

**Check Summary****Transaction Date:** October 12, 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> C23283E08130010 <b>Payment Amount:</b> 53,126.30 <b>Check/EFT Date:</b> 10/12/2023 <b>Production End Cycle Date:</b> 10/10/2023	<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:** ANDERSON, PHILLIP**Claim Number:** 0202322754008660X00**Claim Date:** 07/28/2023-07/28/2023 **Claim Status Code:** 22**Patient ID:** HQL525W07281**Group / Policy:** 000ZGPPOX0000**Facility Type:** 21**Claim Charge:** \$-21,770.00**Patient Ctrl Nmbr:** 0.3088268**Contract Hdr:** PREFERRED PROVIDER  
ORGANIZATION**Claim Frequency:****Claim Payment:** \$-478.22**Rendering Prvd:** DE JESUS, MARIA A**Rendering Prv ID:****Claim Received Date:** 08/11/2023**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
	07/28/2023 - 07/28/2023				HC:95941 // 3	N830		\$-8,280.00	CO-45	\$-7,998.44	\$-281.56
	07/28/2023 - 07/28/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
	07/28/2023 - 07/28/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
	07/28/2023 - 07/28/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
	07/28/2023 - 07/28/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
	07/28/2023 - 07/28/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-5,400.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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<b>Patient Name:</b> ANDERSON, PHILLIP	<b>Claim Number:</b> 0202322754008660X01	<b>Claim Date:</b> 07/28/2023-07/28/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> HQL525W07281	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$21,770.00
<b>Patient Ctrl Nmbr:</b> 0.3088268	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$6,105.72
<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> \$0.00
<b>Original Ref Nmbr:</b> 0202322754008660X00			

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
	07/28/2023 - 07/28/2023				HC:95941 // 3	MA44	\$6,105.72 (B6)	\$8,280.00	CO-45	\$2,174.28	\$6,105.72
	07/28/2023 - 07/28/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	07/28/2023 - 07/28/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	07/28/2023 - 07/28/2023				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	07/28/2023 - 07/28/2023				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	07/28/2023 - 07/28/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$6,105.72 (AU)

<b>Patient Name:</b> ANDREWS, AARON	<b>Claim Number:</b> 0202325750L60220X00	<b>Claim Date:</b> 06/13/2023-06/13/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PPA869739114	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$23,084.00
<b>Patient Ctrl Nmbr:</b> 0.3038480	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$31.54
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/14/2023	<b>Patient Resp:</b> \$6,492.46
<b>Original Ref Nmbr:</b>			

Line Details											Results: 3
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

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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Line Details											Results: 3
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
7283749203Z1	06/13/2023 - 06/13/2023				HC:95941 // 6	N122		\$16,560.00	PI-234	\$16,560.00	\$0.00
7283749203Z2	06/13/2023 - 06/13/2023				HC:95829 / 26 / 1		\$1,124.00 (B6)	\$1,124.00	PR-1 PR-2 PR-45	\$200.00 \$7.88 \$884.58	\$31.54
7283749203Z3	06/13/2023 - 06/13/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$239.42 (AU)

<b>Patient Name:</b> BRADY, HEATHER	<b>Claim Number:</b> 0202326454007030X00	<b>Claim Date:</b> 06/06/2023-06/06/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> UUG900233992	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$23,740.00
<b>Patient Ctrl Nmbr:</b> 0.3029788	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$519.95
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/13/2023	<b>Patient Resp:</b> \$4,880.05
<b>Original Ref Nmbr:</b>			

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
	06/06/2023 - 06/06/2023				HC:95941 // 1	N830		\$2,760.00	CO-45	\$2,760.00	\$0.00
	06/06/2023 - 06/06/2023				HC:95939 / 26 / 1	N830		\$3,814.00	CO-45	\$3,814.00	\$0.00
	06/06/2023 - 06/06/2023				HC:95822 / 26 / 1	N830		\$1,755.00	CO-45	\$1,755.00	\$0.00
	06/06/2023 - 06/06/2023				HC:95938 / TC / 1	N830		\$4,163.00	CO-45	\$4,163.00	\$0.00
	06/06/2023 - 06/06/2023				HC:95861 / 26 / 1	N830		\$1,614.00	CO-45	\$1,614.00	\$0.00
	06/06/2023 - 06/06/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	CO-45	\$1,614.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
	06/06/2023 - 06/06/2023				HC:95868 / 26 / 1	N830		\$1,310.00	CO-45	\$1,310.00	\$0.00
	06/06/2023 - 06/06/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	CO-45	\$1,310.00	\$0.00
	06/06/2023 - 06/06/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$4,880.05	\$519.95

Supplemental Information - AMT/Payer Codes: \$519.95 (AU)

