

Check Summary

Transaction Date: October 17, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23286E09206640 Payment Amount: 17,970.04 Check/EFT Date: 10/17/2023 Production End Cycle Date: 10/13/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: BARTOLOME, GLORIA

Claim Number: 0202325750N34950X00

Claim Date: 06/12/2023-06/12/2023 Claim Status Code: 1

Patient ID: JID1288754AB

Group / Policy: 000ZGPPOX0000

Facility Type: 21

Claim Charge: \$23,963.00

Patient Ctrl Nmbr: 0.3036604

Contract Hdr: PREFERRED PROVIDER
ORGANIZATION

Claim Frequency: 1

Claim Payment: \$0.00

Rendering Prvd: THOMAS, GEORGE P

Rendering Prv ID:

Claim Received Date: 09/14/2023

Patient Resp: \$0.00

Original Ref Nmbr:

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
7283711193Z1	06/12/2023 - 06/12/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7283711193Z2	06/12/2023 - 06/12/2023				HC:95822 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7283711193Z3	06/12/2023 - 06/12/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7283711193Z4	06/12/2023 - 06/12/2023				HC:95908 / 26 / 1	N830		\$437.00	OA-209	\$437.00	\$0.00
7283711193Z5	06/12/2023 - 06/12/2023				HC:95886 / 26 / 2	N830		\$2,972.00	OA-209	\$2,972.00	\$0.00
7283711193Z6	06/12/2023 - 06/12/2023				HC:95886 / 26,XU / 2	N830		\$2,972.00	OA-209	\$2,972.00	\$0.00
7283711193Z7	06/12/2023 - 06/12/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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Patient Name: BIRD JR, DAVID	Claim Number: 0202327550748U60X00	Claim Date: 09/27/2023-09/27/2023	Claim Status Code: 1
Patient ID: VYG834339540	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$53,406.00
Patient Ctrl Nmbr: 0.3156580	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$657.82
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp: \$52,748.18
Original Ref Nmbr:			

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
7360782931Z1	09/27/2023 - 09/27/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-45	\$5,238.44	\$281.56
7360782931Z2	09/27/2023 - 09/27/2023				HC:95939 / 26 / 1		\$10,303.00 (B6)	\$10,303.00	PR-45	\$10,217.33	\$85.67
7360782931Z3	09/27/2023 - 09/27/2023				HC:95822 / 26 / 1		\$6,979.00 (B6)	\$6,979.00	PR-45	\$6,937.74	\$41.26
7360782931Z4	09/27/2023 - 09/27/2023				HC:95938 / 26 / 1		\$7,270.00 (B6)	\$7,270.00	PR-45	\$7,237.23	\$32.77
7360782931Z5	09/27/2023 - 09/27/2023				HC:95861 / 26 / 1		\$4,753.00 (B6)	\$4,753.00	PR-45	\$4,694.16	\$58.84
7360782931Z6	09/27/2023 - 09/27/2023				HC:95861 / 26,XU / 1		\$4,753.00 (B6)	\$4,753.00	PR-45	\$4,689.21	\$63.79
7360782931Z7	09/27/2023 - 09/27/2023				HC:95868 / 26 / 1		\$4,214.00 (B6)	\$4,214.00	PR-45	\$4,168.99	\$45.01
7360782931Z8	09/27/2023 - 09/27/2023				HC:95868 / 26,XU / 1		\$4,214.00 (B6)	\$4,214.00	PR-45	\$4,165.08	\$48.92
7360782931Z9	09/27/2023 - 09/27/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$657.82 (AU)

Patient Name: BROOKS, BARRY R	Claim Number: 02022293505934Q0X01	Claim Date: 05/18/2022-05/18/2022	Claim Status Code: 22
Patient ID: PDB823400282	Group / Policy: 0001164430001	Facility Type: 21	Claim Charge: \$-19,521.00
Patient Ctrl Nmbr: 0.2573664	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 05/22/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02022293505934Q0X00			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
	05/18/2022 - 05/18/2022				HC:95941 // 1	M127		\$-2,760.00	CO-252	\$-2,760.00	\$0.00
	05/18/2022 - 05/18/2022				HC:95822 / 26 / 1	M127		\$-1,755.00	CO-252	\$-1,755.00	\$0.00
	05/18/2022 - 05/18/2022				HC:95938 / 26 / 1	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00
	05/18/2022 - 05/18/2022				HC:95886 / 26 / 2	M127		\$-2,972.00	CO-252	\$-2,972.00	\$0.00
	05/18/2022 - 05/18/2022				HC:95886 / 26,XU / 2	M127		\$-2,972.00	CO-252	\$-2,972.00	\$0.00
	05/18/2022 - 05/18/2022				HC:95909 / 26 / 1	M127		\$-555.00	CO-252	\$-555.00	\$0.00
	05/18/2022 - 05/18/2022				HC:95999 // 3	M127		\$-5,400.00	CO-252	\$-5,400.00	\$0.00

Patient Name: BROOKS, BARRY R	Claim Number: 02022293505934Q0X02	Claim Date: 05/18/2022-05/18/2022	Claim Status Code: 1
Patient ID: PDB823400282	Group / Policy: 0001164430001	Facility Type: 21	Claim Charge: \$19,521.00
Patient Ctrl Nmbr: 0.2573664	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp: \$19,521.00
Original Ref Nmbr: 02022293505934Q0X01			

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
	05/18/2022 - 05/18/2022				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-45	\$2,760.00	\$0.00
	05/18/2022 - 05/18/2022				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,755.00	\$0.00
	05/18/2022 - 05/18/2022				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,107.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
	05/18/2022 - 05/18/2022				HC:95886 / 26 / 2		\$2,972.00 (B6)	\$2,972.00	PR-45	\$2,972.00	\$0.00
	05/18/2022 - 05/18/2022				HC:95886 / 26,XU / 2		\$2,972.00 (B6)	\$2,972.00	PR-45	\$2,972.00	\$0.00
	05/18/2022 - 05/18/2022				HC:95909 / 26 / 1		\$555.00 (B6)	\$555.00	PR-45	\$555.00	\$0.00
	05/18/2022 - 05/18/2022				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Patient Name: FLEMING, JOHN	Claim Number: 0202325750U83110X00	Claim Date: 08/31/2023-08/31/2023	Claim Status Code: 1
Patient ID: CCV732A21873	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$14,450.00
Patient Ctrl Nmbr: 0.3126599	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/14/2023	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
7284142322Z1	08/31/2023 - 08/31/2023				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7284142322Z2	08/31/2023 - 08/31/2023				HC:95822 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7284142322Z3	08/31/2023 - 08/31/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7284142322Z4	08/31/2023 - 08/31/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7284142322Z5	08/31/2023 - 08/31/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7284142322Z6	08/31/2023 - 08/31/2023				HC:95999 // 2	N830		\$3,600.00	OA-209	\$3,600.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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Patient Name: GARDNER, JENNIFER	Claim Number: 0202312954000200X00	Claim Date: 02/01/2023-02/01/2023	Claim Status Code: 22
Patient ID: FIZ984253775785	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$-9,364.00
Patient Ctrl Nbr: 0.2880753	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-187.40
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 04/10/2023	Patient Resp: \$0.00
Original Ref Nbr:			

