

## Check Summary

Transaction Date: October 11, 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> C23279E07373220 <b>Payment Amount:</b> 20,615.99 <b>Check/EFT Date:</b> 10/11/2023 <b>Production End Cycle Date:</b> 10/06/2023	<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: BARRETT, MELISSA

Claim Number: 02023272502467F0X00

Claim Date: 07/28/2023-07/28/2023 Claim Status Code: 1

Patient ID: GPT872399375	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge:	\$16,250.00
Patient Ctrl Nmbr: 0.3087836	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment:	\$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/29/2023	Patient Resp:	\$16,250.00
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
7353722824Z1	07/28/2023 - 07/28/2023				HC:95941 / / 1		\$2,760.00 (B6)	\$2,760.00	PR-1 PR-45	\$140.78 \$2,619.22	\$0.00
7353722824Z2	07/28/2023 - 07/28/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
7353722824Z3	07/28/2023 - 07/28/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$38.51 \$1,716.49	\$0.00
7353722824Z4	07/28/2023 - 07/28/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00
7353722824Z5	07/28/2023 - 07/28/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$63.79 \$1,550.21	\$0.00
7353722824Z6	07/28/2023 - 07/28/2023				HC:95999 / / 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$334.69 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23279E07373220	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$20,615.99
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<b>Patient Name:</b> JONES, JEREMY	<b>Claim Number:</b> 0202321254011700X00	<b>Claim Date:</b> 05/16/2023-05/16/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> V3EAN2442345	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-20,884.00
<b>Patient Ctrl Nbr:</b> 0.3004594	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-517.04
<b>Rendering Prvd:</b> THOMAS, MELISSA S	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 07/27/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

**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
	05/16/2023 - 05/16/2023				HC:95941 / / 1	N830		\$-2,760.00	CO-45	\$-2,619.22	\$-140.78
	05/16/2023 - 05/16/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,728.33	\$-85.67
	05/16/2023 - 05/16/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
	05/16/2023 - 05/16/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
	05/16/2023 - 05/16/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
	05/16/2023 - 05/16/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
	05/16/2023 - 05/16/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,264.99	\$-45.01
	05/16/2023 - 05/16/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
	05/16/2023 - 05/16/2023				HC:95999 / / 2			\$-3,600.00	CO-45	\$-3,600.00	\$0.00

<b>Patient Name:</b> JONES, JEREMY	<b>Claim Number:</b> 0202321254011700X01	<b>Claim Date:</b> 05/16/2023-05/16/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> V3EAN2442345	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$20,884.00
<b>Patient Ctrl Nbr:</b> 0.3004594	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$4,048.45
<b>Rendering Prvd:</b> THOMAS, MELISSA S	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/22/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b> 0202321254011700X00			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23279E07373220	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$20,615.99
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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
	05/16/2023 - 05/16/2023				HC:95941 // 1	MA44	\$582.22 (B6)	\$2,760.00	CO-45	\$2,177.78	\$582.22
	05/16/2023 - 05/16/2023				HC:95939 / 26 / 1	MA44	\$527.11 (B6)	\$3,814.00	CO-45	\$3,286.89	\$527.11
	05/16/2023 - 05/16/2023				HC:95822 / 26 / 1	MA44	\$482.69 (B6)	\$1,755.00	CO-45	\$1,272.31	\$482.69
	05/16/2023 - 05/16/2023				HC:95938 / 26 / 1	MA44	\$474.19 (B6)	\$3,107.00	CO-45	\$2,632.81	\$474.19
	05/16/2023 - 05/16/2023				HC:95861 / 26 / 1	MA44	\$500.26 (B6)	\$1,614.00	CO-45	\$1,113.74	\$500.26
	05/16/2023 - 05/16/2023				HC:95861 / 26,XU / 1	MA44	\$505.21 (B6)	\$1,614.00	CO-45	\$1,108.79	\$505.21
	05/16/2023 - 05/16/2023				HC:95868 / 26 / 1	MA44	\$486.43 (B6)	\$1,310.00	CO-45	\$823.57	\$486.43
	05/16/2023 - 05/16/2023				HC:95868 / 26,XU / 1	MA44	\$490.34 (B6)	\$1,310.00	CO-45	\$819.66	\$490.34
	05/16/2023 - 05/16/2023				HC:95999 // 2			\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$4,048.45 (AU)

<b>Patient Name:</b> MCKNIGHT, DEXTER	<b>Claim Number:</b> 02023268504U1350X00	<b>Claim Date:</b> 09/22/2023-09/22/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> WLU380W02133	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$24,624.00
<b>Patient Ctrl Nmbr:</b> 0.3151897	<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> 09/25/2023	<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

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23279E07373220	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$20,615.99
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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
7333751919Z1	09/22/2023 - 09/22/2023				HC:95941 // 3	N830		\$8,280.00	OA-209	\$8,280.00	\$0.00
7333751919Z2	09/22/2023 - 09/22/2023				HC:95822 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7333751919Z3	09/22/2023 - 09/22/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7333751919Z4	09/22/2023 - 09/22/2023				HC:95907 / 26 / 1	N830		\$138.00	OA-209	\$138.00	\$0.00
7333751919Z5	09/22/2023 - 09/22/2023				HC:95886 / 26 / 2	N830		\$2,972.00	OA-209	\$2,972.00	\$0.00
7333751919Z6	09/22/2023 - 09/22/2023				HC:95886 / 26,XU / 2	N830		\$2,972.00	OA-209	\$2,972.00	\$0.00
7333751919Z7	09/22/2023 - 09/22/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

<b>Patient Name:</b> MILLER, AARON	<b>Claim Number:</b> 0202325750U80960X00	<b>Claim Date:</b> 06/15/2023-06/15/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> DOMAN6708974	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$16,787.00
<b>Patient Ctrl Nmbr:</b> 0.3041501	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$455.11
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/14/2023	<b>Patient Resp:</b> \$5,400.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 3
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
7283877812Z1	06/15/2023 - 06/15/2023				HC:95941 // 3	N830	\$422.34 (B6)	\$8,280.00	CO-45	\$7,857.66	\$422.34
7283877812Z2	06/15/2023 - 06/15/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7283877812Z3	06/15/2023 - 06/15/2023				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> C23279E07373220	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$20,615.99
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Supplemental Information - AMT/Payer Codes: \$455.11 (AU)

<b>Patient Name:</b> OWENS, KRISTY	<b>Claim Number:</b> 0202326854010830X00	<b>Claim Date:</b> 07/24/2023-07/24/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> P7F486A75462	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$31,309.00
<b>Patient Ctrl Nmbr:</b> 0.3082097	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$185.42
<b>Rendering Prvd:</b> THOMAS, MELISSA S	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/19/2023	<b>Patient Resp:</b> \$8,599.69
<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
	07/24/2023 - 07/24/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$7,000.00	PR-2 CO-45	\$56.16 \$6,859.22	\$84.62
	07/24/2023 - 07/24/2023				HC:95822 / 26 / 1	N830	\$41.26 (B6)	\$3,938.00	CO-45 PR-2	\$3,896.74 \$23.92	\$17.34
	07/24/2023 - 07/24/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$4,454.00	CO-45 PR-2	\$4,421.23 \$16.11	\$16.66
	07/24/2023 - 07/24/2023				HC:95907 / 26 / 1	N830	\$38.26 (B6)	\$2,377.00	PR-2 CO-45	\$22.02 \$2,338.74	\$16.24
	07/24/2023 - 07/24/2023				HC:95886 / 26 / 2	N830	\$66.02 (B6)	\$2,570.00	PR-2 CO-45	\$40.74 \$2,503.98	\$25.28
	07/24/2023 - 07/24/2023				HC:95886 / 26,XU / 2	N830	\$66.02 (B6)	\$2,570.00	CO-45 PR-2	\$2,503.98 \$40.74	\$25.28
	07/24/2023 - 07/24/2023				HC:95999 // 4		\$8,400.00 (B6)	\$8,400.00	PR-45	\$8,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$385.11 (AU)

