

## Check Summary

Transaction Date: November 07, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	<b>Payee Tax ID:</b> 850542512 <b>Payee ID:</b> 1770111452 <b>Check/EFT Trace Number:</b> C23307E14815370 <b>Payment Amount:</b> 2,449.34 <b>Check/EFT Date:</b> 11/07/2023 <b>Production End Cycle Date:</b> 11/03/2023	<b>Payee Name:</b> PHYSICIAN OVERSIGHT LLC <b>Payee Address:</b> DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
---	---	---

Patient Name: GARY, MARY E

Claim Number: 02023160508755X0X01

Claim Date: 05/20/2023-05/20/2023 Claim Status Code: 22

Patient ID: T2S849460248

Group / Policy: 0003850000001

Facility Type: 21

Claim Charge: \$-25,790.00

Patient Ctrl Nmbr: 0.3010791

Contract Hdr: PREFERRED PROVIDER  
ORGANIZATION

Claim Frequency:

Claim Payment: \$0.00

Rendering Prvd: NATH, AUDREY R

Rendering Prv ID:

Claim Received Date: 08/01/2023

Patient Resp: \$0.00

Original Ref Nmbr: 02023160508755X0X00

## 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
	05/20/2023 - 05/20/2023				HC:95941 / / 2	N830		\$-5,520.00	PR-1 CO-45	\$-281.56 \$-5,238.44	\$0.00
	05/20/2023 - 05/20/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	PR-1 CO-45	\$-142.79 \$-3,671.21	\$0.00
	05/20/2023 - 05/20/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-68.76 \$-1,686.24	\$0.00
	05/20/2023 - 05/20/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 CO-45	\$-54.61 \$-3,052.39	\$0.00
	05/20/2023 - 05/20/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-1 CO-45	\$-98.06 \$-1,515.94	\$0.00
	05/20/2023 - 05/20/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-1 CO-45	\$-63.79 \$-1,550.21	\$0.00
	05/20/2023 - 05/20/2023				HC:95870 / 26,XU / 1	N830		\$-583.00	PR-1 CO-45	\$-23.56 \$-559.44	\$0.00
	05/20/2023 - 05/20/2023				HC:95870 / 26,XU / 1	N830		\$-583.00	PR-1 CO-45	\$-15.41 \$-567.59	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23307E14815370	<b>Check/EFT Date:</b> 11/07/2023	<b>Total Paid:</b> \$2,449.34
---	--	-----------------------------------	-------------------------------

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
	05/20/2023 - 05/20/2023				HC:95941 // 4	N830		\$-7,200.00	PR-1 CO-45	\$-563.12 \$-6,636.88	\$0.00

<b>Patient Name:</b> GARY, MARY E	<b>Claim Number:</b> 02023160508755X0X02	<b>Claim Date:</b> 05/20/2023-05/20/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> T2S849460248	<b>Group / Policy:</b> 0003850000001	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$25,790.00
<b>Patient Ctrl Nmbr:</b> 0.3010791	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$2,449.34
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 11/03/2023	<b>Patient Resp:</b> \$1,311.66
<b>Original Ref Nmbr:</b> 02023160508755X0X01			

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
	05/20/2023 - 05/20/2023				HC:95941 // 2	MA44	\$281.56 (B6)	\$5,520.00	PR-1 CO-45	\$281.56 \$5,238.44	\$0.00
	05/20/2023 - 05/20/2023				HC:95939 / 26 / 1	MA44	\$142.79 (B6)	\$3,814.00	PR-1 CO-45	\$142.79 \$3,671.21	\$0.00
	05/20/2023 - 05/20/2023				HC:95822 / 26 / 1	MA44	\$68.76 (B6)	\$1,755.00	PR-1 CO-45	\$68.76 \$1,686.24	\$0.00
	05/20/2023 - 05/20/2023				HC:95938 / 26 / 1	MA44	\$54.61 (B6)	\$3,107.00	PR-1 CO-45	\$54.61 \$3,052.39	\$0.00
	05/20/2023 - 05/20/2023				HC:95861 / 26 / 1	MA44	\$98.06 (B6)	\$1,614.00	PR-1 CO-45	\$98.06 \$1,515.94	\$0.00
	05/20/2023 - 05/20/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00
	05/20/2023 - 05/20/2023				HC:95870 / 26,XU / 1	MA44	\$23.56 (B6)	\$583.00	PR-1 CO-45	\$23.56 \$559.44	\$0.00
	05/20/2023 - 05/20/2023				HC:95870 / 26,XU / 1	MA44	\$15.41 (B6)	\$583.00	PR-1 CO-45	\$15.41 \$567.59	\$0.00
	05/20/2023 - 05/20/2023				HC:95941 // 4	MA44	\$3,012.46 (B6)	\$7,200.00	PR-1 CO-45	\$563.12 \$4,187.54	\$2,449.34

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23307E14815370	<b>Check/EFT Date:</b> 11/07/2023	<b>Total Paid:</b> \$2,449.34
---	--	-----------------------------------	-------------------------------

Supplemental Information - AMT/Payer Codes: \$3,761.00 (AU)

### Code Descriptions

#### REMARK CODE(S):

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

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

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

1=Deductible 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)

#### CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary