

Check Summary

Transaction Date: October 26, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23299N37214890 Payment Amount: 0.00 Check/EFT Date: 10/26/2023 Production End Cycle Date: 10/26/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: DIXON, LAURA

Claim Number: 02023277505E0440X00

Claim Date: 09/28/2023-09/28/2023 Claim Status Code: 1

Patient ID: JEA014514300

Group / Policy: 0002380000100

Facility Type: 22

Claim Charge: \$23,734.00

Patient Ctrl Nmbr: 0.3159065

Contract Hdr: HEALTH MAINTENANCE
ORGANIZATION

Claim Frequency: 1

Claim Payment: \$0.00

Rendering Prvd: DE JESUS, MARIA A

Rendering Prv ID:

Claim Received Date: 10/04/2023

Patient Resp: \$499.38

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
7370551480Z1	09/28/2023 - 09/28/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	PR-1 CO-45	\$281.56 \$5,238.44	\$0.00
7370551480Z2	09/28/2023 - 09/28/2023				HC:95865 / 26 / 1	N830	\$87.48 (B6)	\$1,502.00	PR-1 CO-45	\$87.48 \$1,414.52	\$0.00
7370551480Z3	09/28/2023 - 09/28/2023				HC:95865 / 26,XU / 1	N830	\$64.33 (B6)	\$8,692.00	PR-1 CO-45	\$64.33 \$8,627.67	\$0.00
7370551480Z4	09/28/2023 - 09/28/2023				HC:95868 / 26,XU / 1	N830	\$66.01 (B6)	\$1,310.00	PR-1 CO-45	\$66.01 \$1,243.99	\$0.00
7370551480Z5	09/28/2023 - 09/28/2023				HC:95868 / 26,XU / 1	N640		\$1,310.00	PI-222	\$1,310.00	\$0.00
7370551480Z6	09/28/2023 - 09/28/2023				HC:95999 // 1	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$499.38 (AU)

Code Descriptions

REMARK CODE(S):

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23299N37214890	Check/EFT Date: 10/26/2023	Total Paid: \$0.00
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REMARK CODE(S):

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

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

PI=Payor Initiated Reductions

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)

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.

CLAIM STATUS CODE(S):

1=Processed as Primary