

**Check Summary****Transaction Date:** October 19, 2023

BCBS HEALTHCARE PLAN OF GA PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908 ANTHEM.COM	<b>Payee Tax ID:</b> 821395495 <b>Payee ID:</b> 1639608516 <b>Check/EFT Trace Number:</b> 3223819141 <b>Payment Amount:</b> 591.63 <b>Check/EFT Date:</b> 10/19/2023 <b>Production End Cycle Date:</b> 10/19/2023	<b>Payee Name:</b> UNIVERSITY NEURO <b>Payee Address:</b> PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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**Patient Name:** ANDREWS, ROCHELLE**Claim Number:** 2023250KC0152**Claim Date:** 07/22/2022-07/22/2022 **Claim Status Code:** 4**Patient ID:** T01073999**Group / Policy:** ITSANO102**Facility Type:****Claim Charge:** \$14,792.00**Patient Ctrl Nmbr:** 0.2646188**Contract Hdr:** OPEN ACCESS POS**Claim Frequency:****Claim Payment:** \$0.00**Rendering Prvd:** NOT AVAIL,**Rendering Prv ID:****Claim Received Date:** 09/07/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details** **Results:** 8

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	07/22/2022 - 07/22/2022				HC:95941 / / 0	MA04		\$2,760.00	PI-252	\$2,760.00	\$0.00
	07/22/2022 - 07/22/2022				HC:95822 / 26,XU / 0	MA04		\$1,755.00	PI-252	\$1,755.00	\$0.00
	07/22/2022 - 07/22/2022				HC:95938 / 26 / 0	MA04		\$3,107.00	PI-252	\$3,107.00	\$0.00
	07/22/2022 - 07/22/2022				HC:51785 / 26 / 0	MA04		\$1,071.00	PI-252	\$1,071.00	\$0.00
	07/22/2022 - 07/22/2022				HC:51785 / 26,XU / 0	MA04		\$1,071.00	PI-252	\$1,071.00	\$0.00
	07/22/2022 - 07/22/2022				HC:95861 / 26,XU / 0	MA04		\$1,614.00	PI-252	\$1,614.00	\$0.00
	07/22/2022 - 07/22/2022				HC:95861 / 26,XU / 0	MA04		\$1,614.00	PI-252	\$1,614.00	\$0.00
	07/22/2022 - 07/22/2022				HC:95999 / / 0	MA04		\$1,800.00	PI-252	\$1,800.00	\$0.00

<b>Payer:</b> BCBS HEALTHCARE PLAN OF GA	<b>Check/EFT Trace Number:</b> 3223819141	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$591.63
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<b>Patient Name:</b> DUVALL, JANICE	<b>Claim Number:</b> 2023255KC0124	<b>Claim Date:</b> 10/21/2022-10/21/2022	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 807804401	<b>Group / Policy:</b> ITSPPO102	<b>Facility Type:</b>	<b>Claim Charge:</b> \$26,414.00
<b>Patient Ctrl Nmbr:</b> 0.2757116	<b>Contract Hdr:</b> GA BLUE CHOICE PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NOT AVAIL,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/12/2023	<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
	10/21/2022 - 10/21/2022				HC:95941 // 0	M127 N202		\$3,537.00	PI-252	\$3,537.00	\$0.00
	10/21/2022 - 10/21/2022				HC:95939 / 26 / 0	M127 N202		\$7,500.00	PI-252	\$7,500.00	\$0.00
	10/21/2022 - 10/21/2022				HC:95822 / 26,XU / 0	M127 N202		\$2,436.00	PI-252	\$2,436.00	\$0.00
	10/21/2022 - 10/21/2022				HC:95938 / 26 / 0	M127 N202		\$2,943.00	PI-252	\$2,943.00	\$0.00
	10/21/2022 - 10/21/2022				HC:51785 / 26 / 0	M127 N202		\$2,799.00	PI-252	\$2,799.00	\$0.00
	10/21/2022 - 10/21/2022				HC:51785 / 26,XU / 0	M127 N202		\$2,799.00	PI-252	\$2,799.00	\$0.00
	10/21/2022 - 10/21/2022				HC:95861 / 26,XU / 0	M127 N202		\$1,200.00	PI-252	\$1,200.00	\$0.00
	10/21/2022 - 10/21/2022				HC:95861 / 26,XU / 0	M127 N202		\$1,200.00	PI-252	\$1,200.00	\$0.00
	10/21/2022 - 10/21/2022				HC:95999 // 0	M127 N202		\$2,000.00	PI-252	\$2,000.00	\$0.00

