

**Check Summary****Transaction Date:** October 16, 2023

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| BLUECROSS BLUESHIELD OF TEXAS<br>P O BOX 660044<br>DALLAS, TX 752660044 | <b>Payee Tax ID:</b> 850542512<br><b>Payee ID:</b> 1770111452<br><b>Check/EFT Trace Number:</b> C23285E08852740<br><b>Payment Amount:</b> 16,576.30<br><b>Check/EFT Date:</b> 10/16/2023<br><b>Production End Cycle Date:</b> 10/12/2023 | <b>Payee Name:</b> PHYSICIAN OVERSIGHT LLC<br><b>Payee Address:</b> DEPT 880359 PO BOX 29650<br>PHOENIX, AZ 850389650 |
|---|--|---|

**Provider Adjustments**

| Provider Adjustment Code | Provider Adjustment Identifier | Provider Adjustment Amount |
|--------------------------|--------------------------------|----------------------------|
| CS                       | 0202320754010030X00.0.2610728  | \$410.75                   |

**Patient Name:** BARRIER, MELISSA**Claim Number:** 0202325754008380X00**Claim Date:** 08/28/2023-08/28/2023 **Claim Status Code:** 1**Patient ID:** DEQ452M62037**Group / Policy:** 000ZGPPOW0000**Facility Type:** 21**Claim Charge:** \$30,144.00**Patient Ctrl Nmbr:** 0.3122422**Contract Hdr:** PREFERRED PROVIDER  
ORGANIZATION**Claim Frequency:****Claim Payment:** \$738.72**Rendering Prvd:** NATH, AUDREY R**Rendering Prv ID:****Claim Received Date:** 09/12/2023**Patient Resp:** \$7,306.73**Original Ref Nmbr:****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  |
|----------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|-------------|-------------------|-------------------------|----------|
|                | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95941 // 4                 | N830                | \$563.12 (B6)   | \$11,040.00 | PR-2<br>CO-45     | \$106.73<br>\$10,476.88 | \$456.39 |
|                | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95939 / 26 / 1             | N830                | \$85.67 (B6)    | \$3,814.00  | CO-45             | \$3,728.33              | \$85.67  |
|                | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95822 / 26 / 1             | N830                | \$41.26 (B6)    | \$1,755.00  | CO-45             | \$1,713.74              | \$41.26  |
|                | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95938 / 26 / 1             | N830                | \$32.77 (B6)    | \$3,107.00  | CO-45             | \$3,074.23              | \$32.77  |
|                | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95861 / 26 / 1             | N830                | \$58.84 (B6)    | \$1,614.00  | CO-45             | \$1,555.16              | \$58.84  |
|                | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95861 / 26,XU / 1          | N830                | \$63.79 (B6)    | \$1,614.00  | CO-45             | \$1,550.21              | \$63.79  |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
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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    |
|                | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95999 // 4                 |                     | \$7,200.00 (B6) | \$7,200.00 | PR-45             | \$7,200.00 | \$0.00     |

Supplemental Information - AMT/Payer Codes: \$845.45 (AU)

|  |  |  |                                   |
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| <b>Patient Name:</b> BERTSCHY, AMBER     | <b>Claim Number:</b> 0202320754010030X00             | <b>Claim Date:</b> 06/22/2022-06/22/2022 | <b>Claim Status Code:</b> 22      |
| <b>Patient ID:</b> AEGAN6663259          | <b>Group / Policy:</b> 000ZGPPOX0000                 | <b>Facility Type:</b> 22                 | <b>Claim Charge:</b> \$-24,484.00 |
| <b>Patient Ctrl Nmbr:</b> 0.2610728      | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b>                  | <b>Claim Payment:</b> \$-410.75   |
| <b>Rendering Prvd:</b> DE JESUS, MARIA A | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 07/24/2023   | <b>Patient Resp:</b> \$0.00       |
| <b>Original Ref Nmbr:</b>                |  |  |                                   |

| 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    |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95941 // 1                 | N830                |                 | \$-2,760.00 | CO-45             | \$-2,619.22 | \$-140.78  |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95939 / 26 / 1             | N830                |                 | \$-3,814.00 | CO-45             | \$-3,726.32 | \$-87.68   |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95822 / 26 / 1             | N830                |                 | \$-1,755.00 | CO-45             | \$-1,712.83 | \$-42.17   |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95938 / 26 / 1             | N830                |                 | \$-3,107.00 | CO-45             | \$-3,073.41 | \$-33.59   |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95861 / 26 / 1             | N830                |                 | \$-1,614.00 | CO-45             | \$-1,553.73 | \$-60.27   |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95861 / 26 / 1             | N830                |                 | \$-1,614.00 | CO-45             | \$-1,614.00 | \$0.00     |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95868 / 26 / 1             | N830                |                 | \$-1,310.00 | CO-45             | \$-1,263.74 | \$-46.26   |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95868 / 26 / 1             | N830                |                 | \$-1,310.00 | CO-45             | \$-1,310.00 | \$0.00     |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
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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    |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95999 // 4                 |                     |                 | \$-7,200.00 | PR-45             | \$-7,200.00 | \$0.00     |

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| <b>Patient Name:</b> BERTSCHY, AMBER          | <b>Claim Number:</b> 0202320754010030X01             | <b>Claim Date:</b> 06/22/2022-06/22/2022 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> AEGAN6663259               | <b>Group / Policy:</b> 000ZGPPOX0000                 | <b>Facility Type:</b> 22                 | <b>Claim Charge:</b> \$24,484.00 |
| <b>Patient Ctrl Nmbr:</b> 0.2610728           | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b>                  | <b>Claim Payment:</b> \$0.00     |
| <b>Rendering Prvd:</b> DE JESUS, MARIA A      | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 10/03/2023   | <b>Patient Resp:</b> \$24,484.00 |
| <b>Original Ref Nmbr:</b> 0202320754010030X00 |  |  |                                  |

