

## Check Summary

Transaction Date: October 20, 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> C23291E10355610 <b>Payment Amount:</b> 179.43 <b>Check/EFT Date:</b> 10/20/2023 <b>Production End Cycle Date:</b> 10/18/2023	<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: COX, LAURA

Claim Number: 02023192500340A0X00

Claim Date: 04/10/2023-04/10/2023 Claim Status Code: 22

Patient ID: T2U840078896

Group / Policy: 0003850030001

Facility Type: 21

Claim Charge: \$-25,584.00

Patient Ctrl Nmbr: 0.2960483

Contract Hdr: HEALTH MAINTENANCE  
ORGANIZATION

Claim Frequency: 1

Claim Payment: \$-709.57

Rendering Prvd: LHATOO, SAMDEN D

Rendering Prv ID:

Claim Received Date: 07/11/2023

Patient Resp: \$0.00

Original Ref Nmbr:

## Line Details

Results: 7

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7071535970Z1	04/10/2023 - 04/10/2023				HC:95941 // 2	N830		\$-8,280.00	CO-45	\$-7,998.44	\$-281.56
7071535970Z2	04/10/2023 - 04/10/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,671.21	\$-142.79
7071535970Z3	04/10/2023 - 04/10/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,686.24	\$-68.76
7071535970Z4	04/10/2023 - 04/10/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,052.39	\$-54.61
7071535970Z5	04/10/2023 - 04/10/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,515.94	\$-98.06
7071535970Z6	04/10/2023 - 04/10/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
7071535970Z7	04/10/2023 - 04/10/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355610	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$179.43
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<b>Patient Name:</b> COX, LAURA A	<b>Claim Number:</b> 02023192500340A0X01	<b>Claim Date:</b> 04/10/2023-04/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> T2U840078896	<b>Group / Policy:</b> 0003850030001	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$25,584.00
<b>Patient Ctrl Nmbr:</b> 0.2960483	<b>Contract Hdr:</b> HEALTH MAINTENANCE ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$889.00
<b>Rendering Prvd:</b> LHATOO, SAMDEN D	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/18/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 02023192500340A0X00			

Line Details											Results: 7
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	04/10/2023 - 04/10/2023				HC:95941 / / 3	MA44	\$460.99 (B6)	\$8,280.00	CO-45	\$7,819.01	\$460.99
	04/10/2023 - 04/10/2023				HC:95939 / 26 / 1	MA44	\$142.79 (B6)	\$3,814.00	CO-45	\$3,671.21	\$142.79
	04/10/2023 - 04/10/2023				HC:95822 / 26 / 1	MA44	\$68.76 (B6)	\$1,755.00	CO-45	\$1,686.24	\$68.76
	04/10/2023 - 04/10/2023				HC:95938 / 26 / 1	MA44	\$54.61 (B6)	\$3,107.00	CO-45	\$3,052.39	\$54.61
	04/10/2023 - 04/10/2023				HC:95861 / 26 / 1	MA44	\$98.06 (B6)	\$1,614.00	CO-45	\$1,515.94	\$98.06
	04/10/2023 - 04/10/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	04/10/2023 - 04/10/2023				HC:95999 / / 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$889.00 (AU)

#### Code Descriptions

#### REMARK CODE(S):

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

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).

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355610	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$179.43
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**AMT CODE(S):**

B6=Allowed - Actual

AU=Coverage Amount

**GROUP CODE(S):**

CO=Contractual Obligations

**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)

**CLAIM STATUS CODE(S):**

22=Reversal of Previous Payment

1=Processed as Primary