

Check Summary

Transaction Date: November 07, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23307E14815350 Payment Amount: 20,158.56 Check/EFT Date: 11/07/2023 Production End Cycle Date: 11/03/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
---	--	---

Patient Name: BRADLEY, JOY

Claim Number: 0202329750Z28760X00

Claim Date: 05/23/2023-05/23/2023 Claim Status Code: 1

Patient ID: YFW866W03116	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$12,090.00
Patient Ctrl Nmbr: 0.3014450	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/24/2023	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
7435663364Z1	05/23/2023 - 05/23/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7435663364Z2	05/23/2023 - 05/23/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7435663364Z3	05/23/2023 - 05/23/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7435663364Z4	05/23/2023 - 05/23/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7435663364Z5	05/23/2023 - 05/23/2023				HC:95999 // 1	N830		\$1,800.00	OA-209	\$1,800.00	\$0.00

Patient Name: CARDEN, SANDRA

Claim Number: 0202330550503X80X00

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

Patient ID: PPA818014504	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$26,942.00
Patient Ctrl Nmbr: 0.3172310	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$958.02
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 11/01/2023	Patient Resp: \$25,983.98
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
7465666498Z1	10/10/2023 - 10/10/2023				HC:95941 // 8		\$22,080.00 (B6)	\$22,080.00	PR-2 PR-45	\$225.25 \$20,953.76	\$900.99
7465666498Z2	10/10/2023 - 10/10/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$6.55 \$3,074.23	\$26.22
7465666498Z3	10/10/2023 - 10/10/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45 PR-2	\$1,716.49 \$7.70	\$30.81

Supplemental Information - AMT/Payer Codes: \$1,197.52 (AU)

Patient Name: CHERRY, CHARLES	Claim Number: 0202327554012830X00	Claim Date: 09/20/2023-09/20/2023	Claim Status Code: 1
Patient ID: U3Q981W10860	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$16,250.00
Patient Ctrl Nmbr: 0.3148434	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$9,972.63
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/21/2023	Patient Resp: \$1,141.53
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
	09/20/2023 - 09/20/2023				HC:95941 // 1	N830	\$2,176.55 (B6)	\$2,760.00	CO-45	\$583.45	\$2,176.55
	09/20/2023 - 09/20/2023				HC:95822 / 26 / 1	N830	\$154.72 (B6)	\$1,755.00	CO-45	\$1,600.28	\$154.72
	09/20/2023 - 09/20/2023				HC:95938 / 26 / 1	N830	\$837.27 (B6)	\$3,107.00	CO-45	\$2,269.73	\$837.27
	09/20/2023 - 09/20/2023				HC:95861 / 26 / 1	N830	\$1,272.81 (B6)	\$1,614.00	CO-45	\$341.19	\$1,272.81
	09/20/2023 - 09/20/2023				HC:95861 / 26,XU / 1	N830	\$1,272.81 (B6)	\$1,614.00	CO-45	\$341.19	\$1,272.81
	09/20/2023 - 09/20/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$1,141.53	\$4,258.47

Supplemental Information - AMT/Payer Codes: \$9,972.63 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

Patient Name: DANIEL, CHRISTOPHE	Claim Number: 0202306154013590X00	Claim Date: 11/18/2022-11/18/2022	Claim Status Code: 22
Patient ID: F6A512W06243	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$-27,244.00
Patient Ctrl Nbr: 0.2795811	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-664.24
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 02/23/2023	Patient Resp: \$0.00
Original Ref Nbr:			

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
	11/18/2022 - 11/18/2022				HC:95941 // 2	N830		\$-5,520.00	CO-45	\$-5,238.44	\$-281.56
	11/18/2022 - 11/18/2022				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,726.32	\$-87.68
	11/18/2022 - 11/18/2022				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,712.83	\$-42.17
	11/18/2022 - 11/18/2022				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,073.41	\$-33.59
	11/18/2022 - 11/18/2022				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,553.73	\$-60.27
	11/18/2022 - 11/18/2022				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
	11/18/2022 - 11/18/2022				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,263.74	\$-46.26
	11/18/2022 - 11/18/2022				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
	11/18/2022 - 11/18/2022				HC:95999 // 4			\$-7,200.00	CO-45	\$-7,200.00	\$0.00