| 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    |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95941 // 1                 |                     | \$2,760.00 (B6) | \$2,760.00 | PR-29             | \$2,760.00 | \$0.00     |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95939 / 26 / 1             |                     | \$3,814.00 (B6) | \$3,814.00 | PR-29             | \$3,814.00 | \$0.00     |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95822 / 26 / 1             |                     | \$1,755.00 (B6) | \$1,755.00 | PR-29             | \$1,755.00 | \$0.00     |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95938 / 26 / 1             |                     | \$3,107.00 (B6) | \$3,107.00 | PR-29             | \$3,107.00 | \$0.00     |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95861 / 26 / 1             |                     | \$1,614.00 (B6) | \$1,614.00 | PR-29             | \$1,614.00 | \$0.00     |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95861 / 26 / 1             |                     | \$1,614.00 (B6) | \$1,614.00 | PR-29             | \$1,614.00 | \$0.00     |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95868 / 26 / 1             |                     | \$1,310.00 (B6) | \$1,310.00 | PR-29             | \$1,310.00 | \$0.00     |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95868 / 26 / 1             |                     | \$1,310.00 (B6) | \$1,310.00 | PR-29             | \$1,310.00 | \$0.00     |
|                | 06/22/2022 - 06/22/2022 |              |     |                             | HC:95999 // 4                 |                     | \$7,200.00 (B6) | \$7,200.00 | PR-29             | \$7,200.00 | \$0.00     |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
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| <b>Patient Name:</b> CORDES, GREG           | <b>Claim Number:</b> 0202327554018260X00             | <b>Claim Date:</b> 09/05/2023-09/05/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> YFX341M51341             | <b>Group / Policy:</b> 000ZGPPOX0000                 | <b>Facility Type:</b> 21                 | <b>Claim Charge:</b> \$18,264.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3130069         | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b>                  | <b>Claim Payment:</b> \$423.11   |
| <b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 09/15/2023   | <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    |
|                | 09/05/2023 - 09/05/2023 |              |     |                             | HC:95941 // 1                 | N830                | \$140.78 (B6)   | \$2,760.00 | CO-45             | \$2,619.22 | \$140.78   |
|                | 09/05/2023 - 09/05/2023 |              |     |                             | HC:95939 / 26 / 1             | N830                | \$85.67 (B6)    | \$3,814.00 | CO-45             | \$3,728.33 | \$85.67    |
|                | 09/05/2023 - 09/05/2023 |              |     |                             | HC:95822 / 26 / 1             | N830                | \$41.26 (B6)    | \$1,755.00 | CO-45             | \$1,713.74 | \$41.26    |
|                | 09/05/2023 - 09/05/2023 |              |     |                             | HC:95938 / 26 / 1             | N830                | \$32.77 (B6)    | \$3,107.00 | CO-45             | \$3,074.23 | \$32.77    |
|                | 09/05/2023 - 09/05/2023 |              |     |                             | HC:95861 / 26 / 1             | N830                | \$58.84 (B6)    | \$1,614.00 | CO-45             | \$1,555.16 | \$58.84    |
|                | 09/05/2023 - 09/05/2023 |              |     |                             | HC:95861 / 26,XU / 1          | N830                | \$63.79 (B6)    | \$1,614.00 | CO-45             | \$1,550.21 | \$63.79    |
|                | 09/05/2023 - 09/05/2023 |              |     |                             | HC:95999 // 1                 | N830                |                 | \$3,600.00 | CO-45             | \$3,600.00 | \$0.00     |

Supplemental Information - AMT/Payer Codes: \$423.11 (AU)

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| <b>Patient Name:</b> LINDSTROM, BRENDA      | <b>Claim Number:</b> 0202322254003690X00             | <b>Claim Date:</b> 07/24/2023-07/24/2023 | <b>Claim Status Code:</b> 22      |
| <b>Patient ID:</b> BYB627M98287             | <b>Group / Policy:</b> 000ZGPPOX0000                 | <b>Facility Type:</b> 21                 | <b>Claim Charge:</b> \$-33,930.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3083026         | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b>                  | <b>Claim Payment:</b> \$-687.37   |
| <b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 08/08/2023   | <b>Patient Resp:</b> \$0.00       |
| <b>Original Ref Nmbr:</b>                   |  |  |                                   |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
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| Line Details   |                         |              |     |                             |                               |                     |                 |              |                   |              | Results: 11 |
|----------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|--------------|-------------------|--------------|-------------|
| 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 // 4                 | N830                |                 | \$-11,040.00 | CO-45             | \$-10,758.44 | \$-281.56   |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95939 / 26 / 1             | N830                |                 | \$-3,814.00  | CO-45             | \$-3,728.33  | \$-85.67    |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95822 / 26 / 1             | N830                |                 | \$-1,755.00  | CO-45             | \$-1,713.74  | \$-41.26    |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95938 / 26 / 1             | N830                |                 | \$-3,107.00  | CO-45             | \$-3,074.23  | \$-32.77    |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95861 / 26 / 1             | N830                |                 | \$-1,614.00  | CO-45             | \$-1,555.16  | \$-58.84    |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95861 / 26,XU / 1          | N830                |                 | \$-1,614.00  | CO-45             | \$-1,550.21  | \$-63.79    |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95868 / 26 / 1             | N830                |                 | \$-1,310.00  | CO-45             | \$-1,264.99  | \$-45.01    |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95868 / 26,XU / 1          | N830                |                 | \$-1,310.00  | CO-45             | \$-1,261.08  | \$-48.92    |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95870 / 26,XU / 1          | N830                |                 | \$-583.00    | CO-45             | \$-568.86    | \$-14.14    |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95870 / 26,XU / 1          | N830                |                 | \$-583.00    | CO-45             | \$-567.59    | \$-15.41    |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95999 // 4                 |                     |                 | \$-7,200.00  | PR-45             | \$-7,200.00  | \$0.00      |

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| <b>Patient Name:</b> LINDSTROM, BRENDA        | <b>Claim Number:</b> 0202322254003690X01             | <b>Claim Date:</b> 07/24/2023-07/24/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> BYB627M98287               | <b>Group / Policy:</b> 000ZGPPOX0000                 | <b>Facility Type:</b> 21                 | <b>Claim Charge:</b> \$33,930.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3083026           | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b>                  | <b>Claim Payment:</b> \$8,703.74 |
| <b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B   | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 09/29/2023   | <b>Patient Resp:</b> \$0.00      |
| <b>Original Ref Nmbr:</b> 0202322254003690X00 |  |  |                                  |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
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| Line Details   |                         |              |     |                             |                               |                     |                 |             |                   |            | Results: 11 |
|----------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|-------------|-------------------|------------|-------------|
| 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 // 4                 | MA44                | \$8,293.74 (B6) | \$11,040.00 | CO-45             | \$2,746.26 | \$8,293.74  |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95939 / 26 / 1             | MA44                | \$86.00 (B6)    | \$3,814.00  | CO-45             | \$3,728.00 | \$86.00     |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95822 / 26 / 1             | MA44                | \$42.00 (B6)    | \$1,755.00  | CO-45             | \$1,713.00 | \$42.00     |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95938 / 26 / 1             | MA44                | \$33.00 (B6)    | \$3,107.00  | CO-45             | \$3,074.00 | \$33.00     |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95861 / 26 / 1             | MA44                | \$59.00 (B6)    | \$1,614.00  | CO-45             | \$1,555.00 | \$59.00     |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95861 / 26,XU / 1          | MA44                | \$64.00 (B6)    | \$1,614.00  | CO-45             | \$1,550.00 | \$64.00     |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95868 / 26 / 1             | MA44                | \$46.00 (B6)    | \$1,310.00  | CO-45             | \$1,264.00 | \$46.00     |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95868 / 26,XU / 1          | MA44                | \$49.00 (B6)    | \$1,310.00  | CO-45             | \$1,261.00 | \$49.00     |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95870 / 26,XU / 1          | MA44                | \$15.00 (B6)    | \$583.00    | CO-45             | \$568.00   | \$15.00     |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95870 / 26,XU / 1          | MA44                | \$16.00 (B6)    | \$583.00    | CO-45             | \$567.00   | \$16.00     |
|                | 07/24/2023 - 07/24/2023 |              |     |                             | HC:95999 // 4                 | MA44                |                 | \$7,200.00  | CO-45             | \$7,200.00 | \$0.00      |

