

Check Summary

Transaction Date: October 23, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23292E10727940 Payment Amount: 27,825.25 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/19/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: BRADLEY, SCOTT

Claim Number: 0202221454001780X00

Claim Date: 05/09/2022-05/09/2022

Claim Status Code: 22

Patient ID: RIM190166068

Group / Policy: 000ZGPPOW0000

Facility Type: 21

Claim Charge: \$-42,562.00

Patient Ctrl Nmbr: 0.2562581

Contract Hdr: PREFERRED PROVIDER

Claim Frequency:

Claim Payment: \$-726.15

Rendering Prvd: MCAULIFFE, MATTHEW B

ORGANIZATION

Claim Received Date:

07/28/2022

Patient Resp: \$0.00

Original Ref Nmbr:

Rendering Prv ID:

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
	05/09/2022 - 05/09/2022				HC:95939 / 59 / 1	N830		\$-10,303.00	CO-45	\$-10,210.56	\$-92.44
	05/09/2022 - 05/09/2022				HC:95938 / 59 / 1	N830		\$-7,270.00	CO-45	\$-7,234.32	\$-35.68
	05/09/2022 - 05/09/2022				HC:95955 / 59 / 1	N830		\$-6,979.00	CO-45	\$-6,937.10	\$-41.90
	05/09/2022 - 05/09/2022				HC:95861 / 59 / 1	N830		\$-4,753.00	CO-45	\$-4,689.21	\$-63.79
	05/09/2022 - 05/09/2022				HC:95868 / 59 / 1	N830		\$-4,214.00	CO-45	\$-4,165.08	\$-48.92
	05/09/2022 - 05/09/2022				HC:95927 / 59 / 1	N830		\$-763.00	CO-45	\$-741.92	\$-21.08
	05/09/2022 - 05/09/2022				HC:95941 / / 3	N830		\$-8,280.00	CO-45	\$-7,857.66	\$-422.34

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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Patient Name: BRADLEY, SCOTT	Claim Number: 0202221454001780X01	Claim Date: 05/09/2022-05/09/2022	Claim Status Code: 1
Patient ID: RIM190166068	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$42,562.00
Patient Ctrl Nmbr: 0.2562581	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$2,077.97
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 06/30/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202221454001780X00			

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
	05/09/2022 - 05/09/2022				HC:95939 / 59 / 1	MA44	\$92.44 (B6)	\$10,303.00	CO-45	\$10,210.56	\$92.44
	05/09/2022 - 05/09/2022				HC:95938 / 59 / 1	MA44	\$1,387.50 (B6)	\$7,270.00	CO-45	\$5,882.50	\$1,387.50
	05/09/2022 - 05/09/2022				HC:95955 / 59 / 1	MA44	\$41.90 (B6)	\$6,979.00	CO-45	\$6,937.10	\$41.90
	05/09/2022 - 05/09/2022				HC:95861 / 59 / 1	MA44	\$63.79 (B6)	\$4,753.00	CO-45	\$4,689.21	\$63.79
	05/09/2022 - 05/09/2022				HC:95868 / 59 / 1	MA44	\$48.92 (B6)	\$4,214.00	CO-45	\$4,165.08	\$48.92
	05/09/2022 - 05/09/2022				HC:95927 / 59 / 1	MA44	\$21.08 (B6)	\$763.00	CO-45	\$741.92	\$21.08
	05/09/2022 - 05/09/2022				HC:95941 // 3	MA44	\$422.34 (B6)	\$8,280.00	CO-45	\$7,857.66	\$422.34

Supplemental Information - AMT/Payer Codes: \$2,077.97 (AU)

Patient Name: CERRONI, JACQUELINE	Claim Number: 0202327950A89580X00	Claim Date: 09/12/2023-09/12/2023	Claim Status Code: 1
Patient ID: SBR133514145	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.3138260	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/06/2023	Patient Resp: \$24,484.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
7375852352Z1	09/12/2023 - 09/12/2023				HC:95941 // 1	N661	\$2,760.00 (B6)	\$2,760.00	PR-50	\$2,760.00	\$0.00
7375852352Z2	09/12/2023 - 09/12/2023				HC:95939 / 26 / 1	N661	\$3,814.00 (B6)	\$3,814.00	PR-50	\$3,814.00	\$0.00
7375852352Z3	09/12/2023 - 09/12/2023				HC:95938 / 26 / 1	N661	\$3,107.00 (B6)	\$3,107.00	PR-50	\$3,107.00	\$0.00
7375852352Z4	09/12/2023 - 09/12/2023				HC:95955 / 26 / 1	N661	\$1,755.00 (B6)	\$1,755.00	PR-50	\$1,755.00	\$0.00
7375852352Z5	09/12/2023 - 09/12/2023				HC:95861 / 26 / 1	N661	\$1,614.00 (B6)	\$1,614.00	PR-50	\$1,614.00	\$0.00
7375852352Z6	09/12/2023 - 09/12/2023				HC:95861 / 26,XU / 1	N661	\$1,614.00 (B6)	\$1,614.00	PR-50	\$1,614.00	\$0.00
7375852352Z7	09/12/2023 - 09/12/2023				HC:95868 / 26 / 1	N661	\$1,310.00 (B6)	\$1,310.00	PR-50	\$1,310.00	\$0.00
7375852352Z8	09/12/2023 - 09/12/2023				HC:95868 / 26,XU / 1	N661	\$1,310.00 (B6)	\$1,310.00	PR-50	\$1,310.00	\$0.00
7375852352Z9	09/12/2023 - 09/12/2023				HC:95999 // 4	N661	\$7,200.00 (B6)	\$7,200.00	PR-50	\$7,200.00	\$0.00

Patient Name: COOK, AMANDA	Claim Number: 0202327150W48210X00	Claim Date: 07/12/2023-07/12/2023	Claim Status Code: 1
Patient ID: WUB836889099	Group / Policy: 0000133497035	Facility Type: 21	Claim Charge: \$22,824.00
Patient Ctrl Nmbr: 0.3069991	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$561.14
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
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
7348150066Z1	07/12/2023 - 07/12/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
7348150066Z2	07/12/2023 - 07/12/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
7348150066Z3	07/12/2023 - 07/12/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7348150066Z4	07/12/2023 - 07/12/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
7348150066Z5	07/12/2023 - 07/12/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
7348150066Z6	07/12/2023 - 07/12/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
7348150066Z7	07/12/2023 - 07/12/2023				HC:95999 / / 1	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$561.14 (AU)

Patient Name: GRIFFITH, JEFFREY	Claim Number: 0202328354003080X00	Claim Date: 09/11/2023-09/11/2023	Claim Status Code: 1
Patient ID: AMF677W16293	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$21,630.00
Patient Ctrl Nmbr: 0.3135846	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$569.40
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/04/2023	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
	09/11/2023 - 09/11/2023				HC:95941 / / 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	09/11/2023 - 09/11/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
	09/11/2023 - 09/11/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	09/11/2023 - 09/11/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	09/11/2023 - 09/11/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
	09/11/2023 - 09/11/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	09/11/2023 - 09/11/2023				HC:95999 // 3			\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$569.40 (AU)

