

Check Summary**Transaction Date:** October 24, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 821850674 Payee ID: 1578083572 Check/EFT Trace Number: C23297140955950 Payment Amount: 162.44 Check/EFT Date: 10/24/2023 Production End Cycle Date: 10/24/2023	Payee Name: SYNAPTIXS IONM LLC Payee Address: 550 N CENTRAL EXPY MCKINNEY, TX 750703509
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Patient Name: MCLEOD, BETTY H**Claim Number:** 0202327203080760C00**Claim Date:** 08/15/2022-08/15/2022 **Claim Status Code:** 1

Patient ID: R50196607 Patient Ctrl Nmbr: 2432521 Rendering Prvd : Original Ref Nmbr:	Group / Policy: Contract Hdr: Rendering Prv ID:	Facility Type: 99 Claim Frequency: Claim Received Date: 09/29/2023	Claim Charge: \$22,156.82 Claim Payment: \$162.44 Patient Resp: \$0.00
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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
	08/15/2022 - 08/15/2022				HC:95822 / TC / 1		\$70.56 (B6)	\$5,225.00	OA-23 CO-45	\$282.22 \$4,872.22	\$70.56
	08/15/2022 - 08/15/2022				HC:95938 / TC / 1		\$62.36 (B6)	\$4,163.00	OA-23 CO-45	\$249.44 \$3,851.20	\$62.36
	08/15/2022 - 08/15/2022				HC:95907 / TC / 1		\$7.71 (B6)	\$497.00	OA-23 CO-45	\$30.83 \$458.46	\$7.71
	08/15/2022 - 08/15/2022				HC:95886 / TC / 2		\$21.81 (B6)	\$5,050.00	OA-23 CO-45	\$87.25 \$4,940.94	\$21.81
	08/15/2022 - 08/15/2022				HC:95886 / TC,XU / 2		\$21.82 (B6)	\$21.82	OA-23	\$21.82	\$0.00
	08/15/2022 - 08/15/2022				HC:95999 // 1	N36		\$7,200.00	CO-22	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$834.00 (AU), \$722.24 (F5)

Code Descriptions**REMARK CODE(S):**

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23297140955950	Check/EFT Date: 10/24/2023	Total Paid: \$162.44
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REMARK CODE(S):

N36=Claim must meet primary payer's processing requirements before we can consider payment.

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

F5=Patient Amount Paid

GROUP CODE(S):

OA=Other Adjustments

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

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)

22=This care may be covered by another payer per coordination of benefits.

CLAIM STATUS CODE(S):

1=Processed as Primary