Supplemental Information - AMT/Payer Codes: \$8,703.74 (AU)

|   |  |  |                                  |
|---|--|--|----------------------------------|
| <b>Patient Name:</b> LOJESKI, ANDREW    | <b>Claim Number:</b> 02023275505737B0X00             | <b>Claim Date:</b> 09/27/2023-09/27/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> WZL0005613BM         | <b>Group / Policy:</b> 000ZGPP0W0000                 | <b>Facility Type:</b> 22                 | <b>Claim Charge:</b> \$52,446.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3157046     | <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> 10/02/2023   | <b>Patient Resp:</b> \$0.00      |
| <b>Original Ref Nmbr:</b>               |  |  |                                  |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
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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    |
| 7361222474Z1   | 09/27/2023 - 09/27/2023 |              |     |                             | HC:95941 // 1                 | N830                |                 | \$2,760.00  | OA-209            | \$2,760.00  | \$0.00     |
| 7361222474Z2   | 09/27/2023 - 09/27/2023 |              |     |                             | HC:95939 / 26 / 1             | N830                |                 | \$10,303.00 | OA-209            | \$10,303.00 | \$0.00     |
| 7361222474Z3   | 09/27/2023 - 09/27/2023 |              |     |                             | HC:95822 / 26 / 1             | N830                |                 | \$6,979.00  | OA-209            | \$6,979.00  | \$0.00     |
| 7361222474Z4   | 09/27/2023 - 09/27/2023 |              |     |                             | HC:95938 / 26 / 1             | N830                |                 | \$7,270.00  | OA-209            | \$7,270.00  | \$0.00     |
| 7361222474Z5   | 09/27/2023 - 09/27/2023 |              |     |                             | HC:95861 / 26 / 1             | N830                |                 | \$4,753.00  | OA-209            | \$4,753.00  | \$0.00     |
| 7361222474Z6   | 09/27/2023 - 09/27/2023 |              |     |                             | HC:95861 / 26,XU / 1          | N830                |                 | \$4,753.00  | OA-209            | \$4,753.00  | \$0.00     |
| 7361222474Z7   | 09/27/2023 - 09/27/2023 |              |     |                             | HC:95868 / 26 / 1             | N830                |                 | \$4,214.00  | OA-209            | \$4,214.00  | \$0.00     |
| 7361222474Z8   | 09/27/2023 - 09/27/2023 |              |     |                             | HC:95868 / 26,XU / 1          | N830                |                 | \$4,214.00  | OA-209            | \$4,214.00  | \$0.00     |
| 7361222474Z9   | 09/27/2023 - 09/27/2023 |              |     |                             | HC:95999 // 4                 | N830                |                 | \$7,200.00  | OA-209            | \$7,200.00  | \$0.00     |

|   |  |  |                                  |
|---|--|--|----------------------------------|
| <b>Patient Name:</b> MISSEIJER, BRENDA      | <b>Claim Number:</b> 020232405062H300X00             | <b>Claim Date:</b> 08/09/2023-08/09/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> YFW451W03256             | <b>Group / Policy:</b> 000ZGPPOX0000                 | <b>Facility Type:</b> 21                 | <b>Claim Charge:</b> \$22,684.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3100415         | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b> 1                | <b>Claim Payment:</b> \$0.00     |
| <b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 08/28/2023   | <b>Patient Resp:</b> \$22,684.00 |
| <b>Original Ref Nmbr:</b>                   |  |  |                                  |

| 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    |
| 7224054026Z1   | 08/09/2023 - 08/09/2023 |              |     |                             | HC:95941 // 1                 | N362                | \$2,760.00 (B6) | \$2,760.00 | PR-1<br>PR-119    | \$517.04<br>\$2,242.96 | \$0.00     |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
|---|--|-----------------------------------|--------------------------------|

| 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    |
| 7224054026Z2   | 08/09/2023 - 08/09/2023 |              |     |                             | HC:95939 / 26 / 1             | N362                | \$3,814.00 (B6) | \$3,814.00 | PR-119            | \$3,814.00 | \$0.00     |
| 7224054026Z3   | 08/09/2023 - 08/09/2023 |              |     |                             | HC:95822 / 26 / 1             | N362                | \$1,755.00 (B6) | \$1,755.00 | PR-119            | \$1,755.00 | \$0.00     |
| 7224054026Z4   | 08/09/2023 - 08/09/2023 |              |     |                             | HC:95938 / 26 / 1             | N362                | \$3,107.00 (B6) | \$3,107.00 | PR-119            | \$3,107.00 | \$0.00     |
| 7224054026Z5   | 08/09/2023 - 08/09/2023 |              |     |                             | HC:95861 / 26 / 1             | N362                | \$1,614.00 (B6) | \$1,614.00 | PR-119            | \$1,614.00 | \$0.00     |
| 7224054026Z6   | 08/09/2023 - 08/09/2023 |              |     |                             | HC:95861 / 26,XU / 1          | N362                | \$1,614.00 (B6) | \$1,614.00 | PR-119            | \$1,614.00 | \$0.00     |
| 7224054026Z7   | 08/09/2023 - 08/09/2023 |              |     |                             | HC:95868 / 26 / 1             | N362                | \$1,310.00 (B6) | \$1,310.00 | PR-119            | \$1,310.00 | \$0.00     |
| 7224054026Z8   | 08/09/2023 - 08/09/2023 |              |     |                             | HC:95868 / 26,XU / 1          | N362                | \$1,310.00 (B6) | \$1,310.00 | PR-119            | \$1,310.00 | \$0.00     |
| 7224054026Z9   | 08/09/2023 - 08/09/2023 |              |     |                             | HC:95999 // 3                 |                     | \$5,400.00 (B6) | \$5,400.00 | PR-272            | \$5,400.00 | \$0.00     |

