

Check Summary

Transaction Date: October 19, 2023

BCBS HEALTHCARE PLAN OF GA PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908 ANTHEM.COM	Payee Tax ID: 821395495 Payee ID: 1639608516 Check/EFT Trace Number: 3223819142 Payment Amount: 2,217.42 Check/EFT Date: 10/19/2023 Production End Cycle Date: 10/19/2023	Payee Name: UNIVERSITY NEURO LLC Payee Address: PO BOX 29650 PHOENIX, AZ 85038
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Patient Name: FLOYD, MELISSA

Claim Number: 2023228KC0093

Claim Date: 03/02/2023-03/02/2023 Claim Status Code: 1

Patient ID: 106425311	Group / Policy: ITSPPO102	Facility Type:	Claim Charge:	\$29,911.00
Patient Ctrl Nmbr: 0.2914807	Contract Hdr: GA BLUE CHOICE PPO	Claim Frequency:	Claim Payment:	\$2,217.42
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 08/16/2023	Patient Resp:	\$7,074.00
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
	03/02/2023 - 03/02/2023				HC:95941 / / 2			\$7,074.00	PR-204	\$7,074.00	\$0.00
	03/02/2023 - 03/02/2023				HC:95939 / 26 / 1		\$175.94 (B6)	\$7,500.00	CO-45	\$7,324.06	\$175.94
	03/02/2023 - 03/02/2023				HC:95822 / 26 / 1		\$82.59 (B6)	\$2,436.00	CO-45	\$2,353.41	\$82.59
	03/02/2023 - 03/02/2023				HC:95938 / 26 / 1		\$66.83 (B6)	\$2,943.00	CO-45	\$2,876.17	\$66.83
	03/02/2023 - 03/02/2023				HC:95861 / 26 / 1		\$120.46 (B6)	\$1,200.00	CO-45	\$1,079.54	\$120.46
	03/02/2023 - 03/02/2023				HC:95861 / 26,XU / 1			\$1,200.00	CO-45	\$1,200.00	\$0.00
	03/02/2023 - 03/02/2023				HC:95868 / 26 / 1		\$91.60 (B6)	\$1,779.00	CO-45	\$1,687.40	\$91.60
	03/02/2023 - 03/02/2023				HC:95868 / 26,XU / 1			\$1,779.00	CO-45	\$1,779.00	\$0.00

Payer: BCBS HEALTHCARE PLAN OF GA	Check/EFT Trace Number: 3223819142	Check/EFT Date: 10/19/2023	Total Paid: \$2,217.42
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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
	03/02/2023 - 03/02/2023				HC:95999 // 2		\$1,680.00 (B6)	\$4,000.00	CO-45	\$2,320.00	\$1,680.00

Patient Name: FLOYD, MELISSA	Claim Number: 2023228KC0093	Claim Date: 03/02/2023-03/02/2023	Claim Status Code: 22
Patient ID: 106425311	Group / Policy: ITSPPO102	Facility Type:	Claim Charge: \$-29,911.00
Patient Ctrl Nmbr: 0.2914807	Contract Hdr: GA BLUE CHOICE PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 08/16/2023	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
	03/02/2023 - 03/02/2023				HC:95941 // 0			\$-7,074.00	PR-50	\$-7,074.00	\$0.00
	03/02/2023 - 03/02/2023				HC:95939 / 26 / 0			\$-7,500.00	PR-50	\$-7,500.00	\$0.00
	03/02/2023 - 03/02/2023				HC:95822 / 26 / 0			\$-2,436.00	PR-50	\$-2,436.00	\$0.00
	03/02/2023 - 03/02/2023				HC:95938 / 26 / 0			\$-2,943.00	PR-50	\$-2,943.00	\$0.00
	03/02/2023 - 03/02/2023				HC:95861 / 26 / 0			\$-1,200.00	PR-50	\$-1,200.00	\$0.00
	03/02/2023 - 03/02/2023				HC:95861 / 26,XU / 0			\$-1,200.00	PR-50	\$-1,200.00	\$0.00
	03/02/2023 - 03/02/2023				HC:95868 / 26 / 0			\$-1,779.00	PR-50	\$-1,779.00	\$0.00
	03/02/2023 - 03/02/2023				HC:95868 / 26,XU / 0			\$-1,779.00	PR-50	\$-1,779.00	\$0.00
	03/02/2023 - 03/02/2023				HC:95999 // 0			\$-4,000.00	PR-50	\$-4,000.00	\$0.00

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Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

PR=Patient Responsibility

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

204=This service/equipment/drug is not covered under the patient's current benefit plan

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)

50=These are non-covered services because this is not deemed a 'medical necessity' by the payer. 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

22=Reversal of Previous Payment