<b>Patient Name:</b> BRENNAN JR., EDWARD	<b>Claim Number:</b> 0202327750U32810X00	<b>Claim Date:</b> 09/11/2023-09/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> RJWAN4278865	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$14,450.00
<b>Patient Ctrl Nmbr:</b> 0.3136944	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/04/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7370177228Z1	09/11/2023 - 09/11/2023				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7370177228Z2	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7370177228Z3	09/11/2023 - 09/11/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7370177228Z4	09/11/2023 - 09/11/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7370177228Z5	09/11/2023 - 09/11/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7370177228Z6	09/11/2023 - 09/11/2023				HC:95999 // 2	N830		\$3,600.00	OA-209	\$3,600.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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<b>Patient Name:</b> CHERUKUPALLI, APARNA	<b>Claim Number:</b> 0202325454003560X00	<b>Claim Date:</b> 08/24/2023-08/24/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> CTRAN5490436	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-30,004.00
<b>Patient Ctrl Nmbr:</b> 0.3119001	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-14,657.12
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/08/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
	08/24/2023 - 08/24/2023				HC:95941 // 3	N830		\$-8,280.00	CO-45	\$-1,529.44	\$-6,750.56
	08/24/2023 - 08/24/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-1,700.78	\$-2,113.22
	08/24/2023 - 08/24/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,595.04	\$-159.96
	08/24/2023 - 08/24/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-2,241.40	\$-865.60
	08/24/2023 - 08/24/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-298.13	\$-1,315.87
	08/24/2023 - 08/24/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-298.13	\$-1,315.87
	08/24/2023 - 08/24/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-241.98	\$-1,068.02
	08/24/2023 - 08/24/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-241.98	\$-1,068.02
	08/24/2023 - 08/24/2023				HC:95999 // 4			\$-7,200.00	PR-45	\$-7,200.00	\$0.00

<b>Patient Name:</b> CHERUKUPALLI, APARNA	<b>Claim Number:</b> 0202325454003560X01	<b>Claim Date:</b> 08/24/2023-08/24/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> CTRAN5490436	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$30,004.00
<b>Patient Ctrl Nmbr:</b> 0.3119001	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$14,657.12
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/05/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202325454003560X00			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
	08/24/2023 - 08/24/2023				HC:95941 // 3	N830	\$6,750.56 (B6)	\$8,280.00	CO-45	\$1,529.44	\$6,750.56
	08/24/2023 - 08/24/2023				HC:95939 / 26 / 1	N830	\$2,113.22 (B6)	\$3,814.00	CO-45	\$1,700.78	\$2,113.22
	08/24/2023 - 08/24/2023				HC:95822 / 26 / 1	N830	\$159.96 (B6)	\$1,755.00	CO-45	\$1,595.04	\$159.96
	08/24/2023 - 08/24/2023				HC:95938 / 26 / 1	N830	\$865.60 (B6)	\$3,107.00	CO-45	\$2,241.40	\$865.60
	08/24/2023 - 08/24/2023				HC:95861 / 26 / 1	N830	\$1,315.87 (B6)	\$1,614.00	CO-45	\$298.13	\$1,315.87
	08/24/2023 - 08/24/2023				HC:95861 / 26,XU / 1	N830	\$1,315.87 (B6)	\$1,614.00	CO-45	\$298.13	\$1,315.87
	08/24/2023 - 08/24/2023				HC:95868 / 26 / 1	N830	\$1,068.02 (B6)	\$1,310.00	CO-45	\$241.98	\$1,068.02
	08/24/2023 - 08/24/2023				HC:95868 / 26,XU / 1	N830	\$1,068.02 (B6)	\$1,310.00	CO-45	\$241.98	\$1,068.02
	08/24/2023 - 08/24/2023				HC:95999 // 1			\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$14,657.12 (AU)

<b>Patient Name:</b> DAVES, RAYMOND	<b>Claim Number:</b> 0202327950B11750X00	<b>Claim Date:</b> 09/12/2023-09/12/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> VHU851093842	<b>Group / Policy:</b> 000ZGPP0W0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$24,484.00
<b>Patient Ctrl Nmbr:</b> 0.3139133	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/06/2023	<b>Patient Resp:</b> \$24,484.00
<b>Original Ref Nmbr:</b>			

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

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
7376045312Z1	09/12/2023 - 09/12/2023				HC:95941 // 1	N584	\$2,760.00 (B6)	\$2,760.00	PR-272	\$2,760.00	\$0.00
7376045312Z2	09/12/2023 - 09/12/2023				HC:95939 / 26 / 1	N584	\$3,814.00 (B6)	\$3,814.00	PR-272	\$3,814.00	\$0.00
7376045312Z3	09/12/2023 - 09/12/2023				HC:95938 / 26 / 1	N584	\$3,107.00 (B6)	\$3,107.00	PR-272	\$3,107.00	\$0.00
7376045312Z4	09/12/2023 - 09/12/2023				HC:95955 / 26 / 1	N584	\$1,755.00 (B6)	\$1,755.00	PR-272	\$1,755.00	\$0.00
7376045312Z5	09/12/2023 - 09/12/2023				HC:95861 / 26 / 1	N584	\$1,614.00 (B6)	\$1,614.00	PR-272	\$1,614.00	\$0.00
7376045312Z6	09/12/2023 - 09/12/2023				HC:95861 / 26,XU / 1	N584	\$1,614.00 (B6)	\$1,614.00	PR-272	\$1,614.00	\$0.00
7376045312Z7	09/12/2023 - 09/12/2023				HC:95868 / 26 / 1	N584	\$1,310.00 (B6)	\$1,310.00	PR-272	\$1,310.00	\$0.00
7376045312Z8	09/12/2023 - 09/12/2023				HC:95868 / 26,XU / 1	N584	\$1,310.00 (B6)	\$1,310.00	PR-272	\$1,310.00	\$0.00
7376045312Z9	09/12/2023 - 09/12/2023				HC:95999 // 4	N584	\$7,200.00 (B6)	\$7,200.00	PR-272	\$7,200.00	\$0.00

