

Check Summary

Transaction Date: October 19, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23290E09976270 Payment Amount: 8,390.59 Check/EFT Date: 10/19/2023 Production End Cycle Date: 10/17/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
---	---	---

Patient Name: CERVANTES, EVELIA

Claim Number: 0202326350D61860X00

Claim Date: 09/18/2023-09/18/2023 Claim Status Code: 1

Patient ID: CXT880600041	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$32,764.00
Patient Ctrl Nmbr: 0.3145783	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$751.54
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/20/2023	Patient Resp: \$32,012.46
Original Ref Nmbr:			

Line Details Results: 9

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7309853945Z1	09/18/2023 - 09/18/2023				HC:95941 / / 4		\$11,040.00 (B6)	\$11,040.00	PR-2 PR-45	\$112.62 \$10,476.88	\$450.50
7309853945Z2	09/18/2023 - 09/18/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-2 PR-45	\$17.13 \$3,728.33	\$68.54
7309853945Z3	09/18/2023 - 09/18/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$8.25 \$1,713.74	\$33.01
7309853945Z4	09/18/2023 - 09/18/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$6.55 \$3,074.23	\$26.22
7309853945Z5	09/18/2023 - 09/18/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$11.76 \$1,555.16	\$47.08
7309853945Z6	09/18/2023 - 09/18/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$12.75 \$1,550.21	\$51.04
7309853945Z7	09/18/2023 - 09/18/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-2 PR-45	\$9.00 \$1,264.99	\$36.01
7309853945Z8	09/18/2023 - 09/18/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-2 PR-45	\$9.78 \$1,261.08	\$39.14

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23290E09976270	Check/EFT Date: 10/19/2023	Total Paid: \$8,390.59
---	--	-----------------------------------	-------------------------------

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
7309853945Z9	09/18/2023 - 09/18/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$939.38 (AU)

Patient Name: FORSTER, JANET	Claim Number: 0202328254014030X00	Claim Date: 09/11/2023-09/11/2023	Claim Status Code: 1
Patient ID: XOU819844787	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$28,107.00
Patient Ctrl Nbr: 0.3136052	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,350.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/03/2023	Patient Resp: \$4,772.96
Original Ref Nbr:			

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
	09/11/2023 - 09/11/2023				HC:95941 // 2	N830	\$365.14 (B6)	\$5,520.00	PR-1 CO-45	\$365.14 \$5,154.86	\$0.00
	09/11/2023 - 09/11/2023				HC:95822 / 26 / 1	N830	\$58.15 (B6)	\$1,755.00	PR-1 CO-45	\$58.15 \$1,696.85	\$0.00
	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1	N830	\$46.21 (B6)	\$3,107.00	PR-1 CO-45	\$46.21 \$3,060.79	\$0.00
	09/11/2023 - 09/11/2023				HC:95908 / 26 / 1	N830	\$67.28 (B6)	\$437.00	PR-1 CO-45	\$67.28 \$369.72	\$0.00
	09/11/2023 - 09/11/2023				HC:95886 / 26 / 2	N830	\$93.09 (B6)	\$5,944.00	PR-1 CO-45	\$93.09 \$5,850.91	\$0.00
	09/11/2023 - 09/11/2023				HC:95886 / 26,XU / 2	N830	\$93.09 (B6)	\$5,944.00	PR-1 CO-45	\$93.09 \$5,850.91	\$0.00
	09/11/2023 - 09/11/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$4,050.00	\$1,350.00

Supplemental Information - AMT/Payer Codes: \$2,072.96 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23290E09976270	Check/EFT Date: 10/19/2023	Total Paid: \$8,390.59
---	--	-----------------------------------	-------------------------------

Patient Name: FORTINO, SUZANN	Claim Number: 0202328654004690X00	Claim Date: 09/06/2023-09/06/2023	Claim Status Code: 1
Patient ID: XOF847816988	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$25,347.00
Patient Ctrl Nmbr: 0.3131018	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,869.68
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/06/2023	Patient Resp: \$4,050.00
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
	09/06/2023 - 09/06/2023				HC:95941 / / 1	N830	\$182.57 (B6)	\$2,760.00	CO-45	\$2,577.43	\$182.57
	09/06/2023 - 09/06/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	09/06/2023 - 09/06/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	09/06/2023 - 09/06/2023				HC:95908 / 26 / 1	N830	\$64.08 (B6)	\$437.00	CO-45	\$372.92	\$64.08
	09/06/2023 - 09/06/2023				HC:95886 / 26 / 2	N830	\$88.66 (B6)	\$5,944.00	CO-45	\$5,855.34	\$88.66
	09/06/2023 - 09/06/2023				HC:95886 / 26,XU / 2	N830	\$88.66 (B6)	\$5,944.00	CO-45	\$5,855.34	\$88.66
	09/06/2023 - 09/06/2023				HC:95999 / / 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$4,050.00	\$1,350.00

Supplemental Information - AMT/Payer Codes: \$1,869.68 (AU)