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
	02/01/2023 - 02/01/2023				HC:95941 // 1	N830		\$-2,760.00	PR-2 CO-45	\$-37.44 \$-2,619.22	\$-103.34
	02/01/2023 - 02/01/2023				HC:95865 / 26 / 1	N830		\$-1,502.00	PR-2 CO-45	\$-19.96 \$-1,442.35	\$-39.69
	02/01/2023 - 02/01/2023				HC:95865 / 26,XU / 1	N830		\$-1,502.00	PR-2 CO-45	\$-19.96 \$-1,437.67	\$-44.37
	02/01/2023 - 02/01/2023				HC:95999 // 2			\$-3,600.00	CO-45	\$-3,600.00	\$0.00

Patient Name: GARDNER, JENNIFER	Claim Number: 0202312954000200X01	Claim Date: 02/01/2023-02/01/2023	Claim Status Code: 1
Patient ID: FIZ984253775785	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$9,364.00
Patient Ctrl Nbr: 0.2880753	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,962.64
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 09/01/2023	Patient Resp: \$0.00
Original Ref Nbr: 0202312954000200X00			

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
	02/01/2023 - 02/01/2023				HC:95941 // 1	MA44	\$1,877.56 (B6)	\$2,760.00	CO-45	\$882.44	\$1,877.56
	02/01/2023 - 02/01/2023				HC:95865 / 26 / 1	MA44	\$40.04 (B6)	\$1,502.00	CO-45	\$1,461.96	\$40.04
	02/01/2023 - 02/01/2023				HC:95865 / 26,XU / 1	MA44	\$45.04 (B6)	\$1,502.00	CO-45	\$1,456.96	\$45.04

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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Line Details											Results: 4
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
	02/01/2023 - 02/01/2023				HC:95999 // 2			\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$2,040.00 (AU)

Patient Name: HARRIS, SHEILA	Claim Number: 02023275501534W0X00	Claim Date: 09/28/2023-09/28/2023	Claim Status Code: 1
Patient ID: BEG825437823	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$64,299.00
Patient Ctrl Nmbr: 0.3159548	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp: \$64,299.00
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
7361886048Z1	09/28/2023 - 09/28/2023				HC:95941 // 4		\$11,040.00 (B6)	\$11,040.00	PR-1 PR-45	\$563.12 \$10,476.88	\$0.00
7361886048Z2	09/28/2023 - 09/28/2023				HC:95939 / 26 / 1		\$10,303.00 (B6)	\$10,303.00	PR-1 PR-45	\$85.67 \$10,217.33	\$0.00
7361886048Z3	09/28/2023 - 09/28/2023				HC:95822 / 26 / 1		\$6,979.00 (B6)	\$6,979.00	PR-1 PR-45	\$41.26 \$6,937.74	\$0.00
7361886048Z4	09/28/2023 - 09/28/2023				HC:95938 / 26 / 1		\$7,270.00 (B6)	\$7,270.00	PR-1 PR-45	\$32.77 \$7,237.23	\$0.00
7361886048Z5	09/28/2023 - 09/28/2023				HC:95910 / 26 / 1		\$1,295.00 (B6)	\$1,295.00	PR-1 PR-45	\$76.28 \$1,218.72	\$0.00
7361886048Z6	09/28/2023 - 09/28/2023				HC:95886 / 26 / 2		\$8,022.00 (B6)	\$8,022.00	PR-1 PR-45	\$66.02 \$7,955.98	\$0.00
7361886048Z7	09/28/2023 - 09/28/2023				HC:95886 / 26,XU / 2		\$8,022.00 (B6)	\$8,022.00	PR-1 PR-45	\$66.02 \$7,955.98	\$0.00
7361886048Z8	09/28/2023 - 09/28/2023				HC:95887 / 26 / 1		\$1,184.00 (B6)	\$1,184.00	PR-1 PR-45	\$27.02 \$1,156.98	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
7361886048Z9	09/28/2023 - 09/28/2023				HC:95887 / 26,XU / 1		\$1,184.00 (B6)	\$1,184.00	PR-1 PR-45	\$27.02 \$1,156.98	\$0.00
7361886048Z10	09/28/2023 - 09/28/2023				HC:95999 // 5		\$9,000.00 (B6)	\$9,000.00	PR-45	\$9,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$985.18 (AU)

Patient Name: HERRIN, REBECCA	Claim Number: 0202327950B50840X00	Claim Date: 09/12/2023-09/12/2023	Claim Status Code: 1
Patient ID: SBR111034437	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.3139834	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/06/2023	Patient Resp: \$24,484.00
Original Ref Nmbr:			

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
7376024876Z1	09/12/2023 - 09/12/2023				HC:95941 // 1	N661	\$2,760.00 (B6)	\$2,760.00	PR-50	\$2,760.00	\$0.00
7376024876Z2	09/12/2023 - 09/12/2023				HC:95939 / 26 / 1	N661	\$3,814.00 (B6)	\$3,814.00	PR-50	\$3,814.00	\$0.00
7376024876Z3	09/12/2023 - 09/12/2023				HC:95938 / 26 / 1	N661	\$3,107.00 (B6)	\$3,107.00	PR-50	\$3,107.00	\$0.00
7376024876Z4	09/12/2023 - 09/12/2023				HC:95955 / 26 / 1	N661	\$1,755.00 (B6)	\$1,755.00	PR-50	\$1,755.00	\$0.00
7376024876Z5	09/12/2023 - 09/12/2023				HC:95861 / 26 / 1	N661	\$1,614.00 (B6)	\$1,614.00	PR-50	\$1,614.00	\$0.00
7376024876Z6	09/12/2023 - 09/12/2023				HC:95861 / 26,XU / 1	N661	\$1,614.00 (B6)	\$1,614.00	PR-50	\$1,614.00	\$0.00
7376024876Z7	09/12/2023 - 09/12/2023				HC:95868 / 26 / 1	N661	\$1,310.00 (B6)	\$1,310.00	PR-50	\$1,310.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
7376024876Z8	09/12/2023 - 09/12/2023				HC:95868 / 26,XU / 1	N661	\$1,310.00 (B6)	\$1,310.00	PR-50	\$1,310.00	\$0.00
7376024876Z9	09/12/2023 - 09/12/2023				HC:95999 // 4	N661	\$7,200.00 (B6)	\$7,200.00	PR-50	\$7,200.00	\$0.00