<b>Patient Name:</b> FOREHAND, RANDALL	<b>Claim Number:</b> 2023215DW4560	<b>Claim Date:</b> 03/03/2023-03/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> H3NHN1011729	<b>Group / Policy:</b> 282571M002	<b>Facility Type:</b>	<b>Claim Charge:</b> \$37,817.00
<b>Patient Ctrl Nmbr:</b> 0.2917023	<b>Contract Hdr:</b> BC PPO INCENTIVE	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> CARROLL, CRAIG	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/03/2023	<b>Patient Resp:</b> \$847.98
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BCBS HEALTHCARE PLAN OF GA	<b>Check/EFT Trace Number:</b> 3223819141	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$591.63
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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
7146685617Z10	03/03/2023 - 03/03/2023				HC:95868 / 26,XU / 1			\$1,779.00	PI-119	\$1,779.00	\$0.00
7146685617Z11	03/03/2023 - 03/03/2023				HC:95999 // 4	N830		\$8,000.00	CO-45	\$8,000.00	\$0.00
7146685617Z1	03/03/2023 - 03/03/2023				HC:95941 // 2	N830 N860	\$426.74 (B6)	\$7,074.00	CO-45 PR-1	\$6,647.26 \$426.74	\$0.00
7146685617Z2	03/03/2023 - 03/03/2023				HC:95939 / 26 / 1	N830 N860	\$111.01 (B6)	\$7,500.00	CO-45 PR-1	\$7,388.99 \$111.01	\$0.00
7146685617Z3	03/03/2023 - 03/03/2023				HC:95822 / 26 / 1	N830 N860	\$53.70 (B6)	\$2,436.00	CO-45 PR-1	\$2,382.30 \$53.70	\$0.00
7146685617Z4	03/03/2023 - 03/03/2023				HC:95938 / 26 / 1	N830 N860	\$42.98 (B6)	\$2,943.00	CO-45 PR-1	\$2,900.02 \$42.98	\$0.00
7146685617Z5	03/03/2023 - 03/03/2023				HC:95861 / 26 / 1	N830 N860	\$76.83 (B6)	\$1,200.00	CO-45 PR-1	\$1,123.17 \$76.83	\$0.00
7146685617Z6	03/03/2023 - 03/03/2023				HC:95861 / 26,XU / 1			\$1,200.00	PI-119	\$1,200.00	\$0.00
7146685617Z7	03/03/2023 - 03/03/2023				HC:95865 / 26 / 1	N830 N860	\$78.14 (B6)	\$1,953.00	CO-45 PR-1	\$1,874.86 \$78.14	\$0.00
7146685617Z8	03/03/2023 - 03/03/2023				HC:95865 / 26,XU / 1			\$1,953.00	PI-119	\$1,953.00	\$0.00
7146685617Z9	03/03/2023 - 03/03/2023				HC:95868 / 26,XU / 1	N830 N860	\$58.58 (B6)	\$1,779.00	CO-45 PR-1	\$1,720.42 \$58.58	\$0.00

<b>Patient Name:</b> MCGUFFIN, RUSSELL	<b>Claim Number:</b> 2023262FB4630	<b>Claim Date:</b> 08/24/2023-08/24/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> TZO657A75548	<b>Group / Policy:</b> GB0536M002	<b>Facility Type:</b>	<b>Claim Charge:</b> \$28,414.00
<b>Patient Ctrl Nmbr:</b> 0.3117753	<b>Contract Hdr:</b> PPO CORE PLAN WITH ESI	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$591.63
<b>Rendering Prvd:</b> HARTSHORN, ALENDIA	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/19/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BCBS HEALTHCARE PLAN OF GA	<b>Check/EFT Trace Number:</b> 3223819141	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$591.63
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Line Details											Results: 9
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
7304827157Z1	08/24/2023 - 08/24/2023				HC:95941 // 1	N830	\$82.82 (B6)	\$3,537.00	CO-45	\$3,454.18	\$82.82
7304827157Z2	08/24/2023 - 08/24/2023				HC:95939 / 26 / 1	N830	\$151.98 (B6)	\$7,500.00	CO-45	\$7,348.02	\$151.98
7304827157Z3	08/24/2023 - 08/24/2023				HC:95822 / 26,XU / 1	N830	\$73.13 (B6)	\$2,436.00	CO-45	\$2,362.87	\$73.13
7304827157Z4	08/24/2023 - 08/24/2023				HC:95938 / 26 / 1	N830	\$58.15 (B6)	\$2,943.00	CO-45	\$2,884.85	\$58.15
7304827157Z5	08/24/2023 - 08/24/2023				HC:51785 / 26 / 1	N830	\$121.15 (B6)	\$2,799.00	CO-45	\$2,677.85	\$121.15
7304827157Z6	08/24/2023 - 08/24/2023				HC:51785 / 26,XU / 1			\$2,799.00	PI-119	\$2,799.00	\$0.00
7304827157Z7	08/24/2023 - 08/24/2023				HC:95861 / 26,XU / 1	N830	\$104.40 (B6)	\$1,200.00	CO-45	\$1,095.60	\$104.40
7304827157Z8	08/24/2023 - 08/24/2023				HC:95861 / 26,XU / 1			\$1,200.00	PI-119	\$1,200.00	\$0.00
7304827157Z9	08/24/2023 - 08/24/2023				HC:95999 // 2	M127		\$4,000.00	PI-252	\$4,000.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

M127=Missing patient medical record for this service.

MA04=Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.

N202=Alert: Additional information/explanation will be sent separately.

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).

N860=Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s).

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**AMT CODE(S):**

B6=Allowed - Actual

**GROUP CODE(S):**

PI=Payor Initiated Reductions

CO=Contractual Obligations

PR=Patient Responsibility

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

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).

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

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

**CLAIM STATUS CODE(S):**

4=Denied

1=Processed as Primary