

Check Summary**Transaction Date:** October 24, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23297N37059650 Payment Amount: 0.00 Check/EFT Date: 10/24/2023 Production End Cycle Date: 10/24/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: BROBBEY, DORIS O**Claim Number:** 02023192500622A0X01**Claim Date:** 04/28/2023-04/28/2023 **Claim Status Code:** 22

Patient ID: JEA013038900	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$-15,036.00
Patient Ctrl Nmbr: 0.2983643	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$-3,000.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02023192500622A0X00			

Line Details **Results:** 5

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	04/28/2023 - 04/28/2023				HC:95941 / / 1	MA44		\$-2,760.00	CO-45	\$-2,619.22	\$-140.78
	04/28/2023 - 04/28/2023				HC:95939 / 26 / 1	MA44		\$-3,814.00	CO-45	\$-1,063.35	\$-2,750.65
	04/28/2023 - 04/28/2023				HC:95822 / 26 / 1	MA44		\$-1,755.00	CO-45	\$-1,694.49	\$-60.51
	04/28/2023 - 04/28/2023				HC:95938 / 26 / 1	MA44		\$-3,107.00	CO-45	\$-3,058.94	\$-48.06
	04/28/2023 - 04/28/2023				HC:95999 / / 2			\$-3,600.00	PR-45	\$-3,600.00	\$0.00

Patient Name: BROBBEY, DORIS O**Claim Number:** 02023192500622A0X02**Claim Date:** 04/28/2023-04/28/2023 **Claim Status Code:** 1

Patient ID: JEA013038900	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$15,036.00
Patient Ctrl Nmbr: 0.2983643	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$3,000.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/24/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02023192500622A0X01			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23297N37059650	Check/EFT Date: 10/24/2023	Total Paid: \$0.00
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Line Details											Results: 5
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	04/28/2023 - 04/28/2023				HC:95941 // 1	MA44	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
	04/28/2023 - 04/28/2023				HC:95939 / 26 / 1	MA44	\$2,750.65 (B6)	\$3,814.00	CO-45	\$1,063.35	\$2,750.65
	04/28/2023 - 04/28/2023				HC:95822 / 26 / 1	MA44	\$60.51 (B6)	\$1,755.00	CO-45	\$1,694.49	\$60.51
	04/28/2023 - 04/28/2023				HC:95938 / 26 / 1	MA44	\$48.06 (B6)	\$3,107.00	CO-45	\$3,058.94	\$48.06
	04/28/2023 - 04/28/2023				HC:95999 // 2	MA44		\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$3,000.00 (AU)

Patient Name: LONDONO JR, LUIS E	Claim Number: 02023157507D0680X01	Claim Date: 05/16/2023-05/16/2023	Claim Status Code: 22
Patient ID: JEA004105770	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$-23,350.00
Patient Ctrl Nmbr: 0.3004935	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$-289.80
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02023157507D0680X00			

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
	05/16/2023 - 05/16/2023				HC:95941 // 4	MA44		\$-11,040.00	PR-1 CO-45	\$-281.56 \$-10,503.44	\$-255.00
	05/16/2023 - 05/16/2023				HC:95822 / 26 / 1	MA44		\$-1,755.00	PR-1 CO-45	\$-60.51 \$-1,694.49	\$0.00
	05/16/2023 - 05/16/2023				HC:95938 / 26 / 1	MA44		\$-3,107.00	PR-1 CO-45	\$-48.06 \$-3,058.94	\$0.00
	05/16/2023 - 05/16/2023				HC:95867 / 26 / 1	MA44		\$-742.00	PR-1 CO-45	\$-44.39 \$-697.61	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23297N37059650	Check/EFT Date: 10/24/2023	Total Paid: \$0.00
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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
	05/16/2023 - 05/16/2023				HC:95867 / 26,XU / 1	MA44		\$-742.00	PR-1 CO-45	\$-32.71 \$-709.29	\$0.00
	05/16/2023 - 05/16/2023				HC:92653 // 1	MA44		\$-564.00	PR-1 PR-2 CO-45	\$-32.77 \$-23.20 \$-473.23	\$-34.80
	05/16/2023 - 05/16/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-5,400.00	\$0.00

Patient Name: LONDONO JR, LUIS E	Claim Number: 02023157507D0680X02	Claim Date: 05/16/2023-05/16/2023	Claim Status Code: 1
Patient ID: JEA004105770	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$23,350.00
Patient Ctrl Nmbr: 0.3004935	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$289.80
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 10/24/2023	Patient Resp: \$523.20
Original Ref Nmbr: 02023157507D0680X01			

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
	05/16/2023 - 05/16/2023				HC:95941 // 4	MA44	\$536.56 (B6)	\$11,040.00	PR-1 CO-45	\$281.56 \$10,503.44	\$255.00
	05/16/2023 - 05/16/2023				HC:95822 / 26 / 1	MA44	\$60.51 (B6)	\$1,755.00	PR-1 CO-45	\$60.51 \$1,694.49	\$0.00
	05/16/2023 - 05/16/2023				HC:95938 / 26 / 1	MA44	\$48.06 (B6)	\$3,107.00	PR-1 CO-45	\$48.06 \$3,058.94	\$0.00
	05/16/2023 - 05/16/2023				HC:95867 / 26 / 1	MA44	\$44.39 (B6)	\$742.00	PR-1 CO-45	\$44.39 \$697.61	\$0.00
	05/16/2023 - 05/16/2023				HC:95867 / 26,XU / 1	MA44	\$32.71 (B6)	\$742.00	PR-1 CO-45	\$32.71 \$709.29	\$0.00
	05/16/2023 - 05/16/2023				HC:92653 // 1	MA44	\$90.77 (B6)	\$564.00	PR-1 PR-2 CO-45	\$32.77 \$23.20 \$473.23	\$34.80

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23297N37059650	Check/EFT Date: 10/24/2023	Total Paid: \$0.00
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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
	05/16/2023 - 05/16/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$813.00 (AU)

Code Descriptions

REMARK CODE(S):

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

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations
PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

45=Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
1=Deductible Amount
2=Coinsurance Amount

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment
1=Processed as Primary