Patient Name: KWIATKOWSKI, MIKE	Claim Number: 0202324954010280X00	Claim Date: 05/10/2023-05/10/2023	Claim Status Code: 22
Patient ID: AIW803185356	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$-21,630.00
Patient Ctrl Nmbr: 0.2997695	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-3,615.42
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/05/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23290E09976270	Check/EFT Date: 10/19/2023	Total Paid: \$8,390.59
---	--	-----------------------------------	-------------------------------

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
	05/10/2023 - 05/10/2023				HC:95941 // 2	N830		\$-5,520.00	CO-45	\$-5,128.60	\$-391.40
	05/10/2023 - 05/10/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,683.01	\$-71.99
	05/10/2023 - 05/10/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,049.79	\$-57.21
	05/10/2023 - 05/10/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,511.27	\$-102.73
	05/10/2023 - 05/10/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,492.79	\$-121.21
	05/10/2023 - 05/10/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,231.48	\$-78.52
	05/10/2023 - 05/10/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,217.64	\$-92.36
	05/10/2023 - 05/10/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-2,700.00	\$-2,700.00

Patient Name: KWIATKOWSKI, MIKE	Claim Number: 0202324954010280X01	Claim Date: 05/10/2023-05/10/2023	Claim Status Code: 1
Patient ID: AIW803185356	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$21,630.00
Patient Ctrl Nmbr: 0.2997695	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$6,314.27
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/29/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202324954010280X00			

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
	05/10/2023 - 05/10/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00			\$5,520.00
	05/10/2023 - 05/10/2023				HC:95822 / 26 / 1	MA44	\$794.27 (B6)	\$1,755.00	CO-45	\$960.73	\$794.27

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23290E09976270	Check/EFT Date: 10/19/2023	Total Paid: \$8,390.59
---	--	-----------------------------------	-------------------------------

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
	05/10/2023 - 05/10/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95868 / 26 / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95868 / 26,XU / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$6,314.27 (AU)

Patient Name: PATOUHAS, JOHN	Claim Number: 02023265507C8410X00	Claim Date: 08/31/2023-08/31/2023	Claim Status Code: 1
Patient ID: SIW880211566	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$13,982.00
Patient Ctrl Nmbr: 0.3126962	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/22/2023	Patient Resp: \$0.00
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
7320429354Z1	08/31/2023 - 08/31/2023				HC:95941 // 2	M127		\$5,520.00	CO-252	\$5,520.00	\$0.00
7320429354Z2	08/31/2023 - 08/31/2023				HC:95822 / 26 / 1	M127		\$1,755.00	CO-252	\$1,755.00	\$0.00
7320429354Z3	08/31/2023 - 08/31/2023				HC:95938 / 26 / 1	M127		\$3,107.00	CO-252	\$3,107.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23290E09976270	Check/EFT Date: 10/19/2023	Total Paid: \$8,390.59
---	--	-----------------------------------	-------------------------------

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
7320429354Z4	08/31/2023 - 08/31/2023				HC:95999 // 2	M127		\$3,600.00	CO-252	\$3,600.00	\$0.00

Patient Name: RIVAS, ENRIQUE	Claim Number: 0202328554008710X00	Claim Date: 09/13/2023-09/13/2023	Claim Status Code: 1
Patient ID: XOF821544858	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$12,650.00
Patient Ctrl Nmbr: 0.3140054	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,720.52
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$900.00
Original Ref Nmbr:			

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
	09/13/2023 - 09/13/2023				HC:95941 // 1	N830	\$182.57 (B6)	\$2,760.00	CO-45	\$2,577.43	\$182.57
	09/13/2023 - 09/13/2023				HC:95938 / 26 / 1	N830	\$132.03 (B6)	\$3,107.00	CO-45	\$2,974.97	\$132.03
	09/13/2023 - 09/13/2023				HC:95955 / 26 / 1	N830	\$155.10 (B6)	\$1,755.00	CO-45	\$1,599.90	\$155.10
	09/13/2023 - 09/13/2023				HC:95861 / 26 / 1	N830	\$237.06 (B6)	\$1,614.00	CO-45	\$1,376.94	\$237.06
	09/13/2023 - 09/13/2023				HC:95861 / 26,XU / 1	N830	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
	09/13/2023 - 09/13/2023				HC:95999 // 1		\$1,800.00 (B6)	\$1,800.00	PR-45	\$900.00	\$900.00

Supplemental Information - AMT/Payer Codes: \$1,720.52 (AU)

Code Descriptions

REMARK CODE(S):

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23290E09976270	Check/EFT Date: 10/19/2023	Total Paid: \$8,390.59
---	--	-----------------------------------	-------------------------------

REMARK CODE(S):

M127=Missing patient medical record for this service.

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).

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

PR=Patient Responsibility

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

2=Coinsurance Amount

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

1=Deductible Amount

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).

CLAIM STATUS CODE(S):

1=Processed as Primary

22=Reversal of Previous Payment