Supplemental Information - AMT/Payer Codes: \$517.04 (AU)

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| <b>Patient Name:</b> PANTULIANO, EDMUNDO | <b>Claim Number:</b> 0202219250178V10X00             | <b>Claim Date:</b> 05/26/2022-05/26/2022 | <b>Claim Status Code:</b> 22      |
| <b>Patient ID:</b> CXP827372711          | <b>Group / Policy:</b> 0002695890001                 | <b>Facility Type:</b> 24                 | <b>Claim Charge:</b> \$-37,042.00 |
| <b>Patient Ctrl Nmbr:</b> 0.2583097      | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b> 1                | <b>Claim Payment:</b> \$-427.81   |
| <b>Rendering Prvd:</b> DE JESUS, MARIA A | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 07/11/2022   | <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    |
| 641375523      | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95939 / 26,59 / 1          | N830                |                 | \$-10,303.00 | CO-45             | \$-10,215.32 | \$-87.68   |



|   |  |                                   |                                |
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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
|---|--|-----------------------------------|--------------------------------|

| 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    |
| 641375524      | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95938 / 26,59 / 1          | N830                |                 | \$-7,270.00 | CO-45             | \$-7,236.41 | \$-33.59   |
| 641375525      | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95955 / 26,59 / 1          | N830                |                 | \$-6,979.00 | CO-45             | \$-6,939.54 | \$-39.46   |
| 641375526      | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95861 / 26,59 / 1          | N830                |                 | \$-4,753.00 | CO-45             | \$-4,692.73 | \$-60.27   |
| 641375527      | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95868 / 26,59 / 1          | N830                |                 | \$-4,214.00 | CO-45             | \$-4,167.74 | \$-46.26   |
| 641375528      | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95927 / 26,59 / 1          | N830                |                 | \$-763.00   | CO-45             | \$-743.23   | \$-19.77   |
| 641375529      | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95941 // 1                 | N830                |                 | \$-2,760.00 | CO-45             | \$-2,619.22 | \$-140.78  |

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|---|--|--|----------------------------------|
| <b>Patient Name:</b> PANTULIANO, EDMUND       | <b>Claim Number:</b> 0202219250178V10X01             | <b>Claim Date:</b> 05/26/2022-05/26/2022 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> CXP827372711               | <b>Group / Policy:</b> 0002695890001                 | <b>Facility Type:</b> 22                 | <b>Claim Charge:</b> \$37,042.00 |
| <b>Patient Ctrl Nmbr:</b> 0.2583097           | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b>                  | <b>Claim Payment:</b> \$427.81   |
| <b>Rendering Prvd:</b> DE JESUS, MARIA A      | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 10/11/2023   | <b>Patient Resp:</b> \$0.00      |
| <b>Original Ref Nmbr:</b> 0202219250178V10X00 |  |  |                                  |

| 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    |
|                | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95939 / 26,59 / 1          | N830                | \$87.68 (B6)    | \$10,303.00 | CO-45             | \$10,215.32 | \$87.68    |
|                | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95938 / 26,59 / 1          | N830                | \$33.59 (B6)    | \$7,270.00  | CO-45             | \$7,236.41  | \$33.59    |
|                | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95955 / 26,59 / 1          | N830                | \$39.46 (B6)    | \$6,979.00  | CO-45             | \$6,939.54  | \$39.46    |
|                | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95861 / 26,59 / 1          | N830                | \$60.27 (B6)    | \$4,753.00  | CO-45             | \$4,692.73  | \$60.27    |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
|---|--|-----------------------------------|--------------------------------|

| 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    |
|                | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95868 / 26,59 / 1          | N830                | \$46.26 (B6)    | \$4,214.00 | CO-45             | \$4,167.74 | \$46.26    |
|                | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95927 / 26,59 / 1          | N830                | \$19.77 (B6)    | \$763.00   | CO-45             | \$743.23   | \$19.77    |
|                | 05/26/2022 - 05/26/2022 |              |     |                             | HC:95941 // 1                 | N830                | \$140.78 (B6)   | \$2,760.00 | CO-45             | \$2,619.22 | \$140.78   |

Supplemental Information - AMT/Payer Codes: \$427.81 (AU)

|  |  |  |                                  |
|--|--|--|----------------------------------|
| <b>Patient Name:</b> POGGENSEE, THOMAS | <b>Claim Number:</b> 0202328050500S00X00             | <b>Claim Date:</b> 10/27/2022-10/27/2022 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> DRM111954160        | <b>Group / Policy:</b> 000ZGPPOW0000                 | <b>Facility Type:</b> 22                 | <b>Claim Charge:</b> \$16,250.00 |
| <b>Patient Ctrl Nmbr:</b> 0.2764638    | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b> 1                | <b>Claim Payment:</b> \$0.00     |
| <b>Rendering Prvd:</b> NATH, AUDREY R  | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 10/07/2023   | <b>Patient Resp:</b> \$16,250.00 |
| <b>Original Ref Nmbr:</b>              |  |  |                                  |

| 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    |
| 7380852362Z1   | 10/27/2022 - 10/27/2022 |              |     |                             | HC:95941 // 1                 | N661                | \$2,760.00 (B6) | \$2,760.00 | PR-50             | \$2,760.00 | \$0.00     |
| 7380852362Z2   | 10/27/2022 - 10/27/2022 |              |     |                             | HC:95822 / 26 / 1             | N661                | \$1,755.00 (B6) | \$1,755.00 | PR-50             | \$1,755.00 | \$0.00     |
| 7380852362Z3   | 10/27/2022 - 10/27/2022 |              |     |                             | HC:95938 / 26 / 1             | N661                | \$3,107.00 (B6) | \$3,107.00 | PR-50             | \$3,107.00 | \$0.00     |
| 7380852362Z4   | 10/27/2022 - 10/27/2022 |              |     |                             | HC:95861 / 26 / 1             | N661                | \$1,614.00 (B6) | \$1,614.00 | PR-50             | \$1,614.00 | \$0.00     |
| 7380852362Z5   | 10/27/2022 - 10/27/2022 |              |     |                             | HC:95861 / 26,XU / 1          | N661                | \$1,614.00 (B6) | \$1,614.00 | PR-50             | \$1,614.00 | \$0.00     |
| 7380852362Z6   | 10/27/2022 - 10/27/2022 |              |     |                             | HC:95999 // 3                 | N661                | \$5,400.00 (B6) | \$5,400.00 | PR-50             | \$5,400.00 | \$0.00     |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
|---|--|-----------------------------------|--------------------------------|

