

Check Summary**Transaction Date:** October 25, 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: 9022583992 Payment Amount: 0.00 Check/EFT Date: 10/25/2023 Production End Cycle Date: 10/25/2023	Payee Name: UNIVERSITY NEURO LLC Payee Address: 925B PEACHTREE ST NE STE 710 ATLANTA, GA 30309
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Patient Name: LOTT, RICHARD**Claim Number:** 2023222CV9645**Claim Date:** 07/24/2023-07/24/2023 **Claim Status Code:** 1**Patient ID:** 935A53574**Group / Policy:** GA9276M024**Facility Type:****Claim Charge:** \$42,751.00**Patient Ctrl Nmbr:** 0.3082571**Contract Hdr:** OPEN ACCESS POS**Claim Frequency:****Claim Payment:** \$7,908.66**Rendering Prvd:** MOREIRA, JOSEPH**Rendering Prv ID:****Claim Received Date:** 08/10/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details****Results:** 10

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
7169480634Z10	07/24/2023 - 07/24/2023				HC:95999 // 5	N830	\$7,000.00 (B6)	\$10,000.00	CO-45	\$3,000.00	\$7,000.00
7169480634Z1	07/24/2023 - 07/24/2023				HC:95941 // 2	N830	\$426.74 (B6)	\$7,074.00	CO-45	\$6,647.26	\$426.74
7169480634Z2	07/24/2023 - 07/24/2023				HC:95939 / 26 / 1	N830	\$111.01 (B6)	\$7,500.00	CO-45	\$7,388.99	\$111.01
7169480634Z3	07/24/2023 - 07/24/2023				HC:95822 / 26,XU / 1	N830	\$53.70 (B6)	\$2,436.00	CO-45	\$2,382.30	\$53.70
7169480634Z4	07/24/2023 - 07/24/2023				HC:95938 / 26 / 1	N830	\$42.98 (B6)	\$2,943.00	CO-45	\$2,900.02	\$42.98
7169480634Z5	07/24/2023 - 07/24/2023				HC:95908 / 26,XU / 1	N830	\$62.44 (B6)	\$1,800.00	CO-45	\$1,737.56	\$62.44
7169480634Z6	07/24/2023 - 07/24/2023				HC:51785 / 26 / 1	N830	\$126.55 (B6)	\$2,799.00	CO-45	\$2,672.45	\$126.55
7169480634Z7	07/24/2023 - 07/24/2023				HC:51785 / 26,XU / 1			\$2,799.00	PI-119	\$2,799.00	\$0.00

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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
7169480634Z8	07/24/2023 - 07/24/2023				HC:95886 / 26,XU / 2	N830	\$85.24 (B6)	\$2,700.00	CO-45	\$2,614.76	\$85.24
7169480634Z9	07/24/2023 - 07/24/2023				HC:95886 / TC,XU / 2	N706		\$2,700.00	PI-226	\$2,700.00	\$0.00

Patient Name: LOTT, RICHARD	Claim Number: 2023222CV9645	Claim Date: 07/24/2023-07/24/2023	Claim Status Code: 22
Patient ID: 935A53574	Group / Policy: GA9276M024	Facility Type:	Claim Charge: \$-42,751.00
Patient Ctrl Nmbr: 0.3082571	Contract Hdr: OPEN ACCESS POS	Claim Frequency:	Claim Payment: \$-7,908.66
Rendering Prvd: MOREIRA, JOSEPH	Rendering Prv ID:	Claim Received Date: 08/10/2023	Patient Resp: \$0.00
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Line Details											Results: 10
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
7169480634Z10	07/24/2023 - 07/24/2023				HC:95999 // 5	N830	\$-7,000.00 (B6)	\$-10,000.00	CO-45	\$-3,000.00	\$-7,000.00
7169480634Z1	07/24/2023 - 07/24/2023				HC:95941 // 2	N830	\$-426.74 (B6)	\$-7,074.00	CO-45	\$-6,647.26	\$-426.74
7169480634Z2	07/24/2023 - 07/24/2023				HC:95939 / 26 / 1	N830	\$-111.01 (B6)	\$-7,500.00	CO-45	\$-7,388.99	\$-111.01
7169480634Z3	07/24/2023 - 07/24/2023				HC:95822 / 26,XU / 1	N830	\$-53.70 (B6)	\$-2,436.00	CO-45	\$-2,382.30	\$-53.70
7169480634Z4	07/24/2023 - 07/24/2023				HC:95938 / 26 / 1	N830	\$-42.98 (B6)	\$-2,943.00	CO-45	\$-2,900.02	\$-42.98
7169480634Z5	07/24/2023 - 07/24/2023				HC:95908 / 26,XU / 1	N830	\$-62.44 (B6)	\$-1,800.00	CO-45	\$-1,737.56	\$-62.44
7169480634Z6	07/24/2023 - 07/24/2023				HC:51785 / 26 / 1	N830	\$-126.55 (B6)	\$-2,799.00	CO-45	\$-2,672.45	\$-126.55
7169480634Z7	07/24/2023 - 07/24/2023				HC:51785 / 26,XU / 1			\$-2,799.00	PI-119	\$-2,799.00	\$0.00

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7169480634Z8	07/24/2023 - 07/24/2023				HC:95886 / 26,XU / 2	N830	\$-85.24 (B6)	\$-2,700.00	CO-45	\$-2,614.76	\$-85.24
7169480634Z9	07/24/2023 - 07/24/2023				HC:95886 / TC,XU / 2	M77 N822		\$-2,700.00	CO-16	\$-2,700.00	\$0.00

Code Descriptions

REMARK CODE(S):

M77=Missing/incomplete/invalid/inappropriate place of service.

N706=Missing documentation.

N822=Missing procedure modifier(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

GROUP CODE(S):

CO=Contractual Obligations

PI=Payor Initiated Reductions

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)

119=Benefit maximum for this time period or occurrence has been reached.

226=Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. 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.)

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

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CLAIM STATUS CODE(S):

1=Processed as Primary

22=Reversal of Previous Payment