

## Check Summary

Transaction Date: October 17, 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> C23286E09206630 <b>Payment Amount:</b> 2,060.21 <b>Check/EFT Date:</b> 10/17/2023 <b>Production End Cycle Date:</b> 10/13/2023	<b>Payee Name:</b> PHYSICIAN OVERSIGHT LLC <b>Payee Address:</b> DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: PARRETT, DENNIS

Claim Number: 020231705019U600X00

Claim Date: 05/31/2023-05/31/2023 Claim Status Code: 22

Patient ID: JEA009403320

Group / Policy: 0002380000100

Facility Type: 21

Claim Charge: \$-36,924.00

Patient Ctrl Nmbr: 0.3023593

Contract Hdr: HEALTH MAINTENANCE  
ORGANIZATION

Claim Frequency: 1

Claim Payment: \$-506.91

Rendering Prvd: DE JESUS, MARIA A

Rendering Prv ID:

Claim Received Date: 06/19/2023

Patient Resp: \$0.00

Original Ref Nmbr:

## Line Details

Results: 10

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
7004282542Z1	05/31/2023 - 05/31/2023				HC:95941 / / 2	N830		\$-13,800.00	PR-2 CO-45	\$-112.62 \$-13,518.44	\$-168.94
7004282542Z2	05/31/2023 - 05/31/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	PR-2 CO-45	\$-50.26 \$-3,688.35	\$-75.39
7004282542Z3	05/31/2023 - 05/31/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-2 CO-45	\$-24.20 \$-1,694.49	\$-36.31
7004282542Z4	05/31/2023 - 05/31/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-2 CO-45	\$-19.22 \$-3,058.94	\$-28.84
7004282542Z5	05/31/2023 - 05/31/2023				HC:95907 / 26 / 1	N830		\$-138.00	PR-2 CO-45	\$-22.44 \$-81.89	\$-33.67
7004282542Z6	05/31/2023 - 05/31/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	PR-2 CO-45	\$-38.72 \$-2,875.18	\$-58.10
7004282542Z7	05/31/2023 - 05/31/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	PR-2 CO-45	\$-38.72 \$-2,875.18	\$-58.10
7004282542Z8	05/31/2023 - 05/31/2023				HC:95887 / 26 / 1	N830		\$-583.00	PR-2 CO-45	\$-15.85 \$-543.37	\$-23.78

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23286E09206630	<b>Check/EFT Date:</b> 10/17/2023	<b>Total Paid:</b> \$2,060.21
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Line Details											Results: 10
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
7004282542Z9	05/31/2023 - 05/31/2023				HC:95887 / 26,XU / 1	N830		\$-583.00	PR-2 CO-45	\$-15.85 \$-543.37	\$-23.78
7004282542Z10	05/31/2023 - 05/31/2023				HC:95999 // 1	N830		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

<b>Patient Name:</b> PARRETT, DENNIS C	<b>Claim Number:</b> 020231705019U600X01	<b>Claim Date:</b> 05/31/2023-05/31/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> JEA009403320	<b>Group / Policy:</b> 0002380000100	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$36,924.00
<b>Patient Ctrl Nmbr:</b> 0.3023593	<b>Contract Hdr:</b> HEALTH MAINTENANCE ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$2,567.12
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/03/2023	<b>Patient Resp:</b> \$337.88
<b>Original Ref Nmbr:</b> 020231705019U600X00			

Line Details											Results: 10
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
	05/31/2023 - 05/31/2023				HC:95941 // 5	MA44	\$2,341.77 (B6)	\$13,800.00	PR-2 CO-45	\$112.62 \$11,458.23	\$2,229.15
	05/31/2023 - 05/31/2023				HC:95939 / 26 / 1	MA44	\$125.65 (B6)	\$3,814.00	PR-2 CO-45	\$50.26 \$3,688.35	\$75.39
	05/31/2023 - 05/31/2023				HC:95822 / 26 / 1	MA44	\$60.51 (B6)	\$1,755.00	PR-2 CO-45	\$24.20 \$1,694.49	\$36.31
	05/31/2023 - 05/31/2023				HC:95938 / 26 / 1	MA44	\$48.06 (B6)	\$3,107.00	PR-2 CO-45	\$19.22 \$3,058.94	\$28.84
	05/31/2023 - 05/31/2023				HC:95907 / 26 / 1	MA44	\$56.11 (B6)	\$138.00	PR-2 CO-45	\$22.44 \$81.89	\$33.67
	05/31/2023 - 05/31/2023				HC:95886 / 26 / 2	MA44	\$96.82 (B6)	\$2,972.00	PR-2 CO-45	\$38.72 \$2,875.18	\$58.10
	05/31/2023 - 05/31/2023				HC:95886 / 26,XU / 2	MA44	\$96.82 (B6)	\$2,972.00	PR-2 CO-45	\$38.72 \$2,875.18	\$58.10
	05/31/2023 - 05/31/2023				HC:95887 / 26 / 1	MA44	\$39.63 (B6)	\$583.00	PR-2 CO-45	\$15.85 \$543.37	\$23.78

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23286E09206630	<b>Check/EFT Date:</b> 10/17/2023	<b>Total Paid:</b> \$2,060.21
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Line Details											Results: 10
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
	05/31/2023 - 05/31/2023				HC:95887 / 26,XU / 1	MA44	\$39.63 (B6)	\$583.00	PR-2 CO-45	\$15.85 \$543.37	\$23.78
	05/31/2023 - 05/31/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$2,905.00 (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):

2=Coinsurance 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