Patient Name: JONES, BRIDGET	Claim Number: 02023275506801V0X00	Claim Date: 09/28/2023-09/28/2023	Claim Status Code: 1
Patient ID: G8P706M98154	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$50,533.00
Patient Ctrl Nmbr: 0.3159005	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/02/2023	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
7361923253Z5	09/28/2023 - 09/28/2023				HC:51785 / 26 / 1	N830		\$3,694.00	OA-209	\$3,694.00	\$0.00
7361923253Z6	09/28/2023 - 09/28/2023				HC:51785 / 26,XU / 1	N830		\$3,694.00	OA-209	\$3,694.00	\$0.00
7361923253Z1	09/28/2023 - 09/28/2023				HC:95941 // 3	N830		\$8,280.00	OA-209	\$8,280.00	\$0.00
7361923253Z2	09/28/2023 - 09/28/2023				HC:95939 / 26 / 1	N830		\$10,303.00	OA-209	\$10,303.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
7361923253Z3	09/28/2023 - 09/28/2023				HC:95926 / 26 / 1	N830		\$877.00	OA-209	\$877.00	\$0.00
7361923253Z4	09/28/2023 - 09/28/2023				HC:95955 / 26,XU / 1	N830		\$6,979.00	OA-209	\$6,979.00	\$0.00
7361923253Z7	09/28/2023 - 09/28/2023				HC:95861 / 26,XU / 1	N830		\$4,753.00	OA-209	\$4,753.00	\$0.00
7361923253Z8	09/28/2023 - 09/28/2023				HC:95861 / 26,XU / 1	N830		\$4,753.00	OA-209	\$4,753.00	\$0.00
7361923253Z9	09/28/2023 - 09/28/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Patient Name: JONES IV, ROBERT	Claim Number: 020232125056E810X00	Claim Date: 04/14/2023-04/14/2023	Claim Status Code: 22
Patient ID: IEU202420787	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-11,730.00
Patient Ctrl Nmbr: 0.2965585	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-342.43
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 07/31/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7132582012Z3	04/14/2023 - 04/14/2023				HC:51785 / 26,XU / 1	N830		\$-1,071.00	CO-45	\$-999.10	\$-71.90
7132582012Z2	04/14/2023 - 04/14/2023				HC:51785 / 26 / 1	N830		\$-1,071.00	CO-45	\$-1,005.04	\$-65.96
7132582012Z1	04/14/2023 - 04/14/2023				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,619.22	\$-140.78
7132582012Z4	04/14/2023 - 04/14/2023				HC:95861 / 26,XU / 1	N640		\$-1,614.00	PI-222	\$-1,614.00	\$0.00
7132582012Z5	04/14/2023 - 04/14/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
7132582012Z6	04/14/2023 - 04/14/2023				HC:95999 // 2			\$-3,600.00	PR-45	\$-3,600.00	\$0.00

Patient Name: JONES IV, ROBERT	Claim Number: 020232125056E810X01	Claim Date: 04/14/2023-04/14/2023	Claim Status Code: 1
Patient ID: IEU202420787	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$11,730.00
Patient Ctrl Nmbr: 0.2965585	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$4,182.24
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 09/22/2023	Patient Resp: \$0.00
Original Ref Nmbr: 020232125056E810X00			

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
	04/14/2023 - 04/14/2023				HC:51785 / 26,XU / 1	MA44	\$148.06 (B6)	\$1,071.00	CO-45	\$922.94	\$148.06
	04/14/2023 - 04/14/2023				HC:51785 / 26 / 1	MA44	\$148.06 (B6)	\$1,071.00	CO-45	\$922.94	\$148.06
	04/14/2023 - 04/14/2023				HC:95941 // 1	MA44	\$187.20 (B6)	\$2,760.00	CO-45	\$2,572.80	\$187.20
	04/14/2023 - 04/14/2023				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	04/14/2023 - 04/14/2023				HC:95861 / 26,XU / 1	MA44	\$98.93 (B6)	\$1,614.00	CO-45	\$1,515.07	\$98.93
	04/14/2023 - 04/14/2023				HC:95999 // 2	MA44	\$3,599.99 (B6)	\$3,600.00	CO-45	\$0.01	\$3,599.99

Supplemental Information - AMT/Payer Codes: \$4,182.24 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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Patient Name: KNIGHT, CONNIE	Claim Number: 02023283509P6090X00	Claim Date: 09/13/2023-09/13/2023	Claim Status Code: 1
Patient ID: X2M444W07136	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$9,048.00
Patient Ctrl Nmbr: 0.3140241	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7390190636Z1	09/13/2023 - 09/13/2023				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7390190636Z2	09/13/2023 - 09/13/2023				HC:95865 / 26 / 1	N830		\$1,502.00	OA-209	\$1,502.00	\$0.00
7390190636Z3	09/13/2023 - 09/13/2023				HC:95865 / 26,XU / 1	N830		\$1,502.00	OA-209	\$1,502.00	\$0.00
7390190636Z4	09/13/2023 - 09/13/2023				HC:95867 / 26,XU / 1	N830		\$742.00	OA-209	\$742.00	\$0.00
7390190636Z5	09/13/2023 - 09/13/2023				HC:95867 / 26,XU / 1	N830		\$742.00	OA-209	\$742.00	\$0.00
7390190636Z6	09/13/2023 - 09/13/2023				HC:95999 // 1	N830		\$1,800.00	OA-209	\$1,800.00	\$0.00

Patient Name: LESLIE, ALICIA	Claim Number: 0202327150X65460X00	Claim Date: 07/17/2023-07/17/2023	Claim Status Code: 1
Patient ID: GSM100010401	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$14,450.00
Patient Ctrl Nmbr: 0.3074943	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$334.69
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7348498222Z1	07/17/2023 - 07/17/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
7348498222Z2	07/17/2023 - 07/17/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7348498222Z3	07/17/2023 - 07/17/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
7348498222Z4	07/17/2023 - 07/17/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
7348498222Z5	07/17/2023 - 07/17/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
7348498222Z6	07/17/2023 - 07/17/2023				HC:95999 // 2			\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$334.69 (AU)

Patient Name: LOPEZ, JAMES	Claim Number: 02023269506414G0X00	Claim Date: 07/03/2023-07/03/2023	Claim Status Code: 1
Patient ID: IDP970574613	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$30,004.00
Patient Ctrl Nmbr: 0.3060220	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$119.18
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 09/26/2023	Patient Resp: \$29,884.82
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
7337738898Z1	07/03/2023 - 07/03/2023				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-1 PR-45	\$422.34 \$7,857.66	\$0.00
7337738898Z2	07/03/2023 - 07/03/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-45	\$85.67 \$3,728.33	\$0.00
7337738898Z3	07/03/2023 - 07/03/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$41.26 \$1,713.74	\$0.00
7337738898Z4	07/03/2023 - 07/03/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
7337738898Z5	07/03/2023 - 07/03/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-2 PR-45	\$17.96 \$16.35 \$1,555.16	\$24.53
7337738898Z6	07/03/2023 - 07/03/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$25.51 \$1,550.21	\$38.28
7337738898Z7	07/03/2023 - 07/03/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-2 PR-45	\$18.00 \$1,264.99	\$27.01
7337738898Z8	07/03/2023 - 07/03/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-2 PR-45	\$19.56 \$1,261.08	\$29.36
7337738898Z9	07/03/2023 - 07/03/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$798.60 (AU)

Patient Name: MARTIN, ROBERT	Claim Number: 02023277508E3050X00	Claim Date: 09/12/2023-09/12/2023	Claim Status Code: 1
Patient ID: NLT833097895	Group / Policy: 0003242370001	Facility Type: 21	Claim Charge: \$41,290.00
Patient Ctrl Nmbr: 0.3138584	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$8,870.17
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/04/2023	Patient Resp: \$0.00
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
7370991002Z1	09/12/2023 - 09/12/2023				HC:95941 // 6	N830	\$1,123.19 (B6)	\$16,560.00	CO-45	\$15,436.81	\$1,123.19
7370991002Z2	09/12/2023 - 09/12/2023				HC:95938 / 26 / 1	N830	\$53.73 (B6)	\$3,107.00	CO-45	\$3,053.27	\$53.73
7370991002Z3	09/12/2023 - 09/12/2023				HC:95955 / 26 / 1	N830	\$64.97 (B6)	\$1,755.00	CO-45	\$1,690.03	\$64.97
7370991002Z4	09/12/2023 - 09/12/2023				HC:95910 / 26 / 1	N830	\$156.66 (B6)	\$780.00	CO-45	\$623.34	\$156.66

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
7370991002Z5	09/12/2023 - 09/12/2023				HC:95886 / 26 / 2	N830	\$135.81 (B6)	\$5,944.00	CO-45	\$5,808.19	\$135.81
7370991002Z6	09/12/2023 - 09/12/2023				HC:95886 / 26,XU / 2	N830	\$135.81 (B6)	\$5,944.00	CO-45	\$5,808.19	\$135.81
7370991002Z7	09/12/2023 - 09/12/2023				HC:95999 / / 1		\$7,200.00 (B6)	\$7,200.00			\$7,200.00

Supplemental Information - AMT/Payer Codes: \$8,870.17 (AU)

Patient Name: MILLER, CARRI	Claim Number: 0202325154006760X00	Claim Date: 05/10/2023-05/10/2023	Claim Status Code: 22
Patient ID: VAD234W15442	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$-24,484.00
Patient Ctrl Nmbr: 0.2997520	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-517.04
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 09/05/2023	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
	05/10/2023 - 05/10/2023				HC:95941 / / 1	N830		\$-2,760.00	CO-45	\$-2,619.22	\$-140.78
	05/10/2023 - 05/10/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,728.33	\$-85.67
	05/10/2023 - 05/10/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
	05/10/2023 - 05/10/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
	05/10/2023 - 05/10/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
	05/10/2023 - 05/10/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
	05/10/2023 - 05/10/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,264.99	\$-45.01
	05/10/2023 - 05/10/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
	05/10/2023 - 05/10/2023				HC:95999 // 4			\$-7,200.00	PR-45	\$-7,200.00	\$0.00

Patient Name: MILLER, CARRI	Claim Number: 0202325154006760X01	Claim Date: 05/10/2023-05/10/2023	Claim Status Code: 1
Patient ID: VAD234W15442	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.2997520	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$8,089.87
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/04/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202325154006760X00			

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
	05/10/2023 - 05/10/2023				HC:95941 // 1	MA44		\$2,760.00	CO-45	\$2,760.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95939 / 26 / 1	MA44	\$889.87 (B6)	\$3,814.00	CO-45	\$2,924.13	\$889.87
	05/10/2023 - 05/10/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95868 / 26 / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
	05/10/2023 - 05/10/2023				HC:95868 / 26,XU / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00			\$7,200.00

Supplemental Information - AMT/Payer Codes: \$8,089.87 (AU)

Patient Name: OCHOA, JOHN	Claim Number: 02022293506690N0X00	Claim Date: 06/13/2022-06/13/2022	Claim Status Code: 22
Patient ID: EMR890533675	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-27,244.00
Patient Ctrl Nmbr: 0.2600383	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-664.24
Rendering Prvd: MONDAY, KIMBERLY E	Rendering Prv ID:	Claim Received Date: 10/20/2022	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
6270197777Z1	06/13/2022 - 06/13/2022				HC:95941 // 2	N830		\$-5,520.00	CO-45	\$-5,238.44	\$-281.56
6270197777Z2	06/13/2022 - 06/13/2022				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,726.32	\$-87.68
6270197777Z3	06/13/2022 - 06/13/2022				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,712.83	\$-42.17
6270197777Z4	06/13/2022 - 06/13/2022				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,073.41	\$-33.59
6270197777Z5	06/13/2022 - 06/13/2022				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,553.73	\$-60.27
6270197777Z6	06/13/2022 - 06/13/2022				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
6270197777Z7	06/13/2022 - 06/13/2022				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,263.74	\$-46.26

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
6270197777Z8	06/13/2022 - 06/13/2022				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
6270197777Z9	06/13/2022 - 06/13/2022				HC:95999 // 4	N830		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

Patient Name: OCHOA, JOHN J	Claim Number: 02022293506690N0X01	Claim Date: 06/13/2022-06/13/2022	Claim Status Code: 1
Patient ID: EMR890533675	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$27,244.00
Patient Ctrl Nmbr: 0.2600383	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$664.24
Rendering Prvd: MONDAY, KIMBERLY E	Rendering Prv ID:	Claim Received Date: 06/06/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02022293506690N0X00			