<b>Patient Name:</b> PRITCHARD, ANTOINETTE	<b>Claim Number:</b> 0202319854004540X01	<b>Claim Date:</b> 04/27/2023-04/27/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> UNA019M73943	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$-28,550.00
<b>Patient Ctrl Nmbr:</b> 0.2982384	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-791.94
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/16/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202319854004540X00			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23279E07373220	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$20,615.99
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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
	04/27/2023 - 04/27/2023				HC:95941 // 3	MA44		\$-8,280.00	CO-45	\$-7,901.97	\$-378.03
	04/27/2023 - 04/27/2023				HC:95939 / 26 / 1	MA44		\$-3,814.00	CO-45	\$-3,697.97	\$-116.03
	04/27/2023 - 04/27/2023				HC:95822 / 26 / 1	MA44		\$-1,755.00	CO-45	\$-1,699.05	\$-55.95
	04/27/2023 - 04/27/2023				HC:95938 / 26 / 1	MA44		\$-3,107.00	CO-45	\$-3,062.45	\$-44.55
	04/27/2023 - 04/27/2023				HC:95861 / 26 / 1	MA44		\$-1,614.00	CO-45	\$-1,534.34	\$-79.66
	04/27/2023 - 04/27/2023				HC:95861 / 26,XU / 1	MA44		\$-1,614.00	CO-45	\$-1,534.34	\$-79.66
	04/27/2023 - 04/27/2023				HC:95870 / 26,XU / 1	MA44		\$-583.00	CO-45	\$-563.97	\$-19.03
	04/27/2023 - 04/27/2023				HC:95870 / 26,XU / 1	MA44		\$-583.00	CO-45	\$-563.97	\$-19.03
	04/27/2023 - 04/27/2023				HC:95999 // 4	MA44		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

<b>Patient Name:</b> PRITCHARD, ANTOINETTE	<b>Claim Number:</b> 0202319854004540X02	<b>Claim Date:</b> 04/27/2023-04/27/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> UNA019M73943	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$28,550.00
<b>Patient Ctrl Nmbr:</b> 0.2982384	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$1,108.01
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/16/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202319854004540X01			

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
	04/27/2023 - 04/27/2023				HC:95941 // 3	MA44	\$561.59 (B6)	\$8,280.00	CO-45	\$7,718.41	\$561.59

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23279E07373220	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$20,615.99
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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
	04/27/2023 - 04/27/2023				HC:95939 / 26 / 1	MA44	\$162.81 (B6)	\$3,814.00	CO-45	\$3,651.19	\$162.81
	04/27/2023 - 04/27/2023				HC:95822 / 26 / 1	MA44	\$79.74 (B6)	\$1,755.00	CO-45	\$1,675.26	\$79.74
	04/27/2023 - 04/27/2023				HC:95938 / 26 / 1	MA44	\$53.73 (B6)	\$3,107.00	CO-45	\$3,053.27	\$53.73
	04/27/2023 - 04/27/2023				HC:95861 / 26 / 1	MA44	\$98.93 (B6)	\$1,614.00	CO-45	\$1,515.07	\$98.93
	04/27/2023 - 04/27/2023				HC:95861 / 26,XU / 1	MA44	\$98.93 (B6)	\$1,614.00	CO-45	\$1,515.07	\$98.93
	04/27/2023 - 04/27/2023				HC:95870 / 26,XU / 1	MA44	\$26.14 (B6)	\$583.00	CO-45	\$556.86	\$26.14
	04/27/2023 - 04/27/2023				HC:95870 / 26,XU / 1	MA44	\$26.14 (B6)	\$583.00	CO-45	\$556.86	\$26.14
	04/27/2023 - 04/27/2023				HC:95999 // 4			\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,108.01 (AU)

<b>Patient Name:</b> SHATTUCK, NATHAN	<b>Claim Number:</b> 020232405021A030X00	<b>Claim Date:</b> 08/08/2023-08/08/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MTN984030937	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$27,712.00
<b>Patient Ctrl Nbr:</b> 0.3098955	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$8,575.20
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/28/2023	<b>Patient Resp:</b> \$19,136.80
<b>Original Ref Nbr:</b>			