<b>Patient Name:</b> DAVILA, DIEGO	<b>Claim Number:</b> 0202324954003600X00	<b>Claim Date:</b> 05/05/2023-05/05/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> L8X6104304AB	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$29,483.00
<b>Patient Ctrl Nbr:</b> 0.2992020	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$18,247.03
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/01/2023	<b>Patient Resp:</b> \$2,743.92
<b>Original Ref Nbr:</b>			

Line Details											Results: 7
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
	05/05/2023 - 05/05/2023				HC:95941 // 4	N830	\$6,832.66 (B6)	\$11,040.00	CO-45	\$4,207.34	\$6,832.66

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
	05/05/2023 - 05/05/2023				HC:95822 / 26 / 1	N830	\$1,086.17 (B6)	\$1,755.00	CO-45	\$668.83	\$1,086.17
	05/05/2023 - 05/05/2023				HC:95938 / 26 / 1	N830	\$1,922.92 (B6)	\$3,107.00	CO-45	\$1,184.08	\$1,922.92
	05/05/2023 - 05/05/2023				HC:95908 / 26 / 1	N830	\$270.46 (B6)	\$437.00	CO-45	\$166.54	\$270.46
	05/05/2023 - 05/05/2023				HC:95886 / 26 / 2	N830	\$1,839.37 (B6)	\$2,972.00	CO-45	\$1,132.63	\$1,839.37
	05/05/2023 - 05/05/2023				HC:95886 / 26,XU / 2	N830	\$1,839.37 (B6)	\$2,972.00	CO-45	\$1,132.63	\$1,839.37
	05/05/2023 - 05/05/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$2,743.92	\$4,456.08

Supplemental Information - AMT/Payer Codes: \$18,247.03 (AU)

<b>Patient Name:</b> DELOREY, LAURA	<b>Claim Number:</b> 020232235024X600X00	<b>Claim Date:</b> 05/16/2022-05/16/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> PXGY00189428	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-39,216.00
<b>Patient Ctrl Nmbr:</b> 0.2570010	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 7	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/11/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7174847290Z1	05/16/2022 - 05/16/2022				HC:95941 // 1	N394		\$-2,760.00	CO-A1	\$-2,760.00	\$0.00
7174847290Z2	05/16/2022 - 05/16/2022				HC:95822 / 26 / 1	N394		\$-6,979.00	CO-A1	\$-6,979.00	\$0.00
7174847290Z3	05/16/2022 - 05/16/2022				HC:95938 / 26 / 1	N394		\$-7,270.00	CO-A1	\$-7,270.00	\$0.00



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
7174847290Z4	05/16/2022 - 05/16/2022				HC:95886 / 26 / 2	N394		\$-8,022.00	CO-A1	\$-8,022.00	\$0.00
7174847290Z5	05/16/2022 - 05/16/2022				HC:95886 / 26,XU / 2	N394		\$-8,022.00	CO-A1	\$-8,022.00	\$0.00
7174847290Z6	05/16/2022 - 05/16/2022				HC:95907 / 26 / 1	N394		\$-763.00	CO-A1	\$-763.00	\$0.00
7174847290Z7	05/16/2022 - 05/16/2022				HC:95999 // 3	N394		\$-5,400.00	CO-A1	\$-5,400.00	\$0.00

<b>Patient Name:</b> DELOREY, LAURA	<b>Claim Number:</b> 020232235024X600X01	<b>Claim Date:</b> 05/16/2022-05/16/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PXGY0018942801	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$39,216.00
<b>Patient Ctrl Nmbr:</b> 0.2570010	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$249.30
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/15/2023	<b>Patient Resp:</b> \$38,966.70
<b>Original Ref Nmbr:</b> 020232235024X600X00			