Patient Name: JOHNSON, CASEY	Claim Number: 0202218650F23020X00	Claim Date: 04/06/2022-04/06/2022	Claim Status Code: 22
Patient ID: LLNAN6342610	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-35,588.00
Patient Ctrl Nmbr: 0.2523023	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-263.67
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 07/05/2022	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
639680348	04/06/2022 - 04/06/2022				HC:95939 / 59 / 1			\$-10,303.00	PR-1 PR-2 PR-45	\$-9.12 \$-41.66 \$-10,210.56	\$-41.66
639680349	04/06/2022 - 04/06/2022				HC:95938 / 59 / 1			\$-7,270.00	PR-2 PR-45	\$-17.84 \$-7,234.32	\$-17.84
639680350	04/06/2022 - 04/06/2022				HC:95955 / 59 / 1			\$-6,979.00	PR-2 PR-45	\$-20.95 \$-6,937.10	\$-20.95
639680351	04/06/2022 - 04/06/2022				HC:95861 / 59 / 1			\$-4,753.00	PR-2 PR-45	\$-31.89 \$-4,689.21	\$-31.90
639680352	04/06/2022 - 04/06/2022				HC:95927 / 59 / 1			\$-763.00	PR-2 PR-45	\$-10.54 \$-741.92	\$-10.54
639680353	04/06/2022 - 04/06/2022				HC:95941 // 2			\$-5,520.00	PR-2 PR-45	\$-140.78 \$-5,238.44	\$-140.78

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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Patient Name: JOHNSON, CASEY J	Claim Number: 0202218650F23020X01	Claim Date: 04/06/2022-04/06/2022	Claim Status Code: 1
Patient ID: LLNAN6342610	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$35,588.00
Patient Ctrl Nmbr: 0.2523023	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$268.23
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/12/2023	Patient Resp: \$35,319.77
Original Ref Nmbr: 0202218650F23020X00			

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
	04/06/2022 - 04/06/2022				HC:95939 / 59 / 1		\$10,303.00 (B6)	\$10,303.00	PR-2 \$46.22 PR-45 \$10,210.56		\$46.22
	04/06/2022 - 04/06/2022				HC:95938 / 59 / 1		\$7,270.00 (B6)	\$7,270.00	PR-2 \$17.84 PR-45 \$7,234.32		\$17.84
	04/06/2022 - 04/06/2022				HC:95955 / 59 / 1		\$6,979.00 (B6)	\$6,979.00	PR-2 \$20.95 PR-45 \$6,937.10		\$20.95
	04/06/2022 - 04/06/2022				HC:95861 / 59 / 1		\$4,753.00 (B6)	\$4,753.00	PR-2 \$31.89 PR-45 \$4,689.21		\$31.90
	04/06/2022 - 04/06/2022				HC:95927 / 59 / 1		\$763.00 (B6)	\$763.00	PR-2 \$10.54 PR-45 \$741.92		\$10.54
	04/06/2022 - 04/06/2022				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-2 \$140.78 PR-45 \$5,238.44		\$140.78

Supplemental Information - AMT/Payer Codes: \$536.45 (AU)

Patient Name: KOLETAR, ASHLEY	Claim Number: 0202321354000480X00	Claim Date: 07/11/2023-07/11/2023	Claim Status Code: 1
Patient ID: BZZ10345346600	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$9,999.00
Patient Ctrl Nmbr: 0.3067888	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: IBRAHIM, BADRELDIN A	Rendering Prv ID:	Claim Received Date: 07/21/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
	07/11/2023 - 07/11/2023				HC:95941 // 1	N702		\$2,760.00	OA-18	\$2,760.00	\$0.00
	07/11/2023 - 07/11/2023				HC:95938 / 26 / 1	N702		\$3,107.00	OA-18	\$3,107.00	\$0.00
	07/11/2023 - 07/11/2023				HC:95870 / 26 / 2	N702		\$1,166.00	OA-18	\$1,166.00	\$0.00
	07/11/2023 - 07/11/2023				HC:95870 / 26,XU / 2	N702		\$1,166.00	OA-18	\$1,166.00	\$0.00
	07/11/2023 - 07/11/2023				HC:95999 // 1	N702		\$1,800.00	OA-18	\$1,800.00	\$0.00

Patient Name: KORTH, BRENDA	Claim Number: 0202327650203E60X00	Claim Date: 09/11/2023-09/11/2023	Claim Status Code: 1
Patient ID: ZYXW00874142	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$32,667.00
Patient Ctrl Nmbr: 0.3137219	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$673.41
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/03/2023	Patient Resp: \$31,993.59
Original Ref Nmbr:			

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
7366663716Z1	09/11/2023 - 09/11/2023				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-45	\$7,857.66	\$422.34
7366663716Z2	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,074.23	\$32.77
7366663716Z3	09/11/2023 - 09/11/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,716.49	\$38.51
7366663716Z4	09/11/2023 - 09/11/2023				HC:95908 / 26 / 1		\$437.00 (B6)	\$437.00	PR-45	\$389.25	\$47.75
7366663716Z5	09/11/2023 - 09/11/2023				HC:95886 / 26 / 2		\$5,944.00 (B6)	\$5,944.00	PR-45	\$5,877.98	\$66.02

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
7366663716Z6	09/11/2023 - 09/11/2023				HC:95886 / 26,XU / 2		\$5,944.00 (B6)	\$5,944.00	PR-45	\$5,877.98	\$66.02
7366663716Z7	09/11/2023 - 09/11/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$673.41 (AU)

Patient Name: LANNING, LARRY	Claim Number: 0202326350C52990X00	Claim Date: 09/18/2023-09/18/2023	Claim Status Code: 1
Patient ID: CHB967437773	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.3144681	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/20/2023	Patient Resp: \$24,484.00
Original Ref Nmbr:			