Line Details											Results: 8
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
7223104414Z1	08/08/2023 - 08/08/2023				HC:95941 // 1		\$3,537.00 (B6)	\$3,537.00	PR-45	\$1,414.80	\$2,122.20

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23279E07373220	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$20,615.99
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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
7223104414Z2	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
7223104414Z3	08/08/2023 - 08/08/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$702.00	\$1,053.00
7223104414Z4	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
7223104414Z5	08/08/2023 - 08/08/2023				HC:95909 / 26 / 1	N130	\$555.00 (B6)	\$555.00	PR-96	\$555.00	\$0.00
7223104414Z6	08/08/2023 - 08/08/2023				HC:95886 / 26 / 2	N130	\$2,972.00 (B6)	\$2,972.00	PR-96	\$2,972.00	\$0.00
7223104414Z7	08/08/2023 - 08/08/2023				HC:95886 / 26,XU / 2	N130	\$2,972.00 (B6)	\$2,972.00	PR-96	\$2,972.00	\$0.00
7223104414Z8	08/08/2023 - 08/08/2023				HC:95999 / / 5		\$9,000.00 (B6)	\$9,000.00	PR-45	\$3,600.00	\$5,400.00

Supplemental Information - AMT/Payer Codes: \$8,575.20 (AU)

<b>Patient Name:</b> WHITE, BRUCE	<b>Claim Number:</b> 0202322154010700X00	<b>Claim Date:</b> 07/21/2023-07/21/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> CZQAN7569236	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-32,361.00
<b>Patient Ctrl Nmbr:</b> 0.3081113	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-545.02
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/07/2023	<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
	07/21/2023 - 07/21/2023				HC:95941 / / 5	N830		\$-13,800.00	CO-45	\$-13,518.44	\$-281.56
	07/21/2023 - 07/21/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23279E07373220	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$20,615.99
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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
	07/21/2023 - 07/21/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
	07/21/2023 - 07/21/2023				HC:95909 / 26 / 1	N830		\$-555.00	CO-45	\$-497.61	\$-57.39
	07/21/2023 - 07/21/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,905.98	\$-66.02
	07/21/2023 - 07/21/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,905.98	\$-66.02
	07/21/2023 - 07/21/2023				HC:95999 // 4			\$-7,200.00	PR-45	\$-7,200.00	\$0.00

<b>Patient Name:</b> WHITE, BRUCE T	<b>Claim Number:</b> 0202322154010700X01	<b>Claim Date:</b> 07/21/2023-07/21/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> CZQAN7569236	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$32,361.00
<b>Patient Ctrl Nmbr:</b> 0.3081113	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$8,097.80
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/22/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202322154010700X00			

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
	07/21/2023 - 07/21/2023				HC:95941 // 5	MA44	\$8,097.80 (B6)	\$13,800.00	CO-45	\$5,702.20	\$8,097.80
	07/21/2023 - 07/21/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	07/21/2023 - 07/21/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	07/21/2023 - 07/21/2023				HC:95909 / 26 / 1	MA44		\$555.00	CO-45	\$555.00	\$0.00
	07/21/2023 - 07/21/2023				HC:95886 / 26 / 2	MA44		\$2,972.00	CO-45	\$2,972.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23279E07373220	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$20,615.99
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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
	07/21/2023 - 07/21/2023				HC:95886 / 26,XU / 2	MA44		\$2,972.00	CO-45	\$2,972.00	\$0.00
	07/21/2023 - 07/21/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$8,097.80 (AU)

#### Code Descriptions

##### REMARK CODE(S):

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

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

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

OA=Other Adjustments

##### CLAIM ADJUSTMENT REASON CODE(S):

1=Deductible 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)

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

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.

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23279E07373220	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$20,615.99
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**CLAIM STATUS CODE(S):**

1=Processed as Primary

22=Reversal of Previous Payment