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
	06/13/2022 - 06/13/2022				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
	06/13/2022 - 06/13/2022				HC:95939 / 26 / 1	N830	\$87.68 (B6)	\$3,814.00	CO-45	\$3,726.32	\$87.68
	06/13/2022 - 06/13/2022				HC:95822 / 26 / 1	N830	\$42.17 (B6)	\$1,755.00	CO-45	\$1,712.83	\$42.17
	06/13/2022 - 06/13/2022				HC:95938 / 26 / 1	N830	\$33.59 (B6)	\$3,107.00	CO-45	\$3,073.41	\$33.59
	06/13/2022 - 06/13/2022				HC:95861 / 26 / 1	N830	\$60.27 (B6)	\$1,614.00	CO-45	\$1,553.73	\$60.27
	06/13/2022 - 06/13/2022				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	06/13/2022 - 06/13/2022				HC:95868 / 26 / 1	N830	\$46.26 (B6)	\$1,310.00	CO-45	\$1,263.74	\$46.26
	06/13/2022 - 06/13/2022				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
	06/13/2022 - 06/13/2022				HC:95999 // 4	N830		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$664.24 (AU)

Patient Name: SORENSEN, ANN	Claim Number: 0202328554008810X00	Claim Date: 09/07/2023-09/07/2023	Claim Status Code: 1
Patient ID: YZC505A73962	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$23,248.00
Patient Ctrl Nmbr: 0.3133569	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$382.36
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$0.00
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
	09/07/2023 - 09/07/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
	09/07/2023 - 09/07/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	09/07/2023 - 09/07/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
	09/07/2023 - 09/07/2023				HC:95907 / 26 / 1	N830	\$38.26 (B6)	\$138.00	CO-45	\$99.74	\$38.26
	09/07/2023 - 09/07/2023				HC:95886 / 26 / 2	N830	\$66.02 (B6)	\$5,944.00	CO-45	\$5,877.98	\$66.02
	09/07/2023 - 09/07/2023				HC:95886 / 26,XU / 2	N830	\$66.02 (B6)	\$5,944.00	CO-45	\$5,877.98	\$66.02
	09/07/2023 - 09/07/2023				HC:95999 // 2			\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$382.36 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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Patient Name: STAROZYTNKY, ROMAN	Claim Number: 0202326850V99260X00	Claim Date: 09/19/2023-09/19/2023	Claim Status Code: 1
Patient ID: SJNB031W2201	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$15,378.00
Patient Ctrl Nmbr: 0.3146709	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$263.03
Rendering Prvd: THOMAS, MELISSA S	Rendering Prv ID:	Claim Received Date: 09/25/2023	Patient Resp: \$13,314.97
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
7332851798Z6	09/19/2023 - 09/19/2023				HC:51785 / 26,XU / 1		\$1,071.00 (B6)	\$1,071.00	PR-2 PR-45	\$28.76 \$999.10	\$43.14
7332851798Z5	09/19/2023 - 09/19/2023				HC:51785 / 26 / 1		\$1,071.00 (B6)	\$1,071.00	PR-2 PR-45	\$26.38 \$1,005.04	\$39.58
7332851798Z1	09/19/2023 - 09/19/2023				HC:95941 / / 1		\$2,760.00 (B6)	\$2,760.00	PR-2 PR-45	\$56.31 \$2,619.22	\$84.47
7332851798Z2	09/19/2023 - 09/19/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-2 PR-45	\$34.26 \$3,728.33	\$51.41
7332851798Z3	09/19/2023 - 09/19/2023				HC:95822 / 26,XU / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$16.50 \$1,713.74	\$24.76
7332851798Z4	09/19/2023 - 09/19/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$13.10 \$3,074.23	\$19.67
7332851798Z7	09/19/2023 - 09/19/2023				HC:95999 / / 1			\$1,800.00	CO-45	\$1,800.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$438.34 (AU)

