

Check Summary**Transaction Date:** October 26, 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: 3224405973 Payment Amount: 2,067.73 Check/EFT Date: 10/26/2023 Production End Cycle Date: 10/25/2023	Payee Name: UNIVERSITY NEURO Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
---	--	---

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6		\$67.73

Patient Name: ROUNTREE, DONALD H**Claim Number:** 2023110DD7316**Claim Date:** 03/29/2023-03/29/2023 **Claim Status Code:** 1**Patient ID:** B027W6031**Group / Policy:** GA8039H1CS**Facility Type:****Claim Charge:** \$18,914.00**Patient Ctrl Nmbr:** 0.2946211**Contract Hdr:** OPEN ACCESS HMO**Claim Frequency:****Claim Payment:** \$4,499.12**Rendering Prvd:** HARTSHORN, ALENDIA**Rendering Prv ID:****Claim Received Date:** 04/20/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****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
6819138541Z1	03/29/2023 - 03/29/2023				HC:95941 // 1			\$3,537.00	CO-97	\$3,537.00	\$0.00
6819138541Z2	03/29/2023 - 03/29/2023				HC:95822 / 26,XU / 1	N830	\$332.48 (B6)	\$2,436.00	CO-45	\$2,103.52	\$332.48
6819138541Z3	03/29/2023 - 03/29/2023				HC:95938 / 26 / 1	N830	\$1,190.20 (B6)	\$2,943.00	CO-45	\$1,752.80	\$1,190.20
6819138541Z4	03/29/2023 - 03/29/2023				HC:51785 / 26 / 1	N830	\$678.51 (B6)	\$2,799.00	CO-45	\$2,120.49	\$678.51
6819138541Z5	03/29/2023 - 03/29/2023				HC:51785 / 26,XU / 1			\$2,799.00	PI-119	\$2,799.00	\$0.00
6819138541Z6	03/29/2023 - 03/29/2023				HC:95861 / 26,XU / 1	N830	\$297.93 (B6)	\$1,200.00	CO-45	\$902.07	\$297.93

Payer: BCBS HEALTHCARE PLAN OF GA	Check/EFT Trace Number: 3224405973	Check/EFT Date: 10/26/2023	Total Paid: \$2,067.73
--	---	-----------------------------------	-------------------------------

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
6819138541Z7	03/29/2023 - 03/29/2023				HC:95861 / 26,XU / 1			\$1,200.00	PI-119	\$1,200.00	\$0.00
6819138541Z8	03/29/2023 - 03/29/2023				HC:95999 // 1		\$2,000.00 (B6)	\$2,000.00			\$2,000.00

Supplemental Information - AMT/Payer Codes: \$67.73 (I)

Patient Name: ROUNTREE, DONALD H	Claim Number: 2023110DD7316	Claim Date: 03/29/2023-03/29/2023	Claim Status Code: 22
Patient ID: B027W6031	Group / Policy: GA8039H1CS	Facility Type:	Claim Charge: \$-18,914.00
Patient Ctrl Nmbr: 0.2946211	Contract Hdr: OPEN ACCESS HMO	Claim Frequency:	Claim Payment: \$-2,499.12
Rendering Prvd: HARTSHORN, ALENDIA	Rendering Prv ID:	Claim Received Date: 04/20/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
6819138541Z1	03/29/2023 - 03/29/2023				HC:95941 // 1			\$-3,537.00	CO-97	\$-3,537.00	\$0.00
6819138541Z2	03/29/2023 - 03/29/2023				HC:95822 / 26,XU / 1		\$-332.48 (B6)	\$-2,436.00	PR-45	\$-2,103.52	\$-332.48
6819138541Z3	03/29/2023 - 03/29/2023				HC:95938 / 26 / 1		\$-1,190.20 (B6)	\$-2,943.00	PR-45	\$-1,752.80	\$-1,190.20
6819138541Z4	03/29/2023 - 03/29/2023				HC:51785 / 26 / 1		\$-678.51 (B6)	\$-2,799.00	PR-45	\$-2,120.49	\$-678.51
6819138541Z5	03/29/2023 - 03/29/2023				HC:51785 / 26,XU / 1			\$-2,799.00	PI-119	\$-2,799.00	\$0.00
6819138541Z6	03/29/2023 - 03/29/2023				HC:95861 / 26,XU / 1		\$-297.93 (B6)	\$-1,200.00	PR-45	\$-902.07	\$-297.93
6819138541Z7	03/29/2023 - 03/29/2023				HC:95861 / 26,XU / 1			\$-1,200.00	PI-119	\$-1,200.00	\$0.00

Payer: BCBS HEALTHCARE PLAN OF GA	Check/EFT Trace Number: 3224405973	Check/EFT Date: 10/26/2023	Total Paid: \$2,067.73
--	---	-----------------------------------	-------------------------------

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
6819138541Z8	03/29/2023 - 03/29/2023				HC:95999 // 1			\$-2,000.00	PR-45	\$-2,000.00	\$0.00

Code Descriptions

REMARK CODE(S):

L6=Interest Owed

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

I=Interest

GROUP CODE(S):

CO=Contractual Obligations

PI=Payor Initiated Reductions

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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.

CLAIM STATUS CODE(S):

1=Processed as Primary

22=Reversal of Previous Payment