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
	05/16/2022 - 05/16/2022				HC:95941 // 1	N661	\$2,760.00 (B6)	\$2,760.00	PR-50	\$2,760.00	\$0.00
	05/16/2022 - 05/16/2022				HC:95822 / 26 / 1		\$6,979.00 (B6)	\$6,979.00	PR-45	\$6,936.83	\$42.17
	05/16/2022 - 05/16/2022				HC:95938 / 26 / 1		\$7,270.00 (B6)	\$7,270.00	PR-45	\$7,236.41	\$33.59
	05/16/2022 - 05/16/2022				HC:95886 / 26 / 2		\$8,022.00 (B6)	\$8,022.00	PR-45	\$7,954.83	\$67.17
	05/16/2022 - 05/16/2022				HC:95886 / 26,XU / 2		\$8,022.00 (B6)	\$8,022.00	PR-45	\$7,954.83	\$67.17
	05/16/2022 - 05/16/2022				HC:95907 / 26 / 1		\$763.00 (B6)	\$763.00	PR-45	\$723.80	\$39.20

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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Line Details											Results: 7
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
	05/16/2022 - 05/16/2022				HC:95999 // 1	N640	\$5,400.00 (B6)	\$5,400.00	PR-222	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$249.30 (AU)

<b>Patient Name:</b> GRAYSON, ALLISON	<b>Claim Number:</b> 020232565023F030X00	<b>Claim Date:</b> 06/07/2023-06/07/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> H5K3HZN57573	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$15,844.00
<b>Patient Ctrl Nbr:</b> 0.3030977	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$1,800.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/13/2023	<b>Patient Resp:</b> \$14,044.00
<b>Original Ref Nbr:</b>			

Line Details											Results: 4
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
7279348311Z1	06/07/2023 - 06/07/2023				HC:95941 // 4		\$11,040.00 (B6)	\$11,040.00	PR-1 PR-45	\$1,811.60 \$9,228.40	\$0.00
7279348311Z2	06/07/2023 - 06/07/2023				HC:95865 / 26 / 1		\$1,502.00 (B6)	\$1,502.00	PR-1 PR-45	\$205.20 \$1,296.80	\$0.00
7279348311Z3	06/07/2023 - 06/07/2023				HC:95865 / 26,XU / 1		\$1,502.00 (B6)	\$1,502.00	PR-1 PR-45	\$205.20 \$1,296.80	\$0.00
7279348311Z4	06/07/2023 - 06/07/2023				HC:95999 // 1		\$1,800.00 (B6)	\$1,800.00			\$1,800.00

Supplemental Information - AMT/Payer Codes: \$4,022.00 (AU)

<b>Patient Name:</b> GRIFFITH, JEFFREY	<b>Claim Number:</b> 0202327750U87220X00	<b>Claim Date:</b> 09/11/2023-09/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> AMF677W16293	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$21,630.00
<b>Patient Ctrl Nbr:</b> 0.3135846	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/04/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
7369553701Z1	09/11/2023 - 09/11/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7369553701Z2	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7369553701Z3	09/11/2023 - 09/11/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7369553701Z4	09/11/2023 - 09/11/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7369553701Z5	09/11/2023 - 09/11/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7369553701Z6	09/11/2023 - 09/11/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7369553701Z7	09/11/2023 - 09/11/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7369553701Z8	09/11/2023 - 09/11/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

<b>Patient Name:</b> HAGGARD, WILMA	<b>Claim Number:</b> 0202327654002650X00	<b>Claim Date:</b> 07/17/2023-07/17/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZEB907537231	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$27,244.00
<b>Patient Ctrl Nmbr:</b> 0.3073995	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$8,262.31
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$7,200.00
<b>Original Ref Nmbr:</b>			

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
	07/17/2023 - 07/17/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00			\$5,520.00
	07/17/2023 - 07/17/2023				HC:95939 / 26 / 1	N830	\$2,742.31 (B6)	\$3,814.00	CO-45	\$1,071.69	\$2,742.31

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
	07/17/2023 - 07/17/2023				HC:95938 / 26 / 1	N830		\$3,107.00	CO-45	\$3,107.00	\$0.00
	07/17/2023 - 07/17/2023				HC:95955 / 26 / 1	N830		\$1,755.00	CO-45	\$1,755.00	\$0.00
	07/17/2023 - 07/17/2023				HC:95861 / 26 / 1	N830		\$1,614.00	CO-45	\$1,614.00	\$0.00
	07/17/2023 - 07/17/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	CO-45	\$1,614.00	\$0.00
	07/17/2023 - 07/17/2023				HC:95868 / 26 / 1	N830		\$1,310.00	CO-45	\$1,310.00	\$0.00
	07/17/2023 - 07/17/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	CO-45	\$1,310.00	\$0.00
	07/17/2023 - 07/17/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$8,262.31 (AU)

<b>Patient Name:</b> HAYES, EARLIE	<b>Claim Number:</b> 0202327650531E70X00	<b>Claim Date:</b> 09/28/2023-09/28/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> GQS950332894	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$21,848.00
<b>Patient Ctrl Nmbr:</b> 0.3159561	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/03/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7365948235Z5	09/28/2023 - 09/28/2023				HC:51785 / 26,XU / 1	N830		\$2,799.00	OA-209	\$2,799.00	\$0.00
7365948235Z4	09/28/2023 - 09/28/2023				HC:51785 / 26 / 1	N830		\$2,799.00	OA-209	\$2,799.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
7365948235Z1	09/28/2023 - 09/28/2023				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7365948235Z2	09/28/2023 - 09/28/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7365948235Z3	09/28/2023 - 09/28/2023				HC:95955 / 26,XU / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7365948235Z6	09/28/2023 - 09/28/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7365948235Z7	09/28/2023 - 09/28/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7365948235Z8	09/28/2023 - 09/28/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