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
7309947384Z1	09/18/2023 - 09/18/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-272	\$2,760.00	\$0.00
7309947384Z2	09/18/2023 - 09/18/2023				HC:95939 / 26 / 1	N130	\$3,814.00 (B6)	\$3,814.00	PR-96	\$3,814.00	\$0.00
7309947384Z3	09/18/2023 - 09/18/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$87.53 \$1,667.47	\$0.00
7309947384Z4	09/18/2023 - 09/18/2023				HC:95938 / 26 / 1	N130	\$3,107.00 (B6)	\$3,107.00	PR-96	\$3,107.00	\$0.00
7309947384Z5	09/18/2023 - 09/18/2023				HC:95861 / 26 / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
7309947384Z6	09/18/2023 - 09/18/2023				HC:95861 / 26,XU / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
7309947384Z7	09/18/2023 - 09/18/2023				HC:95868 / 26 / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
7309947384Z8	09/18/2023 - 09/18/2023				HC:95868 / 26,XU / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
7309947384Z9	09/18/2023 - 09/18/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-1 PR-45	\$193.26 \$7,006.74	\$0.00

Supplemental Information - AMT/Payer Codes: \$280.79 (AU)

Patient Name: LEONARD, CHRISTINA	Claim Number: 02023205502173S0X00	Claim Date: 03/18/2022-03/18/2022	Claim Status Code: 22
Patient ID: TYGT00317800	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-21,864.00
Patient Ctrl Nmbr: 0.2501401	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 07/24/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7109441781Z1	03/18/2022 - 03/18/2022				HC:95941 // 1	M127		\$-2,760.00	CO-252	\$-2,760.00	\$0.00
7109441781Z2	03/18/2022 - 03/18/2022				HC:95939 / 26 / 1	M127		\$-3,814.00	CO-252	\$-3,814.00	\$0.00
7109441781Z3	03/18/2022 - 03/18/2022				HC:95822 / 26 / 1	M127		\$-1,755.00	CO-252	\$-1,755.00	\$0.00
7109441781Z4	03/18/2022 - 03/18/2022				HC:95938 / 26 / 1	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00
7109441781Z5	03/18/2022 - 03/18/2022				HC:95861 / 26 / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
7109441781Z6	03/18/2022 - 03/18/2022				HC:95861 / 26,XU / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
7109441781Z7	03/18/2022 - 03/18/2022				HC:95999 // 4	M127		\$-7,200.00	CO-252	\$-7,200.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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Patient Name: LEONARD, CHRISTINA	Claim Number: 02023205502173S0X01	Claim Date: 03/18/2022-03/18/2022	Claim Status Code: 1
Patient ID: TYGT0031780000	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$21,864.00
Patient Ctrl Nmbr: 0.2501401	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$428.28
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 07/27/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02023205502173S0X00			

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
	03/18/2022 - 03/18/2022				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
	03/18/2022 - 03/18/2022				HC:95939 / 26 / 1	N830	\$87.68 (B6)	\$3,814.00	CO-45	\$3,726.32	\$87.68
	03/18/2022 - 03/18/2022				HC:95822 / 26 / 1	N830	\$42.17 (B6)	\$1,755.00	CO-45	\$1,712.83	\$42.17
	03/18/2022 - 03/18/2022				HC:95938 / 26 / 1	N830	\$33.59 (B6)	\$3,107.00	CO-45	\$3,073.41	\$33.59
	03/18/2022 - 03/18/2022				HC:95861 / 26 / 1	N830	\$60.27 (B6)	\$1,614.00	CO-45	\$1,553.73	\$60.27
	03/18/2022 - 03/18/2022				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	03/18/2022 - 03/18/2022				HC:95999 // 1			\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$428.28 (AU)

Patient Name: LONG, LINDA	Claim Number: 0202318654006880X00	Claim Date: 03/23/2023-03/23/2023	Claim Status Code: 22
Patient ID: YND203349355	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-27,654.00
Patient Ctrl Nmbr: 0.2939300	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 05/25/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
	03/23/2023 - 03/23/2023				HC:95941 // 3	M127		\$-8,280.00	CO-252	\$-8,280.00	\$0.00
	03/23/2023 - 03/23/2023				HC:95939 / 26 / 1	M127		\$-3,814.00	CO-252	\$-3,814.00	\$0.00
	03/23/2023 - 03/23/2023				HC:95822 / 26 / 1	M127		\$-1,755.00	CO-252	\$-1,755.00	\$0.00
	03/23/2023 - 03/23/2023				HC:95938 / 26 / 1	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00
	03/23/2023 - 03/23/2023				HC:95870 / 26 / 3	M127		\$-1,749.00	CO-252	\$-1,749.00	\$0.00
	03/23/2023 - 03/23/2023				HC:95870 / 26,XU / 3	M127		\$-1,749.00	CO-252	\$-1,749.00	\$0.00
	03/23/2023 - 03/23/2023				HC:95999 // 4	M127		\$-7,200.00	CO-252	\$-7,200.00	\$0.00

Patient Name: LONG, LINDA	Claim Number: 0202318654006880X01	Claim Date: 03/23/2023-03/23/2023	Claim Status Code: 1
Patient ID: YND203349355	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$27,654.00
Patient Ctrl Nmbr: 0.2939300	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$670.67
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202318654006880X00			

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
	03/23/2023 - 03/23/2023				HC:95941 / / 3	N830	\$422.34 (B6)	\$8,280.00	CO-45	\$7,857.66	\$422.34
	03/23/2023 - 03/23/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
	03/23/2023 - 03/23/2023				HC:95822 / 26 / 1	N830	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
	03/23/2023 - 03/23/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	03/23/2023 - 03/23/2023				HC:95870 / 26 / 3	N830	\$42.41 (B6)	\$1,749.00	CO-45	\$1,706.59	\$42.41
	03/23/2023 - 03/23/2023				HC:95870 / 26,XU / 3	N830	\$46.22 (B6)	\$1,749.00	CO-45	\$1,702.78	\$46.22
	03/23/2023 - 03/23/2023				HC:95999 / / 1	N830		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$670.67 (AU)