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|---|--|--|----------------------------------|
| <b>Patient Name:</b> RAINS, MICHAEL     | <b>Claim Number:</b> 0202327150Y33580X00             | <b>Claim Date:</b> 07/13/2023-07/13/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> KIU807560624         | <b>Group / Policy:</b> 000ZGPPOW0000                 | <b>Facility Type:</b> 21                 | <b>Claim Charge:</b> \$24,848.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3071373     | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b> 1                | <b>Claim Payment:</b> \$548.10   |
| <b>Rendering Prvd:</b> THOMAS, GEORGE P | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 09/28/2023   | <b>Patient Resp:</b> \$21,679.90 |
| <b>Original Ref Nmbr:</b>               |  |  |                                  |

| Line Details   |                         |              |     |                             |                               |                     |                 |            |                                  |            | Results: 11 |
|----------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|------------|----------------------------------|------------|-------------|
| 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     |
| 7348196286Z1   | 07/13/2023 - 07/13/2023 |              |     |                             | HC:95941 // 2                 |                     | \$5,520.00 (B6) | \$5,520.00 | PR-2 \$56.31<br>PR-45 \$5,238.44 |            | \$225.25    |
| 7348196286Z2   | 07/13/2023 - 07/13/2023 |              |     |                             | HC:95939 / 26 / 1             |                     | \$3,814.00 (B6) | \$3,814.00 | PR-2 \$17.13<br>PR-45 \$3,728.33 |            | \$68.54     |
| 7348196286Z3   | 07/13/2023 - 07/13/2023 |              |     |                             | HC:95938 / 26 / 1             |                     | \$3,107.00 (B6) | \$3,107.00 | PR-2 \$6.55<br>PR-45 \$3,074.23  |            | \$26.22     |
| 7348196286Z4   | 07/13/2023 - 07/13/2023 |              |     |                             | HC:95955 / 26 / 1             |                     | \$1,755.00 (B6) | \$1,755.00 | PR-2 \$7.70<br>PR-45 \$1,716.49  |            | \$30.81     |
| 7348196286Z5   | 07/13/2023 - 07/13/2023 |              |     |                             | HC:95861 / 26 / 1             |                     | \$1,614.00 (B6) | \$1,614.00 | PR-2 \$11.77<br>PR-45 \$1,555.16 |            | \$47.07     |
| 7348196286Z6   | 07/13/2023 - 07/13/2023 |              |     |                             | HC:95861 / 26,XU / 1          |                     | \$1,614.00 (B6) | \$1,614.00 | PR-2 \$12.76<br>PR-45 \$1,550.21 |            | \$51.03     |
| 7348196286Z7   | 07/13/2023 - 07/13/2023 |              |     |                             | HC:95865 / 26 / 1             |                     | \$1,502.00 (B6) | \$1,502.00 | PR-2 \$11.93<br>PR-45 \$1,442.35 |            | \$47.72     |
| 7348196286Z8   | 07/13/2023 - 07/13/2023 |              |     |                             | HC:95865 / 26,XU / 1          |                     | \$1,502.00 (B6) | \$1,502.00 | PR-2 \$12.87<br>PR-45 \$1,437.67 |            | \$51.46     |
| 7348196286Z9   | 07/13/2023 - 07/13/2023 |              |     |                             | HC:95868 / 26,XU / 1          | N640                |                 | \$1,310.00 | PI-222                           | \$1,310.00 | \$0.00      |
| 7348196286Z10  | 07/13/2023 - 07/13/2023 |              |     |                             | HC:95868 / 26,XU / 1          | M127                |                 | \$1,310.00 | PI-252                           | \$1,310.00 | \$0.00      |
| 7348196286Z11  | 07/13/2023 - 07/13/2023 |              |     |                             | HC:95999 // 1                 |                     | \$1,800.00 (B6) | \$1,800.00 | PR-45                            | \$1,800.00 | \$0.00      |

Supplemental Information - AMT/Payer Codes: \$685.12 (AU)

|   |  |                                   |                                |
|---|--|-----------------------------------|--------------------------------|
| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
|---|--|-----------------------------------|--------------------------------|

|                                       |  |  |                                   |
|---------------------------------------|--|--|-----------------------------------|
| <b>Patient Name:</b> RICHARD, RAYMOND | <b>Claim Number:</b> 0202322154009210X00             | <b>Claim Date:</b> 06/27/2023-06/27/2023 | <b>Claim Status Code:</b> 22      |
| <b>Patient ID:</b> Z7L972261174       | <b>Group / Policy:</b> 000ZGPPOW0000                 | <b>Facility Type:</b> 21                 | <b>Claim Charge:</b> \$-23,963.00 |
| <b>Patient Ctrl Nbr:</b> 0.3053659    | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b>                  | <b>Claim Payment:</b> \$-535.38   |
| <b>Rendering Prvd:</b> NATH, AUDREY R | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 08/02/2023   | <b>Patient Resp:</b> \$0.00       |
| <b>Original Ref Nbr:</b>              |  |  |                                   |

**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   |
|---------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|-------------|-------------------|-------------|-----------|
|               | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95941 / / 2                | N830                |                 | \$-5,520.00 | CO-45             | \$-5,238.44 | \$-281.56 |
|               | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95822 / 26 / 1             | N830                |                 | \$-1,755.00 | CO-45             | \$-1,713.74 | \$-41.26  |
|               | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95938 / 26 / 1             | N830                |                 | \$-3,107.00 | CO-45             | \$-3,074.23 | \$-32.77  |
|               | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95908 / 26 / 1             | N830                |                 | \$-437.00   | CO-45             | \$-389.25   | \$-47.75  |
|               | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95886 / 26 / 2             | N830                |                 | \$-2,972.00 | CO-45             | \$-2,905.98 | \$-66.02  |
|               | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95886 / 26,XU / 2          | N830                |                 | \$-2,972.00 | CO-45             | \$-2,905.98 | \$-66.02  |
|               | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95999 / / 4                |                     |                 | \$-7,200.00 | PR-45             | \$-7,200.00 | \$0.00    |

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| <b>Patient Name:</b> RICHARD, RAYMOND        | <b>Claim Number:</b> 0202322154009210X01             | <b>Claim Date:</b> 06/27/2023-06/27/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> Z7L972261174              | <b>Group / Policy:</b> 000ZGPPOW0000                 | <b>Facility Type:</b> 21                 | <b>Claim Charge:</b> \$23,963.00 |
| <b>Patient Ctrl Nbr:</b> 0.3053659           | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b>                  | <b>Claim Payment:</b> \$6,850.00 |
| <b>Rendering Prvd:</b> NATH, AUDREY R        | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 09/29/2023   | <b>Patient Resp:</b> \$0.00      |
| <b>Original Ref Nbr:</b> 0202322154009210X00 |  |  |                                  |