<b>Patient Name:</b> HORKY, RONALD	<b>Claim Number:</b> 0202326350C52350X00	<b>Claim Date:</b> 09/18/2023-09/18/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> YCS0A0320800	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$23,963.00
<b>Patient Ctrl Nmbr:</b> 0.3145421	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$1,723.83
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/20/2023	<b>Patient Resp:</b> \$22,239.17
<b>Original Ref Nmbr:</b>			

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
7309987100Z1	09/18/2023 - 09/18/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-45	\$4,922.48	\$597.52
7309987100Z2	09/18/2023 - 09/18/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,668.41	\$86.59
7309987100Z3	09/18/2023 - 09/18/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,039.10	\$67.90
7309987100Z4	09/18/2023 - 09/18/2023				HC:95908 / 26 / 1		\$437.00 (B6)	\$437.00	PR-45	\$336.18	\$100.82

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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Line Details											Results: 7
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
7309987100Z5	09/18/2023 - 09/18/2023				HC:95886 / 26 / 2		\$2,972.00 (B6)	\$2,972.00	PR-45	\$2,850.62	\$121.38
7309987100Z6	09/18/2023 - 09/18/2023				HC:95886 / 26,XU / 2		\$2,972.00 (B6)	\$2,972.00	PR-45	\$2,850.62	\$121.38
7309987100Z7	09/18/2023 - 09/18/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$6,571.76	\$628.24

Supplemental Information - AMT/Payer Codes: \$1,723.83 (AU)

<b>Patient Name:</b> HUSSEY, DANNY	<b>Claim Number:</b> 02023272503428N0X00	<b>Claim Date:</b> 08/03/2023-08/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> TJN863008256	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,010.00
<b>Patient Ctrl Nbr:</b> 0.3093495	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/29/2023	<b>Patient Resp:</b> \$19,010.00
<b>Original Ref Nbr:</b>			

Line Details											Results: 6
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
7354162607Z1	08/03/2023 - 08/03/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-1 PR-45	\$281.56 \$5,238.44	\$0.00
7354162607Z2	08/03/2023 - 08/03/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
7354162607Z3	08/03/2023 - 08/03/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$38.51 \$1,716.49	\$0.00
7354162607Z4	08/03/2023 - 08/03/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00
7354162607Z5	08/03/2023 - 08/03/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$63.79 \$1,550.21	\$0.00
7354162607Z6	08/03/2023 - 08/03/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$475.47 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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<b>Patient Name:</b> MCALOON, BRIAN	<b>Claim Number:</b> 0202327950A33540X00	<b>Claim Date:</b> 09/08/2023-09/08/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XJBH27327584	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$29,907.00
<b>Patient Ctrl Nmbr:</b> 0.3134977	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$532.63
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/06/2023	<b>Patient Resp:</b> \$29,374.37
<b>Original Ref Nmbr:</b>			

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
7375350801Z1	09/08/2023 - 09/08/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-45	\$5,238.44	\$281.56
7375350801Z2	09/08/2023 - 09/08/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,074.23	\$32.77
7375350801Z3	09/08/2023 - 09/08/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,716.49	\$38.51
7375350801Z4	09/08/2023 - 09/08/2023				HC:95908 / 26 / 1		\$437.00 (B6)	\$437.00	PR-45	\$389.25	\$47.75
7375350801Z5	09/08/2023 - 09/08/2023				HC:95886 / 26 / 2		\$5,944.00 (B6)	\$5,944.00	PR-45	\$5,877.98	\$66.02
7375350801Z6	09/08/2023 - 09/08/2023				HC:95886 / 26,XU / 2		\$5,944.00 (B6)	\$5,944.00	PR-45	\$5,877.98	\$66.02
7375350801Z7	09/08/2023 - 09/08/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$532.63 (AU)