Patient Name: LOPEZ BALLESTERO, RUBEN		Claim Number: 020232765055H020X00		Claim Date: 09/28/2023-09/28/2023		Claim Status Code: 1	
Patient ID: AQT603448989		Group / Policy: 000ZGPPOX0000		Facility Type: 22		Claim Charge: \$57,966.00	
Patient Ctrl Nmbr: 0.3158974		Contract Hdr: PREFERRED PROVIDER ORGANIZATION		Claim Frequency: 1		Claim Payment: \$0.00	
Rendering Prvd: MCAULIFFE, MATTHEW B		Rendering Prv ID:		Claim Received Date: 10/03/2023		Patient Resp: \$57,966.00	
Original Ref Nmbr:							

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
7365281160Z1	09/28/2023 - 09/28/2023				HC:95941 / / 3	N686	\$8,280.00 (B6)	\$8,280.00	PR-227	\$8,280.00	\$0.00
7365281160Z2	09/28/2023 - 09/28/2023				HC:95939 / 26 / 1	N686	\$10,303.00 (B6)	\$10,303.00	PR-227	\$10,303.00	\$0.00
7365281160Z3	09/28/2023 - 09/28/2023				HC:95938 / 26 / 1	N686	\$7,270.00 (B6)	\$7,270.00	PR-227	\$7,270.00	\$0.00
7365281160Z4	09/28/2023 - 09/28/2023				HC:95955 / 26 / 1	N686	\$6,979.00 (B6)	\$6,979.00	PR-227	\$6,979.00	\$0.00
7365281160Z5	09/28/2023 - 09/28/2023				HC:95861 / 26 / 1	N686	\$4,753.00 (B6)	\$4,753.00	PR-227	\$4,753.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
7365281160Z6	09/28/2023 - 09/28/2023				HC:95861 / 26,XU / 1	N686	\$4,753.00 (B6)	\$4,753.00	PR-227	\$4,753.00	\$0.00
7365281160Z7	09/28/2023 - 09/28/2023				HC:95868 / 26 / 1	N686	\$4,214.00 (B6)	\$4,214.00	PR-227	\$4,214.00	\$0.00
7365281160Z8	09/28/2023 - 09/28/2023				HC:95868 / 26,XU / 1	N686	\$4,214.00 (B6)	\$4,214.00	PR-227	\$4,214.00	\$0.00
7365281160Z9	09/28/2023 - 09/28/2023				HC:95999 // 4	N686	\$7,200.00 (B6)	\$7,200.00	PR-227	\$7,200.00	\$0.00

Patient Name: MILLER, LINDSAY	Claim Number: 02023060507N7430X00	Claim Date: 11/28/2022-11/28/2022	Claim Status Code: 22
Patient ID: E3Y2039840AB	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-19,596.00
Patient Ctrl Nmbr: 0.2803537	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 03/01/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
6657125480Z1	11/28/2022 - 11/28/2022				HC:95941 // 2	N702		\$-5,520.00	OA-18	\$-5,520.00	\$0.00
6657125480Z2	11/28/2022 - 11/28/2022				HC:95939 / 26 / 1	N702		\$-3,814.00	OA-18	\$-3,814.00	\$0.00
6657125480Z3	11/28/2022 - 11/28/2022				HC:95822 / 26 / 1	N702		\$-1,755.00	OA-18	\$-1,755.00	\$0.00
6657125480Z4	11/28/2022 - 11/28/2022				HC:95938 / 26 / 1	N702		\$-3,107.00	OA-18	\$-3,107.00	\$0.00
6657125480Z5	11/28/2022 - 11/28/2022				HC:95999 // 3	N702		\$-5,400.00	OA-18	\$-5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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Patient Name: MILLER, LINDSAY	Claim Number: 02023060507N7430X01	Claim Date: 11/28/2022-11/28/2022	Claim Status Code: 1
Patient ID: E3Y2039840AB	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$19,596.00
Patient Ctrl Nmbr: 0.2803537	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02023060507N7430X00			

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
	11/28/2022 - 11/28/2022				HC:95941 // 2	N702		\$5,520.00	OA-18	\$5,520.00	\$0.00
	11/28/2022 - 11/28/2022				HC:95939 / 26 / 1	N702		\$3,814.00	OA-18	\$3,814.00	\$0.00
	11/28/2022 - 11/28/2022				HC:95822 / 26 / 1	N702		\$1,755.00	OA-18	\$1,755.00	\$0.00
	11/28/2022 - 11/28/2022				HC:95938 / 26 / 1	N702		\$3,107.00	OA-18	\$3,107.00	\$0.00
	11/28/2022 - 11/28/2022				HC:95999 // 1	N702		\$5,400.00	OA-18	\$5,400.00	\$0.00

Patient Name: PELLETTIERE, JORDAN	Claim Number: 0202219950F79460X00	Claim Date: 01/17/2022-01/17/2022	Claim Status Code: 22
Patient ID: CDQ121402162	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$-49,167.00
Patient Ctrl Nmbr: 0.2432601	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-1,156.82
Rendering Prvd: MOCHIZUKI, KEVIN S	Rendering Prv ID:	Claim Received Date: 07/18/2022	Patient Resp: \$0.00
Original Ref Nmbr:			

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
643332043	01/17/2022 - 01/17/2022				HC:95939 / 59 / 1			\$-10,303.00	PR-2 PR-45	\$-226.78 \$-9,655.07	\$-421.15
643332044	01/17/2022 - 01/17/2022				HC:95938 / 59 / 1			\$-7,270.00	PR-2 PR-45	\$-149.77 \$-6,842.10	\$-278.13

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
643332045	01/17/2022 - 01/17/2022				HC:95955 / 59 / 1			\$-6,979.00	PR-2 PR-45	\$-84.65 \$-6,737.15	\$-157.20
643332046	01/17/2022 - 01/17/2022				HC:95870 / 59 / 2	M127		\$-9,640.00	PR-2 PI-252	\$-35.76 \$-9,537.84	\$-66.40
643332047	01/17/2022 - 01/17/2022				HC:95865 / 59 / 1			\$-8,692.00	PR-2 PR-45	\$-63.89 \$-8,509.45	\$-118.66
643332048	01/17/2022 - 01/17/2022				HC:95927 / 59 / 1			\$-763.00	PR-2 PR-45	\$-62.08 \$-585.64	\$-115.28
643332049	01/17/2022 - 01/17/2022				HC:95941 // 2	N661		\$-5,520.00	PR-50	\$-5,520.00	\$0.00