Patient Name: STEPHENS, APRIL	Claim Number: 020232795030X790X00	Claim Date: 09/06/2023-09/06/2023	Claim Status Code: 1
Patient ID: AER840442824	Group / Policy: 0002756190019	Facility Type: 21	Claim Charge: \$35,664.00
Patient Ctrl Nmbr: 0.3132502	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/06/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
7380023226Z1	09/06/2023 - 09/06/2023				HC:95941 // 6	M127		\$16,560.00	CO-252	\$16,560.00	\$0.00
7380023226Z2	09/06/2023 - 09/06/2023				HC:95939 / 26 / 1	M127		\$3,814.00	CO-252	\$3,814.00	\$0.00
7380023226Z3	09/06/2023 - 09/06/2023				HC:95938 / 26 / 1	M127		\$3,107.00	CO-252	\$3,107.00	\$0.00
7380023226Z4	09/06/2023 - 09/06/2023				HC:95822 / 26 / 1	M127		\$1,755.00	CO-252	\$1,755.00	\$0.00
7380023226Z5	09/06/2023 - 09/06/2023				HC:95861 / 26 / 1	M127		\$1,614.00	CO-252	\$1,614.00	\$0.00
7380023226Z6	09/06/2023 - 09/06/2023				HC:95861 / 26,XU / 1	M127		\$1,614.00	CO-252	\$1,614.00	\$0.00
7380023226Z7	09/06/2023 - 09/06/2023				HC:95999 // 4	M127		\$7,200.00	CO-252	\$7,200.00	\$0.00

Patient Name: TAYLOR, BILLY	Claim Number: 0202327150V00600X00	Claim Date: 07/19/2023-07/19/2023	Claim Status Code: 1
Patient ID: SSS220075765	Group / Policy:	Facility Type: 21	Claim Charge: \$29,483.00
Patient Ctrl Nmbr: 0.3077589	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
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
7348693245Z1	07/19/2023 - 07/19/2023				HC:95941 // 4	N830		\$11,040.00	OA-209	\$11,040.00	\$0.00
7348693245Z2	07/19/2023 - 07/19/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7348693245Z3	07/19/2023 - 07/19/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
7348693245Z4	07/19/2023 - 07/19/2023				HC:95908 / 26 / 1	N830		\$437.00	OA-209	\$437.00	\$0.00
7348693245Z5	07/19/2023 - 07/19/2023				HC:95886 / 26 / 2	N830		\$2,972.00	OA-209	\$2,972.00	\$0.00
7348693245Z6	07/19/2023 - 07/19/2023				HC:95886 / 26,XU / 2	N830		\$2,972.00	OA-209	\$2,972.00	\$0.00
7348693245Z7	07/19/2023 - 07/19/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Patient Name: WILSON, LAWRENCE	Claim Number: 0202322650928B30X00	Claim Date: 07/31/2023-07/31/2023	Claim Status Code: 1
Patient ID: FZY105403115	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$19,671.00
Patient Ctrl Nmbr: 0.3090040	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 08/14/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7179686081Z1	07/31/2023 - 07/31/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7179686081Z2	07/31/2023 - 07/31/2023				HC:95926 / 26 / 1	N830		\$227.00	OA-209	\$227.00	\$0.00
7179686081Z3	07/31/2023 - 07/31/2023				HC:95910 / 26 / 1	N830		\$780.00	OA-209	\$780.00	\$0.00
7179686081Z4	07/31/2023 - 07/31/2023				HC:95886 / 26 / 2	N830		\$2,972.00	OA-209	\$2,972.00	\$0.00
7179686081Z5	07/31/2023 - 07/31/2023				HC:95886 / 26,XU / 2	N830		\$2,972.00	OA-209	\$2,972.00	\$0.00
7179686081Z6	07/31/2023 - 07/31/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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Patient Name: WRIGHT, ANDREW	Claim Number: 0202327150W26060X00	Claim Date: 07/19/2023-07/19/2023	Claim Status Code: 22
Patient ID: D8C834771170	Group / Policy: 0002977550009	Facility Type: 21	Claim Charge: \$-48,846.00
Patient Ctrl Nbr: 0.3076802	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-412.49
Rendering Prvd: THOMAS, MELISSA S	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
Original Ref Nbr:			