<b>Patient Name:</b> MCDOWALL, GARY	<b>Claim Number:</b> 0202327654005380X00	<b>Claim Date:</b> 06/21/2023-06/21/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> WLA909878314	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$18,914.00
<b>Patient Ctrl Nmbr:</b> 0.3047193	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$2,715.72
<b>Rendering Prvd:</b> CARROLL, CRAIG G	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/15/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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Line Details											Results: 8
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
	06/21/2023 - 06/21/2023				HC:51785 / 26,XU / 1	N830	\$148.06 (B6)	\$2,799.00	CO-45	\$2,650.94	\$148.06
	06/21/2023 - 06/21/2023				HC:51785 / 26 / 1	N830	\$148.06 (B6)	\$2,799.00	CO-45	\$2,650.94	\$148.06
	06/21/2023 - 06/21/2023				HC:95941 // 1	N830	\$187.20 (B6)	\$3,537.00	CO-45	\$3,349.80	\$187.20
	06/21/2023 - 06/21/2023				HC:95822 / 26,XU / 1	N830	\$79.74 (B6)	\$2,436.00	CO-45	\$2,356.26	\$79.74
	06/21/2023 - 06/21/2023				HC:95938 / 26 / 1	N830	\$53.73 (B6)	\$2,943.00	CO-45	\$2,889.27	\$53.73
	06/21/2023 - 06/21/2023				HC:95861 / 26,XU / 1	N640		\$1,200.00	PI-222	\$1,200.00	\$0.00
	06/21/2023 - 06/21/2023				HC:95861 / 26,XU / 1	N830	\$98.93 (B6)	\$1,200.00	CO-45	\$1,101.07	\$98.93
	06/21/2023 - 06/21/2023				HC:95999 // 1		\$2,000.00 (B6)	\$2,000.00			\$2,000.00

Supplemental Information - AMT/Payer Codes: \$2,715.72 (AU)

<b>Patient Name:</b> ROSE, DANIEL	<b>Claim Number:</b> 020232435067Y160X00	<b>Claim Date:</b> 08/16/2023-08/16/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> SRA3HZN66385	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$30,144.00
<b>Patient Ctrl Nbr:</b> 0.3108165	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$12,072.43
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/31/2023	<b>Patient Resp:</b> \$10,871.57
<b>Original Ref Nbr:</b>			

Line Details											Results: 7
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
7237764228Z1	08/16/2023 - 08/16/2023				HC:95941 // 4		\$11,040.00 (B6)	\$11,040.00	PR-1 PR-2 PR-45	\$700.00 \$255.18 \$9,319.27	\$765.55



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
7237764228Z2	08/16/2023 - 08/16/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-45	\$191.32	\$3,622.68
7237764228Z3	08/16/2023 - 08/16/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$88.03	\$1,666.97
7237764228Z4	08/16/2023 - 08/16/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$155.85	\$2,951.15
7237764228Z5	08/16/2023 - 08/16/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$80.96	\$1,533.04
7237764228Z6	08/16/2023 - 08/16/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$80.96	\$1,533.04
7237764228Z7	08/16/2023 - 08/16/2023				HC:95999 // 4	N350		\$7,200.00	PI-252	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$13,027.61 (AU)

<b>Patient Name:</b> SMITH, ROBERT	<b>Claim Number:</b> 0202327150U94710X00	<b>Claim Date:</b> 07/20/2023-07/20/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PPA848173324	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$31,868.00
<b>Patient Ctrl Nmbr:</b> 0.3079091	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$31,868.00
<b>Original Ref Nmbr:</b>			

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
7348738772Z1	07/20/2023 - 07/20/2023				HC:95941 // 4		\$11,040.00 (B6)	\$11,040.00	PR-1 PR-45	\$148.32 \$10,891.68	\$0.00
7348738772Z2	07/20/2023 - 07/20/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-45	\$85.67 \$3,728.33	\$0.00
7348738772Z3	07/20/2023 - 07/20/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
7348738772Z4	07/20/2023 - 07/20/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$38.51 \$1,716.49	\$0.00
7348738772Z5	07/20/2023 - 07/20/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$45.01 \$1,264.99	\$0.00
7348738772Z6	07/20/2023 - 07/20/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$48.92 \$1,261.08	\$0.00
7348738772Z7	07/20/2023 - 07/20/2023				HC:95870 / 26,XU / 2		\$1,166.00 (B6)	\$1,166.00	PR-1 PR-45	\$22.60 \$1,143.40	\$0.00
7348738772Z8	07/20/2023 - 07/20/2023				HC:95870 / 26,XU / 2		\$1,166.00 (B6)	\$1,166.00	PR-1 PR-45	\$22.60 \$1,143.40	\$0.00
7348738772Z9	07/20/2023 - 07/20/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$444.40 (AU)

<b>Patient Name:</b> SMITH, TONY	<b>Claim Number:</b> 02023214504190C0X00	<b>Claim Date:</b> 06/30/2023-06/30/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> NAI834825902	<b>Group / Policy:</b> 0000801890001	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$24,530.00
<b>Patient Ctrl Nmbr:</b> 0.3058300	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/02/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7142416096Z1	06/30/2023 - 06/30/2023				HC:95941 / / 4	M76		\$11,040.00	PI-16	\$11,040.00	\$0.00
7142416096Z2	06/30/2023 - 06/30/2023				HC:95822 / 26 / 1	M76		\$1,755.00	PI-16	\$1,755.00	\$0.00
7142416096Z3	06/30/2023 - 06/30/2023				HC:95938 / 26 / 1	M76		\$3,107.00	PI-16	\$3,107.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
7142416096Z4	06/30/2023 - 06/30/2023				HC:95861 / 26 / 1	M76		\$1,614.00	PI-16	\$1,614.00	\$0.00
7142416096Z5	06/30/2023 - 06/30/2023				HC:95861 / 26,XU / 1	M76		\$1,614.00	PI-16	\$1,614.00	\$0.00
7142416096Z6	06/30/2023 - 06/30/2023				HC:95999 // 1	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