Patient Name: PELLETTIERE, JORDAN		Claim Number: 0202219950F79460X01		Claim Date: 01/17/2022-01/17/2022		Claim Status Code: 1	
Patient ID: CDQ121402162001		Group / Policy: 000ZGPPOW0000		Facility Type: 22		Claim Charge: \$49,167.00	
Patient Ctrl Nmbr: 0.2432601		Contract Hdr: PREFERRED PROVIDER ORGANIZATION		Claim Frequency:		Claim Payment: \$1,156.82	
Rendering Prvd: MOCHIZUKI, KEVIN S		Rendering Prv ID:		Claim Received Date: 03/28/2023		Patient Resp: \$48,010.18	
Original Ref Nmbr: 0202219950F79460X00							

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
	01/17/2022 - 01/17/2022				HC:95939 / 59 / 1		\$10,303.00 (B6)	\$10,303.00	PR-2 PR-45	\$226.78 \$9,655.07	\$421.15
	01/17/2022 - 01/17/2022				HC:95938 / 59 / 1		\$7,270.00 (B6)	\$7,270.00	PR-2 PR-45	\$149.77 \$6,842.10	\$278.13
	01/17/2022 - 01/17/2022				HC:95955 / 59 / 1		\$6,979.00 (B6)	\$6,979.00	PR-2 PR-45	\$84.65 \$6,737.15	\$157.20
	01/17/2022 - 01/17/2022				HC:95870 / 59 / 2		\$9,640.00 (B6)	\$9,640.00	PR-2 PR-45	\$35.76 \$9,537.84	\$66.40
	01/17/2022 - 01/17/2022				HC:95865 / 59 / 1		\$8,692.00 (B6)	\$8,692.00	PR-2 PR-45	\$63.89 \$8,509.45	\$118.66

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
	01/17/2022 - 01/17/2022				HC:95927 / 59 / 1		\$763.00 (B6)	\$763.00	PR-2 PR-45	\$62.08 \$585.64	\$115.28
	01/17/2022 - 01/17/2022				HC:95941 // 2	N661	\$5,520.00 (B6)	\$5,520.00	PR-50	\$5,520.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,779.75 (AU)

Patient Name: PHILLIPS, DONNA	Claim Number: 0202325850127T00X00	Claim Date: 06/20/2023-06/20/2023	Claim Status Code: 22
Patient ID: LDE821356258	Group / Policy: 0001132060001	Facility Type: 21	Claim Charge: \$-11,222.00
Patient Ctrl Nmbr: 0.3045232	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-161.56
Rendering Prvd: ADAMS, DAVID N	Rendering Prv ID:	Claim Received Date: 09/15/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 4
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
7288697805Z1	06/20/2023 - 06/20/2023				HC:95941 // 1	N830		\$-2,760.00	PR-2 CO-45	\$-35.00 \$-2,619.22	\$-105.78
7288697805Z2	06/20/2023 - 06/20/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-2 CO-45	\$-10.25 \$-1,713.74	\$-31.01
7288697805Z3	06/20/2023 - 06/20/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-2 CO-45	\$-8.00 \$-3,074.23	\$-24.77
7288697805Z4	06/20/2023 - 06/20/2023				HC:95999 // 1	N830		\$-3,600.00	CO-45	\$-3,600.00	\$0.00

Patient Name: PHILLIPS, DONNA J	Claim Number: 0202325850127T00X01	Claim Date: 06/20/2023-06/20/2023	Claim Status Code: 1
Patient ID: LDE821356258	Group / Policy: 0001132060001	Facility Type: 21	Claim Charge: \$11,222.00
Patient Ctrl Nmbr: 0.3045232	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$3,867.42
Rendering Prvd: ADAMS, DAVID N	Rendering Prv ID:	Claim Received Date: 10/06/2023	Patient Resp: \$53.25
Original Ref Nmbr: 0202325850127T00X00			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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Line Details											Results: 4
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
	06/20/2023 - 06/20/2023				HC:95941 // 1	MA44		\$2,760.00	CO-45	\$2,760.00	\$0.00
	06/20/2023 - 06/20/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	06/20/2023 - 06/20/2023				HC:95938 / 26 / 1	MA44	\$920.67 (B6)	\$3,107.00	CO-45	\$2,186.33	\$920.67
	06/20/2023 - 06/20/2023				HC:95999 // 2	MA44	\$3,000.00 (B6)	\$3,600.00	PR-2 CO-45	\$53.25 \$600.00	\$2,946.75

Supplemental Information - AMT/Payer Codes: \$3,920.67 (AU)

Patient Name: PITTMAN, VERONICA	Claim Number: 0202325750U86900X00	Claim Date: 08/31/2023-08/31/2023	Claim Status Code: 1
Patient ID: NGO289A23205	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$21,024.00
Patient Ctrl Nmbr: 0.3126982	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/14/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7284204544Z1	08/31/2023 - 08/31/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7284204544Z2	08/31/2023 - 08/31/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7284204544Z3	08/31/2023 - 08/31/2023				HC:95822 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7284204544Z4	08/31/2023 - 08/31/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7284204544Z5	08/31/2023 - 08/31/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
7284204544Z6	08/31/2023 - 08/31/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7284204544Z7	08/31/2023 - 08/31/2023				HC:95999 // 2	N830		\$3,600.00	OA-209	\$3,600.00	\$0.00

Patient Name: RODRIGUEZ, SUSAN	Claim Number: 0202325850380S00X00	Claim Date: 06/15/2023-06/15/2023	Claim Status Code: 22
Patient ID: C4P822613194	Group / Policy: 0002735700028	Facility Type: 21	Claim Charge: \$-21,770.00
Patient Ctrl Nmbr: 0.3041675	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-619.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/15/2023	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
7288470380Z1	06/15/2023 - 06/15/2023				HC:95941 // 3	N830		\$-8,280.00	CO-45	\$-7,857.66	\$-422.34
7288470380Z2	06/15/2023 - 06/15/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
7288470380Z3	06/15/2023 - 06/15/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
7288470380Z4	06/15/2023 - 06/15/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
7288470380Z5	06/15/2023 - 06/15/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
7288470380Z6	06/15/2023 - 06/15/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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Patient Name: RODRIGUEZ, SUSAN W	Claim Number: 0202325850380S00X01	Claim Date: 06/15/2023-06/15/2023	Claim Status Code: 1
Patient ID: C4P822613194	Group / Policy: 0002735700028	Facility Type: 21	Claim Charge: \$21,770.00
Patient Ctrl Nmbr: 0.3041675	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$6,292.92
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202325850380S00X00			

