

Check Summary

Transaction Date: October 20, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23293N36852200 Payment Amount: 0.00 Check/EFT Date: 10/20/2023 Production End Cycle Date: 10/20/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: KING, LISA

Claim Number: 020232705058Q290X00

Claim Date: 07/10/2023-07/10/2023 Claim Status Code: 1

Patient ID: T3X849650870	Group / Policy: 0004850000001	Facility Type: 22	Claim Charge: \$14,450.00
Patient Ctrl Nmbr: 0.3066816	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/27/2023	Patient Resp: \$426.00
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
7343412354Z1	07/10/2023 - 07/10/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	PR-1 CO-45	\$140.78 \$2,619.22	\$0.00
7343412354Z2	07/10/2023 - 07/10/2023				HC:95822 / 26 / 1	N830	\$68.76 (B6)	\$1,755.00	PR-1 CO-45	\$68.76 \$1,686.24	\$0.00
7343412354Z3	07/10/2023 - 07/10/2023				HC:95938 / 26 / 1	N830	\$54.61 (B6)	\$3,107.00	PR-1 CO-45	\$54.61 \$3,052.39	\$0.00
7343412354Z4	07/10/2023 - 07/10/2023				HC:95861 / 26 / 1	N830	\$98.06 (B6)	\$1,614.00	PR-1 CO-45	\$98.06 \$1,515.94	\$0.00
7343412354Z5	07/10/2023 - 07/10/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00
7343412354Z6	07/10/2023 - 07/10/2023				HC:95999 // 1	N830		\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$426.00 (AU)

Code Descriptions

REMARK CODE(S):

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293N36852200	Check/EFT Date: 10/20/2023	Total Paid: \$0.00
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REMARK CODE(S):

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):

1=Processed as Primary