<b>Patient Name:</b> STILL, TONYA	<b>Claim Number:</b> 0202327554000380X00	<b>Claim Date:</b> 09/12/2023-09/12/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> YFW749A76222	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$27,488.00
<b>Patient Ctrl Nmbr:</b> 0.3138892	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$596.01
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/18/2023	<b>Patient Resp:</b> \$7,200.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 11
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
	09/12/2023 - 09/12/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
	09/12/2023 - 09/12/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
	09/12/2023 - 09/12/2023				HC:95822 / 26 / 1	N830	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26
	09/12/2023 - 09/12/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	09/12/2023 - 09/12/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	09/12/2023 - 09/12/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	09/12/2023 - 09/12/2023				HC:95865 / 26 / 1	N830	\$59.65 (B6)	\$1,502.00	CO-45	\$1,442.35	\$59.65

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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Line Details										Results: 11	
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
	09/12/2023 - 09/12/2023				HC:95865 / 26,XU / 1	N830	\$64.33 (B6)	\$1,502.00	CO-45	\$1,437.67	\$64.33
	09/12/2023 - 09/12/2023				HC:95868 / 26,XU / 1	N640		\$1,310.00	PI-222	\$1,310.00	\$0.00
	09/12/2023 - 09/12/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	09/12/2023 - 09/12/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$596.01 (AU)

<b>Patient Name:</b> TRAXLER, WILLIAM	<b>Claim Number:</b> 0202315050080Z10X01	<b>Claim Date:</b> 04/26/2023-04/26/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> PDP132397203001	<b>Group / Policy:</b> 000ZGPP0W0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-21,630.00
<b>Patient Ctrl Nmbr:</b> 0.2981148	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/29/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202315050080Z10X00			

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
	04/26/2023 - 04/26/2023				HC:95941 // 2			\$-5,520.00	PR-1 PR-45	\$-281.56 \$-5,238.44	\$0.00
	04/26/2023 - 04/26/2023				HC:95822 / 26 / 1			\$-1,755.00	PR-1 PR-45	\$-41.26 \$-1,713.74	\$0.00
	04/26/2023 - 04/26/2023				HC:95938 / 26 / 1			\$-3,107.00	PR-1 PR-45	\$-32.77 \$-3,074.23	\$0.00
	04/26/2023 - 04/26/2023				HC:95861 / 26 / 1			\$-1,614.00	PR-1 PR-45	\$-58.84 \$-1,555.16	\$0.00
	04/26/2023 - 04/26/2023				HC:95861 / 26,XU / 1			\$-1,614.00	PR-1 PR-45	\$-63.79 \$-1,550.21	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
	04/26/2023 - 04/26/2023				HC:95868 / 26 / 1			\$-1,310.00	PR-1 PR-45	\$-45.01 \$-1,264.99	\$0.00
	04/26/2023 - 04/26/2023				HC:95868 / 26,XU / 1			\$-1,310.00	PR-1 PR-45	\$-48.92 \$-1,261.08	\$0.00
	04/26/2023 - 04/26/2023				HC:95999 // 1	N130		\$-5,400.00	PR-96	\$-5,400.00	\$0.00

<b>Patient Name:</b> TRAXLER, WILLIAM	<b>Claim Number:</b> 0202315050080Z10X02	<b>Claim Date:</b> 04/26/2023-04/26/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PDP132397203001	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$21,630.00
<b>Patient Ctrl Nmbr:</b> 0.2981148	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/04/2023	<b>Patient Resp:</b> \$21,630.00
<b>Original Ref Nmbr:</b> 0202315050080Z10X01			

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
	04/26/2023 - 04/26/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-1 PR-45	\$281.56 \$5,238.44	\$0.00
	04/26/2023 - 04/26/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$41.26 \$1,713.74	\$0.00
	04/26/2023 - 04/26/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
	04/26/2023 - 04/26/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00
	04/26/2023 - 04/26/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$63.79 \$1,550.21	\$0.00
	04/26/2023 - 04/26/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$45.01 \$1,264.99	\$0.00
	04/26/2023 - 04/26/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$48.92 \$1,261.08	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
	04/26/2023 - 04/26/2023				HC:95999 // 1	N130	\$5,400.00 (B6)	\$5,400.00	PR-96	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$572.15 (AU)

<b>Patient Name:</b> TYLER JR, EARNEST	<b>Claim Number:</b> 02023272509784L0X00	<b>Claim Date:</b> 07/31/2023-07/31/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> LWE833501814	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$20,884.00
<b>Patient Ctrl Nmbr:</b> 0.3089774	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$514.29
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/29/2023	<b>Patient Resp:</b> \$3,600.00
<b>Original Ref Nmbr:</b>			

