

**Check Summary****Transaction Date:** October 18, 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> 3223709500 <b>Payment Amount:</b> 577.73 <b>Check/EFT Date:</b> 10/18/2023 <b>Production End Cycle Date:</b> 10/18/2023	<b>Payee Name:</b> UNIVERSITY NEURO <b>Payee Address:</b> PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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**Provider Adjustments**

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6		\$1.70

**Patient Name:** HARDEN, KRIS**Claim Number:** 20232557A3353**Claim Date:** 08/24/2022-08/24/2022 **Claim Status Code:** 1**Patient ID:** 183A64809**Group / Policy:** GA9135M314**Facility Type:****Claim Charge:** \$24,722.00**Patient Ctrl Nmbr:** 0.2684289**Contract Hdr:** OPEN ACCESS POS**Claim Frequency:****Claim Payment:** \$576.03**Rendering Prvd:** NOT AVAIL,**Rendering Prv ID:****Claim Received Date:** 09/12/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****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
	08/24/2022 - 08/24/2022				HC:95941 // 1	N830	\$213.37 (B6)	\$3,537.00	CO-45	\$3,323.63	\$213.37
	08/24/2022 - 08/24/2022				HC:95939 / 26 / 1	N830	\$111.01 (B6)	\$7,500.00	CO-45	\$7,388.99	\$111.01
	08/24/2022 - 08/24/2022				HC:95822 / 26 / 1	N830	\$53.70 (B6)	\$2,436.00	CO-45	\$2,382.30	\$53.70
	08/24/2022 - 08/24/2022				HC:95938 / 26 / 1	N830	\$42.98 (B6)	\$2,943.00	CO-45	\$2,900.02	\$42.98
	08/24/2022 - 08/24/2022				HC:95861 / 26 / 1	N830	\$76.83 (B6)	\$1,200.00	CO-45	\$1,123.17	\$76.83
	08/24/2022 - 08/24/2022				HC:95861 / 26,XU / 1			\$1,200.00	PI-119	\$1,200.00	\$0.00

<b>Payer:</b> BCBS HEALTHCARE PLAN OF GA	<b>Check/EFT Trace Number:</b> 3223709500	<b>Check/EFT Date:</b> 10/18/2023	<b>Total Paid:</b> \$577.73
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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
	08/24/2022 - 08/24/2022				HC:95865 / 26 / 1	N830	\$78.14 (B6)	\$1,953.00	CO-45	\$1,874.86	\$78.14
	08/24/2022 - 08/24/2022				HC:95865 / 26,XU / 1			\$1,953.00	PI-119	\$1,953.00	\$0.00
	08/24/2022 - 08/24/2022				HC:95999 // 1	N830		\$2,000.00	CO-45	\$2,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1.70 (I)

### Code Descriptions

#### REMARK CODE(S):

L6=Interest Owed

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

#### AMT CODE(S):

B6=Allowed - Actual

I=Interest

#### GROUP CODE(S):

CO=Contractual Obligations

PI=Payor Initiated Reductions

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

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

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

#### CLAIM STATUS CODE(S):

1=Processed as Primary