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
	06/15/2023 - 06/15/2023				HC:95941 // 3	MA44	\$6,292.92 (B6)	\$8,280.00	CO-45	\$1,987.08	\$6,292.92
	06/15/2023 - 06/15/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	06/15/2023 - 06/15/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	06/15/2023 - 06/15/2023				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	06/15/2023 - 06/15/2023				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	06/15/2023 - 06/15/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$6,292.92 (AU)

Patient Name: SANCHEZ, ROSEMARY	Claim Number: 02023283500Q6150X00	Claim Date: 04/12/2023-04/12/2023	Claim Status Code: 1
Patient ID: XHR373M92522	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$27,244.00
Patient Ctrl Nmbr: 0.2962994	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
7389438025Z1	04/12/2023 - 04/12/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7389438025Z2	04/12/2023 - 04/12/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7389438025Z3	04/12/2023 - 04/12/2023				HC:95822 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7389438025Z4	04/12/2023 - 04/12/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7389438025Z5	04/12/2023 - 04/12/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7389438025Z6	04/12/2023 - 04/12/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7389438025Z7	04/12/2023 - 04/12/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7389438025Z8	04/12/2023 - 04/12/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7389438025Z9	04/12/2023 - 04/12/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Patient Name: SCHEIWEKE, GARY	Claim Number: 020232825020H690X00	Claim Date: 09/07/2023-09/07/2023	Claim Status Code: 1
Patient ID: ACL970892480	Group / Policy: 000ZGPP0W0000	Facility Type: 21	Claim Charge: \$21,770.00
Patient Ctrl Nmbr: 0.3133496	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/09/2023	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
7385226047Z1	09/07/2023 - 09/07/2023				HC:95941 // 3	N830		\$8,280.00	OA-209	\$8,280.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
7385226047Z2	09/07/2023 - 09/07/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7385226047Z3	09/07/2023 - 09/07/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7385226047Z4	09/07/2023 - 09/07/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7385226047Z5	09/07/2023 - 09/07/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7385226047Z6	09/07/2023 - 09/07/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

Patient Name: SCHILLY, SUNNY	Claim Number: 0202321354003090X00	Claim Date: 05/09/2023-05/09/2023	Claim Status Code: 22
Patient ID: SJNB008W3428	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-32,879.00
Patient Ctrl Nmbr: 0.2995800	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-687.87
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 07/27/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
	05/09/2023 - 05/09/2023				HC:95941 // 2	N830		\$-7,074.00	CO-45	\$-6,792.44	\$-281.56
	05/09/2023 - 05/09/2023				HC:95939 / 26 / 1	N830		\$-7,500.00	CO-45	\$-7,414.33	\$-85.67
	05/09/2023 - 05/09/2023				HC:95822 / 26 / 1	N830		\$-2,436.00	CO-45	\$-2,394.74	\$-41.26
	05/09/2023 - 05/09/2023				HC:95938 / 26 / 1	N830		\$-2,943.00	CO-45	\$-2,910.23	\$-32.77
	05/09/2023 - 05/09/2023				HC:95861 / 26 / 1	N830		\$-1,200.00	CO-45	\$-1,141.16	\$-58.84

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
	05/09/2023 - 05/09/2023				HC:95861 / 26,XU / 1	N830		\$-1,200.00	CO-45	\$-1,136.21	\$-63.79
	05/09/2023 - 05/09/2023				HC:95865 / 26 / 1	N830		\$-1,953.00	CO-45	\$-1,893.35	\$-59.65
	05/09/2023 - 05/09/2023				HC:95865 / 26,XU / 1	N830		\$-1,953.00	CO-45	\$-1,888.67	\$-64.33
	05/09/2023 - 05/09/2023				HC:95868 / 26,XU / 1	N640		\$-1,310.00	PI-222	\$-1,310.00	\$0.00
	05/09/2023 - 05/09/2023				HC:95868 / 26,XU / 1	M127		\$-1,310.00	PI-252	\$-1,310.00	\$0.00
	05/09/2023 - 05/09/2023				HC:95999 // 2			\$-4,000.00	PR-45	\$-4,000.00	\$0.00

Patient Name: SCHILLY, SUNNY	Claim Number: 0202321354003090X01	Claim Date: 05/09/2023-05/09/2023	Claim Status Code: 1
Patient ID: SJNB008W3428	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$32,879.00
Patient Ctrl Nmbr: 0.2995800	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$5,068.15
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/03/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202321354003090X00			

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
	05/09/2023 - 05/09/2023				HC:95941 // 2	MA44	\$300.00 (B6)	\$7,074.00	CO-45	\$6,774.00	\$300.00
	05/09/2023 - 05/09/2023				HC:95939 / 26 / 1	MA44	\$2,068.15 (B6)	\$7,500.00	CO-45	\$5,431.85	\$2,068.15
	05/09/2023 - 05/09/2023				HC:95822 / 26 / 1	MA44	\$300.00 (B6)	\$2,436.00	CO-45	\$2,136.00	\$300.00
	05/09/2023 - 05/09/2023				HC:95938 / 26 / 1	MA44	\$300.00 (B6)	\$2,943.00	CO-45	\$2,643.00	\$300.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
	05/09/2023 - 05/09/2023				HC:95861 / 26 / 1	MA44	\$300.00 (B6)	\$1,200.00	CO-45	\$900.00	\$300.00
	05/09/2023 - 05/09/2023				HC:95861 / 26,XU / 1	MA44	\$300.00 (B6)	\$1,200.00	CO-45	\$900.00	\$300.00
	05/09/2023 - 05/09/2023				HC:95865 / 26 / 1	MA44	\$300.00 (B6)	\$1,953.00	CO-45	\$1,653.00	\$300.00
	05/09/2023 - 05/09/2023				HC:95865 / 26,XU / 1	MA44	\$300.00 (B6)	\$1,953.00	CO-45	\$1,653.00	\$300.00
	05/09/2023 - 05/09/2023				HC:95868 / 26,XU / 1	MA44	\$300.00 (B6)	\$1,310.00	CO-45	\$1,010.00	\$300.00
	05/09/2023 - 05/09/2023				HC:95868 / 26,XU / 1	MA44	\$300.00 (B6)	\$1,310.00	CO-45	\$1,010.00	\$300.00
	05/09/2023 - 05/09/2023				HC:95999 / / 2	MA44	\$300.00 (B6)	\$4,000.00	CO-45	\$3,700.00	\$300.00

Supplemental Information - AMT/Payer Codes: \$5,068.15 (AU)