**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 |
|---------------|------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|--------|-------------------|------------|---------|
|---------------|------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|--------|-------------------|------------|---------|

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
|---|--|-----------------------------------|--------------------------------|

| 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    |
|                | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95941 // 2                 | MA44                |                 | \$5,520.00 | CO-45             | \$5,520.00 | \$0.00     |
|                | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95822 / 26 / 1             | MA44                |                 | \$1,755.00 | CO-45             | \$1,755.00 | \$0.00     |
|                | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95938 / 26 / 1             | MA44                |                 | \$3,107.00 | CO-45             | \$3,107.00 | \$0.00     |
|                | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95908 / 26 / 1             | MA44                |                 | \$437.00   | CO-45             | \$437.00   | \$0.00     |
|                | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95886 / 26 / 2             | MA44                |                 | \$2,972.00 | CO-45             | \$2,972.00 | \$0.00     |
|                | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95886 / 26,XU / 2          | MA44                |                 | \$2,972.00 | CO-45             | \$2,972.00 | \$0.00     |
|                | 06/27/2023 - 06/27/2023 |              |     |                             | HC:95999 // 4                 | MA44                | \$6,850.00 (B6) | \$7,200.00 | CO-45             | \$350.00   | \$6,850.00 |

Supplemental Information - AMT/Payer Codes: \$6,850.00 (AU)

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| <b>Patient Name:</b> RIVERA, ISABEL      | <b>Claim Number:</b> 02023254501T6770X00             | <b>Claim Date:</b> 08/28/2023-08/28/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> NYQ325M93335          | <b>Group / Policy:</b> 000ZGPPOX0000                 | <b>Facility Type:</b> 21                 | <b>Claim Charge:</b> \$29,483.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3122272      | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b> 1                | <b>Claim Payment:</b> \$0.00     |
| <b>Rendering Prvd:</b> DE JESUS, MARIA A | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 09/11/2023   | <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    |
| 7270240135Z1   | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95941 // 4                 | N830                |                 | \$11,040.00 | OA-209            | \$11,040.00 | \$0.00     |
| 7270240135Z2   | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95822 / 26 / 1             | N830                |                 | \$1,755.00  | OA-209            | \$1,755.00  | \$0.00     |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
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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    |
| 7270240135Z3   | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95938 / 26 / 1             | N830                |                 | \$3,107.00 | OA-209            | \$3,107.00 | \$0.00     |
| 7270240135Z4   | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95908 / 26 / 1             | N830                |                 | \$437.00   | OA-209            | \$437.00   | \$0.00     |
| 7270240135Z5   | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95886 / 26 / 2             | N830                |                 | \$2,972.00 | OA-209            | \$2,972.00 | \$0.00     |
| 7270240135Z6   | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95886 / 26,XU / 2          | N830                |                 | \$2,972.00 | OA-209            | \$2,972.00 | \$0.00     |
| 7270240135Z7   | 08/28/2023 - 08/28/2023 |              |     |                             | HC:95999 / / 4                | N830                |                 | \$7,200.00 | OA-209            | \$7,200.00 | \$0.00     |

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| <b>Patient Name:</b> SCHERER, BRET          | <b>Claim Number:</b> 020232705048S590X00             | <b>Claim Date:</b> 07/10/2023-07/10/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> IDP971557968             | <b>Group / Policy:</b> 000ZGPPOW0000                 | <b>Facility Type:</b> 22                 | <b>Claim Charge:</b> \$24,530.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3066230         | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b> 1                | <b>Claim Payment:</b> \$0.00     |
| <b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 09/27/2023   | <b>Patient Resp:</b> \$24,530.00 |
| <b>Original Ref Nmbr:</b>                   |  |  |                                  |

| 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    |
| 7343269008Z1   | 07/10/2023 - 07/10/2023 |              |     |                             | HC:95941 / / 4                | N130                | \$11,040.00 (B6) | \$11,040.00 | PR-96             | \$11,040.00 | \$0.00     |
| 7343269008Z2   | 07/10/2023 - 07/10/2023 |              |     |                             | HC:95822 / 26 / 1             | N130                | \$1,755.00 (B6)  | \$1,755.00  | PR-96             | \$1,755.00  | \$0.00     |
| 7343269008Z3   | 07/10/2023 - 07/10/2023 |              |     |                             | HC:95938 / 26 / 1             | N130                | \$3,107.00 (B6)  | \$3,107.00  | PR-96             | \$3,107.00  | \$0.00     |
| 7343269008Z4   | 07/10/2023 - 07/10/2023 |              |     |                             | HC:95861 / 26 / 1             | N130                | \$1,614.00 (B6)  | \$1,614.00  | PR-96             | \$1,614.00  | \$0.00     |
| 7343269008Z5   | 07/10/2023 - 07/10/2023 |              |     |                             | HC:95861 / 26,XU / 1          | N130                | \$1,614.00 (B6)  | \$1,614.00  | PR-96             | \$1,614.00  | \$0.00     |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
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| 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    |
| 7343269008Z6   | 07/10/2023 - 07/10/2023 |              |     |                             | HC:95999 // 3                 | N130                | \$5,400.00 (B6) | \$5,400.00 | PR-96             | \$5,400.00 | \$0.00     |

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| <b>Patient Name:</b> SNEDDON, AMY           | <b>Claim Number:</b> 02023272506509L0X00             | <b>Claim Date:</b> 07/31/2023-07/31/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> UOU900449986             | <b>Group / Policy:</b> 000ZGPPOX0000                 | <b>Facility Type:</b> 22                 | <b>Claim Charge:</b> \$28,798.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3090205         | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b> 1                | <b>Claim Payment:</b> \$0.00     |
| <b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 09/29/2023   | <b>Patient Resp:</b> \$28,798.00 |
| <b>Original Ref Nmbr:</b>                   |  |  |                                  |

