

Check Summary

Transaction Date: October 16, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23285E08852760 Payment Amount: 655.07 Check/EFT Date: 10/16/2023 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: GARCIA JR, MARGARITO

Claim Number: 0202327150X09470X00

Claim Date: 07/17/2023-07/17/2023 Claim Status Code: 1

Patient ID: HBT843974732	Group / Policy: 000054632013A	Facility Type: 21	Claim Charge: \$27,244.00
Patient Ctrl Nmbr: 0.3074699	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$655.07
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
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
7348516245Z1	07/17/2023 - 07/17/2023				HC:95941 / / 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
7348516245Z2	07/17/2023 - 07/17/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
7348516245Z3	07/17/2023 - 07/17/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7348516245Z4	07/17/2023 - 07/17/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
7348516245Z5	07/17/2023 - 07/17/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
7348516245Z6	07/17/2023 - 07/17/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
7348516245Z7	07/17/2023 - 07/17/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
7348516245Z8	07/17/2023 - 07/17/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852760	Check/EFT Date: 10/16/2023	Total Paid: \$655.07
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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
7348516245Z9	07/17/2023 - 07/17/2023				HC:95999 // 1	N830		\$7,200.00	CO-45	\$7,200.00	\$0.00

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

Code Descriptions

REMARK CODE(S):

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):

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):

1=Processed as Primary