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
7348689912Z1	07/19/2023 - 07/19/2023				HC:95941 / / 1	N830		\$-2,760.00	PR-2 \$-28.00 CO-45 \$-2,619.22		\$-112.78
7348689912Z2	07/19/2023 - 07/19/2023				HC:95939 / 26 / 1	N830		\$-10,303.00	PR-2 \$-17.00 CO-45 \$-10,217.33		\$-68.67
7348689912Z3	07/19/2023 - 07/19/2023				HC:95938 / 26 / 1	N830		\$-7,270.00	PR-2 \$-6.40 CO-45 \$-7,237.23		\$-26.37
7348689912Z4	07/19/2023 - 07/19/2023				HC:95955 / 26 / 1	N830		\$-6,979.00	PR-2 \$-7.60 CO-45 \$-6,940.49		\$-30.91
7348689912Z5	07/19/2023 - 07/19/2023				HC:95861 / 26 / 1	N830		\$-4,753.00	PR-2 \$-11.60 CO-45 \$-4,694.16		\$-47.24
7348689912Z6	07/19/2023 - 07/19/2023				HC:95861 / 26,XU / 1	N830		\$-4,753.00	PR-2 \$-12.60 CO-45 \$-4,689.21		\$-51.19
7348689912Z7	07/19/2023 - 07/19/2023				HC:95868 / 26 / 1	N830		\$-4,214.00	PR-2 \$-9.00 CO-45 \$-4,168.99		\$-36.01
7348689912Z8	07/19/2023 - 07/19/2023				HC:95868 / 26,XU / 1	N830		\$-4,214.00	PR-2 \$-9.60 CO-45 \$-4,165.08		\$-39.32
7348689912Z9	07/19/2023 - 07/19/2023				HC:95999 / / 1	N830		\$-3,600.00	CO-45 \$-3,600.00		\$0.00

Patient Name: WRIGHT, ANDREW D	Claim Number: 0202327150W26060X01	Claim Date: 07/19/2023-07/19/2023	Claim Status Code: 1
Patient ID: D8C834771170	Group / Policy: 0002977550009	Facility Type: 21	Claim Charge: \$48,846.00
Patient Ctrl Nbr: 0.3076802	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$4,373.31
Rendering Prvd: THOMAS, MELISSA S	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$101.80
Original Ref Nbr: 0202327150W26060X00			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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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
	07/19/2023 - 07/19/2023				HC:95941 / / 1	MA44		\$2,760.00	CO-45	\$2,760.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95939 / 26 / 1	MA44	\$4,475.11 (B6)	\$10,303.00	PR-2 CO-45	\$101.80 \$5,827.89	\$4,373.31
	07/19/2023 - 07/19/2023				HC:95938 / 26 / 1	MA44		\$7,270.00	CO-45	\$7,270.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95955 / 26 / 1	MA44		\$6,979.00	CO-45	\$6,979.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95861 / 26 / 1	MA44		\$4,753.00	CO-45	\$4,753.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95861 / 26,XU / 1	MA44		\$4,753.00	CO-45	\$4,753.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95868 / 26 / 1	MA44		\$4,214.00	CO-45	\$4,214.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95868 / 26,XU / 1	MA44		\$4,214.00	CO-45	\$4,214.00	\$0.00
	07/19/2023 - 07/19/2023				HC:95999 / / 2	MA44		\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$4,475.11 (AU)

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

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

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

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

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).

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727940	Check/EFT Date: 10/23/2023	Total Paid: \$27,825.25
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AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations
PR=Patient Responsibility
OA=Other Adjustments
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)
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.
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)
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.
1=Deductible Amount
2=Coinsurance Amount
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).

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment
1=Processed as Primary