:95867 / 26,XU / 1	N569	\$742.00 (B6)	\$742.00	PR-96	\$742.00	\$0.00
7283695377Z4	06/09/2023 - 06/09/2023				HC:95999 // 2	N569	\$3,600.00 (B6)	\$3,600.00	PR-96	\$3,600.00	\$0.00

Code Descriptions**REMARK CODE(S):**

N569=Not covered when performed for the reported diagnosis.

AMT CODE(S):

B6=Allowed - Actual

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285N36360560	Check/EFT Date: 10/12/2023	Total Paid: \$0.00
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GROUP CODE(S):

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

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.

CLAIM STATUS CODE(S):

1=Processed as Primary