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
7353875709Z1	07/31/2023 - 07/31/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
7353875709Z2	07/31/2023 - 07/31/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
7353875709Z3	07/31/2023 - 07/31/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7353875709Z4	07/31/2023 - 07/31/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
7353875709Z5	07/31/2023 - 07/31/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
7353875709Z6	07/31/2023 - 07/31/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
7353875709Z7	07/31/2023 - 07/31/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
7353875709Z8	07/31/2023 - 07/31/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
7353875709Z9	07/31/2023 - 07/31/2023				HC:95999 // 2		\$3,600.00 (B6)	\$3,600.00	PR-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$514.29 (AU)

<b>Patient Name:</b> WEST, SHERI	<b>Claim Number:</b> 0202327050663F90X00	<b>Claim Date:</b> 09/26/2023-09/26/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XYQ894584123	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$24,621.00
<b>Patient Ctrl Nmbr:</b> 0.3155085	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/27/2023	<b>Patient Resp:</b> \$24,621.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 5
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
7344495826Z1	09/26/2023 - 09/26/2023				HC:95941 // 4		\$11,040.00 (B6)	\$11,040.00	PR-1 PR-45	\$563.12 \$10,476.88	\$0.00
7344495826Z2	09/26/2023 - 09/26/2023				HC:95908 / 26 / 1		\$437.00 (B6)	\$437.00	PR-1 PR-45	\$47.75 \$389.25	\$0.00
7344495826Z3	09/26/2023 - 09/26/2023				HC:95886 / 26 / 2		\$2,972.00 (B6)	\$2,972.00	PR-1 PR-45	\$66.02 \$2,905.98	\$0.00
7344495826Z4	09/26/2023 - 09/26/2023				HC:95886 / 26,XU / 2		\$2,972.00 (B6)	\$2,972.00	PR-1 PR-45	\$66.02 \$2,905.98	\$0.00
7344495826Z5	09/26/2023 - 09/26/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$742.91 (AU)

<b>Patient Name:</b> WYRICK, DAVID	<b>Claim Number:</b> 0202324854007830X00	<b>Claim Date:</b> 05/04/2023-05/04/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XPA999M55702	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$16,250.00
<b>Patient Ctrl Nmbr:</b> 0.2990263	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$233.76
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/01/2023	<b>Patient Resp:</b> \$10,616.24
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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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
	05/04/2023 - 05/04/2023				HC:95941 // 1	N362	\$2,760.00 (B6)	\$2,760.00	PR-2 PR-119	\$37.44 \$2,488.80	\$233.76
	05/04/2023 - 05/04/2023				HC:95822 / 26 / 1	N362	\$1,755.00 (B6)	\$1,755.00	PR-2 PR-119	\$15.94 \$1,739.06	\$0.00
	05/04/2023 - 05/04/2023				HC:95938 / 26 / 1	N362	\$3,107.00 (B6)	\$3,107.00	PR-2 PR-119	\$10.74 \$3,096.26	\$0.00
	05/04/2023 - 05/04/2023				HC:95861 / 26 / 1	N362	\$1,614.00 (B6)	\$1,614.00	PR-2 PR-119	\$19.78 \$1,594.22	\$0.00
	05/04/2023 - 05/04/2023				HC:95861 / 26,XU / 1	N362	\$1,614.00 (B6)	\$1,614.00	PR-2 PR-119	\$19.78 \$1,594.22	\$0.00
	05/04/2023 - 05/04/2023				HC:95999 // 3	M127		\$5,400.00	CO-252	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$337.44 (AU)

#### Code Descriptions

##### REMARK CODE(S):

M127=Missing patient medical record for this service.

M76=Missing/incomplete/invalid diagnosis or condition.

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

N122=Add-on code cannot be billed by itself.

N130=Consult plan benefit documents/guidelines for information about restrictions for this service.

N350=Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted/By Report procedure.

N362=The number of Days or Units of Service exceeds our acceptable maximum.

N394=Incomplete/invalid progress notes/report.

N584=Not covered based on the insured's noncompliance with policy or statutory conditions.

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).



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23283E08130010	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$53,126.30
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**AMT CODE(S):**

B6=Allowed - Actual  
AU=Coverage Amount

**GROUP CODE(S):**

CO=Contractual Obligations  
PR=Patient Responsibility  
PI=Payor Initiated Reductions  
OA=Other Adjustments

**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)  
234=This procedure is not paid separately. 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.)

1=Deductible Amount

2=Coinsurance Amount

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)

272=Coverage/program guidelines were not met.

A1=Claim/Service denied. 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.) Usage: Use this code only when a more specific Claim Adjustment Reason Code is not available.

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.

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.

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).

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

96=Non-covered charge(s). 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.)

Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

119=Benefit maximum for this time period or occurrence has been reached.

**CLAIM STATUS CODE(S):**

22=Reversal of Previous Payment

1=Processed as Primary