| 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    |
| 7353862410Z1   | 07/31/2023 - 07/31/2023 |              |     |                             | HC:95941 // 2                 | N686                | \$7,074.00 (B6) | \$7,074.00 | PR-227            | \$7,074.00 | \$0.00     |
| 7353862410Z2   | 07/31/2023 - 07/31/2023 |              |     |                             | HC:95939 / 26 / 1             | N686                | \$3,814.00 (B6) | \$3,814.00 | PR-227            | \$3,814.00 | \$0.00     |
| 7353862410Z3   | 07/31/2023 - 07/31/2023 |              |     |                             | HC:95938 / 26 / 1             | N686                | \$3,107.00 (B6) | \$3,107.00 | PR-227            | \$3,107.00 | \$0.00     |
| 7353862410Z4   | 07/31/2023 - 07/31/2023 |              |     |                             | HC:95955 / 26 / 1             | N686                | \$1,755.00 (B6) | \$1,755.00 | PR-227            | \$1,755.00 | \$0.00     |
| 7353862410Z5   | 07/31/2023 - 07/31/2023 |              |     |                             | HC:95861 / 26 / 1             | N686                | \$1,614.00 (B6) | \$1,614.00 | PR-227            | \$1,614.00 | \$0.00     |
| 7353862410Z6   | 07/31/2023 - 07/31/2023 |              |     |                             | HC:95861 / 26,XU / 1          | N686                | \$1,614.00 (B6) | \$1,614.00 | PR-227            | \$1,614.00 | \$0.00     |
| 7353862410Z7   | 07/31/2023 - 07/31/2023 |              |     |                             | HC:95868 / 26 / 1             | N686                | \$1,310.00 (B6) | \$1,310.00 | PR-227            | \$1,310.00 | \$0.00     |
| 7353862410Z8   | 07/31/2023 - 07/31/2023 |              |     |                             | HC:95868 / 26,XU / 1          | N686                | \$1,310.00 (B6) | \$1,310.00 | PR-227            | \$1,310.00 | \$0.00     |
| 7353862410Z9   | 07/31/2023 - 07/31/2023 |              |     |                             | HC:95999 // 4                 | N686                | \$7,200.00 (B6) | \$7,200.00 | PR-227            | \$7,200.00 | \$0.00     |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
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| <b>Patient Name:</b> SORENSON, ANN          | <b>Claim Number:</b> 020232825057G790X00             | <b>Claim Date:</b> 09/07/2023-09/07/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> YZC505A73962             | <b>Group / Policy:</b> 000ZGPPOX0000                 | <b>Facility Type:</b> 21                 | <b>Claim Charge:</b> \$23,248.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3133569         | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b> 1                | <b>Claim Payment:</b> \$0.00     |
| <b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 10/09/2023   | <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    |
| 7385249173Z1   | 09/07/2023 - 09/07/2023 |              |     |                             | HC:95941 / / 1                | N830                |                 | \$2,760.00 | OA-209            | \$2,760.00 | \$0.00     |
| 7385249173Z2   | 09/07/2023 - 09/07/2023 |              |     |                             | HC:95938 / 26 / 1             | N830                |                 | \$3,107.00 | OA-209            | \$3,107.00 | \$0.00     |
| 7385249173Z3   | 09/07/2023 - 09/07/2023 |              |     |                             | HC:95955 / 26 / 1             | N830                |                 | \$1,755.00 | OA-209            | \$1,755.00 | \$0.00     |
| 7385249173Z4   | 09/07/2023 - 09/07/2023 |              |     |                             | HC:95907 / 26 / 1             | N830                |                 | \$138.00   | OA-209            | \$138.00   | \$0.00     |
| 7385249173Z5   | 09/07/2023 - 09/07/2023 |              |     |                             | HC:95886 / 26 / 2             | N830                |                 | \$5,944.00 | OA-209            | \$5,944.00 | \$0.00     |
| 7385249173Z6   | 09/07/2023 - 09/07/2023 |              |     |                             | HC:95886 / 26,XU / 2          | N830                |                 | \$5,944.00 | OA-209            | \$5,944.00 | \$0.00     |
| 7385249173Z7   | 09/07/2023 - 09/07/2023 |              |     |                             | HC:95999 / / 2                | N830                |                 | \$3,600.00 | OA-209            | \$3,600.00 | \$0.00     |

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| <b>Patient Name:</b> WANKE, DEBORAH      | <b>Claim Number:</b> 0202328250942A20X00             | <b>Claim Date:</b> 09/13/2023-09/13/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> SIYAN9216847          | <b>Group / Policy:</b> 000ZGPPOW0000                 | <b>Facility Type:</b> 21                 | <b>Claim Charge:</b> \$30,004.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3139708      | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b> 1                | <b>Claim Payment:</b> \$0.00     |
| <b>Rendering Prvd:</b> DE JESUS, MARIA A | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 10/09/2023   | <b>Patient Resp:</b> \$0.00      |
| <b>Original Ref Nmbr:</b>                |  |  |                                  |

| 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    |



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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
|---|--|-----------------------------------|--------------------------------|

| 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    |
| 7385586661Z1   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95941 // 3                 | N830                |                 | \$8,280.00 | OA-209            | \$8,280.00 | \$0.00     |
| 7385586661Z2   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95939 / 26 / 1             | N830                |                 | \$3,814.00 | OA-209            | \$3,814.00 | \$0.00     |
| 7385586661Z3   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95938 / 26 / 1             | N830                |                 | \$3,107.00 | OA-209            | \$3,107.00 | \$0.00     |
| 7385586661Z4   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95955 / 26 / 1             | N830                |                 | \$1,755.00 | OA-209            | \$1,755.00 | \$0.00     |
| 7385586661Z5   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95861 / 26 / 1             | N830                |                 | \$1,614.00 | OA-209            | \$1,614.00 | \$0.00     |
| 7385586661Z6   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95861 / 26,XU / 1          | N830                |                 | \$1,614.00 | OA-209            | \$1,614.00 | \$0.00     |
| 7385586661Z7   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95868 / 26 / 1             | N830                |                 | \$1,310.00 | OA-209            | \$1,310.00 | \$0.00     |
| 7385586661Z8   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95868 / 26,XU / 1          | N830                |                 | \$1,310.00 | OA-209            | \$1,310.00 | \$0.00     |
| 7385586661Z9   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95999 // 4                 | N830                |                 | \$7,200.00 | OA-209            | \$7,200.00 | \$0.00     |

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|---------------------------------------|--|--|-----------------------------------|
| <b>Patient Name:</b> ZEITERS, RITA    | <b>Claim Number:</b> 02023159506V0020X00             | <b>Claim Date:</b> 05/17/2023-05/17/2023 | <b>Claim Status Code:</b> 22      |
| <b>Patient ID:</b> IPM107055860       | <b>Group / Policy:</b> 000ZGPPOX0000                 | <b>Facility Type:</b> 21                 | <b>Claim Charge:</b> \$-26,723.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3006444   | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b> 1                | <b>Claim Payment:</b> \$0.00      |
| <b>Rendering Prvd:</b> NATH, AUDREY R | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 06/08/2023   | <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    |
| 6972989925Z1   | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95941 // 3                 | N661                |                 | \$-8,280.00 | PR-50             | \$-8,280.00 | \$0.00     |

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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
|---|--|-----------------------------------|--------------------------------|

| 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    |
| 6972989925Z2   | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95822 / 26 / 1             | N661                |                 | \$-1,755.00 | PR-50             | \$-1,755.00 | \$0.00     |
| 6972989925Z3   | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95938 / 26 / 1             | N661                |                 | \$-3,107.00 | PR-50             | \$-3,107.00 | \$0.00     |
| 6972989925Z4   | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95908 / 26 / 1             | N661                |                 | \$-437.00   | PR-50             | \$-437.00   | \$0.00     |
| 6972989925Z5   | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95886 / 26 / 2             | N661                |                 | \$-2,972.00 | PR-50             | \$-2,972.00 | \$0.00     |
| 6972989925Z6   | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95886 / 26,XU / 2          | N661                |                 | \$-2,972.00 | PR-50             | \$-2,972.00 | \$0.00     |
| 6972989925Z7   | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95999 / / 4                | N661                |                 | \$-7,200.00 | PR-50             | \$-7,200.00 | \$0.00     |

|   |  |  |                                  |
|---|--|--|----------------------------------|
| <b>Patient Name:</b> ZEITERS, RITA            | <b>Claim Number:</b> 02023159506V0020X01             | <b>Claim Date:</b> 05/17/2023-05/17/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> IPM107055860001            | <b>Group / Policy:</b> 000ZGPPOX0000                 | <b>Facility Type:</b> 21                 | <b>Claim Charge:</b> \$26,723.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3006444           | <b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION | <b>Claim Frequency:</b>                  | <b>Claim Payment:</b> \$535.38   |
| <b>Rendering Prvd:</b> NATH, AUDREY R         | <b>Rendering Prv ID:</b>                             | <b>Claim Received Date:</b> 10/09/2023   | <b>Patient Resp:</b> \$26,187.62 |
| <b>Original Ref Nmbr:</b> 02023159506V0020X00 |  |  |                                  |

| 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    |
|                | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95941 / / 3                |                     | \$8,280.00 (B6) | \$8,280.00 | PR-45             | \$7,998.44 | \$281.56   |
|                | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95822 / 26 / 1             |                     | \$1,755.00 (B6) | \$1,755.00 | PR-45             | \$1,713.74 | \$41.26    |
|                | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95938 / 26 / 1             |                     | \$3,107.00 (B6) | \$3,107.00 | PR-45             | \$3,074.23 | \$32.77    |
|                | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95908 / 26 / 1             |                     | \$437.00 (B6)   | \$437.00   | PR-45             | \$389.25   | \$47.75    |

|   |  |                                   |                                |
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| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
|---|--|-----------------------------------|--------------------------------|

| 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    |
|                | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95886 / 26 / 2             |                     | \$2,972.00 (B6) | \$2,972.00 | PR-45             | \$2,905.98 | \$66.02    |
|                | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95886 / 26,XU / 2          |                     | \$2,972.00 (B6) | \$2,972.00 | PR-45             | \$2,905.98 | \$66.02    |
|                | 05/17/2023 - 05/17/2023 |              |     |                             | HC:95999 // 1                 | N130                | \$7,200.00 (B6) | \$7,200.00 | PR-96             | \$7,200.00 | \$0.00     |

Supplemental Information - AMT/Payer Codes: \$535.38 (AU)

|   |  |  |                                  |
|---|--|--|----------------------------------|
| <b>Patient Name:</b> ZUKOUSKI, RUSSELL  | <b>Claim Number:</b> 0202328250720A40X00             | <b>Claim Date:</b> 09/13/2023-09/13/2023 | <b>Claim Status Code:</b> 1      |
| <b>Patient ID:</b> ITSM61280842         | <b>Group / Policy:</b> 000ZGPPOX0000                 | <b>Facility Type:</b> 22                 | <b>Claim Charge:</b> \$26,178.00 |
| <b>Patient Ctrl Nmbr:</b> 0.3139600     | <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> 10/09/2023   | <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    |
| 7385622067Z1   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95941 // 2                 | M127                |                 | \$7,074.00 | CO-252            | \$7,074.00 | \$0.00     |
| 7385622067Z2   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95939 / 26 / 1             | M127                |                 | \$3,814.00 | CO-252            | \$3,814.00 | \$0.00     |
| 7385622067Z3   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95938 / 26 / 1             | M127                |                 | \$3,107.00 | CO-252            | \$3,107.00 | \$0.00     |
| 7385622067Z4   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95955 / 26 / 1             | M127                |                 | \$1,755.00 | CO-252            | \$1,755.00 | \$0.00     |
| 7385622067Z5   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95861 / 26 / 1             | M127                |                 | \$1,614.00 | CO-252            | \$1,614.00 | \$0.00     |
| 7385622067Z6   | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95861 / 26,XU / 1          | M127                |                 | \$1,614.00 | CO-252            | \$1,614.00 | \$0.00     |

|   |  |                                   |                                |
|---|--|-----------------------------------|--------------------------------|
| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
|---|--|-----------------------------------|--------------------------------|

| 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    |
| 7385622067Z7  | 09/13/2023 - 09/13/2023 |              |     |                             | HC:95999 // 4                 | M127                |                 | \$7,200.00 | CO-252            | \$7,200.00 | \$0.00     |

#### Code Descriptions

##### REMARK CODE(S):

CS=Adjustment

M127=Missing patient medical record for this service.

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

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

N362=The number of Days or Units of Service exceeds our acceptable maximum.

N640=Exceeds number/frequency approved/allowed within time period.

N661=Documentation does not support that the services rendered were medically necessary.

N686=Missing/incomplete/Invalid questionnaire needed to complete payment determination.

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

PI=Payor Initiated Reductions

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

2=Coinsurance 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)

29=The time limit for filing has expired.

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)

1=Deductible Amount

|   |  |                                   |                                |
|---|--|-----------------------------------|--------------------------------|
| <b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS | <b>Check/EFT Trace Number:</b> C23285E08852740 | <b>Check/EFT Date:</b> 10/16/2023 | <b>Total Paid:</b> \$16,576.30 |
|---|--|-----------------------------------|--------------------------------|

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

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

272=Coverage/program guidelines were not met.

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.

222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

252=An attachment/other documentation is required to adjudicate this claim/service. 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).

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.

227=Information requested from the patient/insured/responsible party was not provided 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.)

**CLAIM STATUS CODE(S):**

1=Processed as Primary

22=Reversal of Previous Payment