Patient Name: SEAT, CARRIE	Claim Number: 02023284500090U0X00	Claim Date: 09/07/2023-09/07/2023	Claim Status Code: 1
Patient ID: QDB093W03781	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$18,709.00
Patient Ctrl Nmbr: 0.3132600	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/11/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7394794341Z1	09/07/2023 - 09/07/2023				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7394794341Z2	09/07/2023 - 09/07/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
7394794341Z3	09/07/2023 - 09/07/2023				HC:95929 / 26 / 1	N830		\$2,459.00	OA-209	\$2,459.00	\$0.00
7394794341Z4	09/07/2023 - 09/07/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7394794341Z5	09/07/2023 - 09/07/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7394794341Z6	09/07/2023 - 09/07/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7394794341Z7	09/07/2023 - 09/07/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

Patient Name: THRAILKILL, LANE	Claim Number: 020232825057G050X00	Claim Date: 09/07/2023-09/07/2023	Claim Status Code: 1
Patient ID: NMU900694341	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$35,505.00
Patient Ctrl Nmbr: 0.3132651	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7384891908Z6	09/07/2023 - 09/07/2023				HC:51785 / 26,XU / 1	N830		\$2,799.00	OA-209	\$2,799.00	\$0.00
7384891908Z5	09/07/2023 - 09/07/2023				HC:51785 / 26 / 1	N830		\$2,799.00	OA-209	\$2,799.00	\$0.00
7384891908Z1	09/07/2023 - 09/07/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7384891908Z2	09/07/2023 - 09/07/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7384891908Z3	09/07/2023 - 09/07/2023				HC:95955 / 26,XU / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
7384891908Z4	09/07/2023 - 09/07/2023				HC:95908 / 26,XU / 1	N830		\$437.00	OA-209	\$437.00	\$0.00
7384891908Z7	09/07/2023 - 09/07/2023				HC:95886 / 26,XU / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7384891908Z8	09/07/2023 - 09/07/2023				HC:95886 / 26,XU / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7384891908Z9	09/07/2023 - 09/07/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Patient Name: TORROMEO, JODIE	Claim Number: 02023283501Q8120X00	Claim Date: 03/21/2023-03/21/2023	Claim Status Code: 1
Patient ID: YFW945A68165	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$25,444.00
Patient Ctrl Nmbr: 0.2938172	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7389467895Z1	03/21/2023 - 03/21/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7389467895Z2	03/21/2023 - 03/21/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7389467895Z3	03/21/2023 - 03/21/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7389467895Z4	03/21/2023 - 03/21/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7389467895Z5	03/21/2023 - 03/21/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7389467895Z6	03/21/2023 - 03/21/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
7389467895Z7	03/21/2023 - 03/21/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7389467895Z8	03/21/2023 - 03/21/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7389467895Z9	03/21/2023 - 03/21/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

Patient Name: WALDROP, WENDELL	Claim Number: 02023284500135U0X00	Claim Date: 09/14/2023-09/14/2023	Claim Status Code: 1
Patient ID: SYF838212784	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$26,040.00
Patient Ctrl Nbr: 0.3141922	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/11/2023	Patient Resp: \$26,040.00
Original Ref Nbr:			

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
7394403879Z1	09/14/2023 - 09/14/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-1 PR-45	\$281.56 \$5,238.44	\$0.00
7394403879Z2	09/14/2023 - 09/14/2023				HC:95926 / 26 / 1		\$877.00 (B6)	\$877.00	PR-1 PR-45	\$19.91 \$857.09	\$0.00
7394403879Z3	09/14/2023 - 09/14/2023				HC:95909 / 26 / 1		\$555.00 (B6)	\$555.00	PR-1 PR-45	\$57.39 \$497.61	\$0.00
7394403879Z4	09/14/2023 - 09/14/2023				HC:95886 / 26 / 2		\$5,944.00 (B6)	\$5,944.00	PR-1 PR-45	\$66.02 \$5,877.98	\$0.00
7394403879Z5	09/14/2023 - 09/14/2023				HC:95886 / 26,XU / 2		\$5,944.00 (B6)	\$5,944.00	PR-1 PR-45	\$66.02 \$5,877.98	\$0.00
7394403879Z6	09/14/2023 - 09/14/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$490.90 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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Patient Name: WHITT, DANIEL	Claim Number: 0202327750U30370X00	Claim Date: 09/11/2023-09/11/2023	Claim Status Code: 1
Patient ID: CUX120220586	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$32,785.00
Patient Ctrl Nmbr: 0.3137162	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/04/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7369986483Z1	09/11/2023 - 09/11/2023				HC:95941 / / 3	N830		\$8,280.00	OA-209	\$8,280.00	\$0.00
7369986483Z2	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7369986483Z3	09/11/2023 - 09/11/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7369986483Z4	09/11/2023 - 09/11/2023				HC:95909 / 26 / 1	N830		\$555.00	OA-209	\$555.00	\$0.00
7369986483Z5	09/11/2023 - 09/11/2023				HC:95886 / 26 / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7369986483Z6	09/11/2023 - 09/11/2023				HC:95886 / 26,XU / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7369986483Z7	09/11/2023 - 09/11/2023				HC:95999 / / 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Patient Name: WILHELM, JACOB	Claim Number: 0202325750V05530X00	Claim Date: 06/14/2023-06/14/2023	Claim Status Code: 1
Patient ID: UDY978W03449	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$27,244.00
Patient Ctrl Nmbr: 0.3039597	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/14/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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
7283814502Z1	06/14/2023 - 06/14/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7283814502Z2	06/14/2023 - 06/14/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7283814502Z3	06/14/2023 - 06/14/2023				HC:95822 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7283814502Z4	06/14/2023 - 06/14/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7283814502Z5	06/14/2023 - 06/14/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7283814502Z6	06/14/2023 - 06/14/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7283814502Z7	06/14/2023 - 06/14/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7283814502Z8	06/14/2023 - 06/14/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7283814502Z9	06/14/2023 - 06/14/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

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

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

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

N661=Documentation does not support that the services rendered were medically necessary.

N686=Missing/incomplete/Invalid questionnaire needed to complete payment determination.

N702=Decision based on review of previously adjudicated claims or for claims in process for the same/similar type of services.

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206640	Check/EFT Date: 10/17/2023	Total Paid: \$17,970.04
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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):

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

CLAIM ADJUSTMENT REASON CODE(S):

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)

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)

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).

2=Coinsurance Amount

1=Deductible Amount

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.

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

272=Coverage/program guidelines were not met.

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.

227=Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete. 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.)

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
22=Reversal of Previous Payment