Patient Name: DANIEL, CHRISTOPHE	Claim Number: 0202306154013590X01	Claim Date: 11/18/2022-11/18/2022	Claim Status Code: 1
Patient ID: F6A512W06243	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$27,244.00
Patient Ctrl Nbr: 0.2795811	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$767.43
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 07/20/2023	Patient Resp: \$0.00
Original Ref Nbr: 0202306154013590X00			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
	11/18/2022 - 11/18/2022				HC:95941 // 2	N830	\$272.76 (B6)	\$5,520.00	CO-45	\$5,247.24	\$272.76
	11/18/2022 - 11/18/2022				HC:95939 / 26 / 1	N830	\$199.67 (B6)	\$3,814.00	CO-45	\$3,614.33	\$199.67
	11/18/2022 - 11/18/2022				HC:95822 / 26 / 1	N830	\$42.17 (B6)	\$1,755.00	CO-45	\$1,712.83	\$42.17
	11/18/2022 - 11/18/2022				HC:95938 / 26 / 1	N830	\$33.59 (B6)	\$3,107.00	CO-45	\$3,073.41	\$33.59
	11/18/2022 - 11/18/2022				HC:95861 / 26 / 1	N830	\$60.27 (B6)	\$1,614.00	CO-45	\$1,553.73	\$60.27
	11/18/2022 - 11/18/2022				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	11/18/2022 - 11/18/2022				HC:95868 / 26 / 1	N830	\$46.26 (B6)	\$1,310.00	CO-45	\$1,263.74	\$46.26
	11/18/2022 - 11/18/2022				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	11/18/2022 - 11/18/2022				HC:95999 // 4	N830		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$776.23 (AU)

Patient Name: DINTELMAN, AUDREY	Claim Number: 02023133502480S0X00	Claim Date: 12/15/2022-12/15/2022	Claim Status Code: 22
Patient ID: GGV900027176	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-27,244.00
Patient Ctrl Nmbr: 0.2828355	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-382.68
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 05/12/2023	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: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
6891813436Z1	12/15/2022 - 12/15/2022				HC:95941 // 2			\$-5,520.00	CO-45	\$-5,520.00	\$0.00
6891813436Z2	12/15/2022 - 12/15/2022				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,726.32	\$-87.68
6891813436Z3	12/15/2022 - 12/15/2022				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,712.83	\$-42.17
6891813436Z4	12/15/2022 - 12/15/2022				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,073.41	\$-33.59
6891813436Z5	12/15/2022 - 12/15/2022				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,553.73	\$-60.27
6891813436Z6	12/15/2022 - 12/15/2022				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
6891813436Z7	12/15/2022 - 12/15/2022				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,263.74	\$-46.26
6891813436Z8	12/15/2022 - 12/15/2022				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
6891813436Z9	12/15/2022 - 12/15/2022				HC:95999 // 4			\$-7,200.00	PR-45	\$-7,200.00	\$0.00

Patient Name: DINTELMAN, AUDREY	Claim Number: 02023133502480S0X01	Claim Date: 12/15/2022-12/15/2022	Claim Status Code: 1
Patient ID: GGV90002717601	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$27,244.00
Patient Ctrl Nmbr: 0.2828355	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$382.68
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/23/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02023133502480S0X00			

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
	12/15/2022 - 12/15/2022				HC:95941 // 2			\$5,520.00	CO-45	\$5,520.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
	12/15/2022 - 12/15/2022				HC:95939 / 26 / 1	N830	\$87.68 (B6)	\$3,814.00	CO-45	\$3,726.32	\$87.68
	12/15/2022 - 12/15/2022				HC:95822 / 26 / 1	N830	\$42.17 (B6)	\$1,755.00	CO-45	\$1,712.83	\$42.17
	12/15/2022 - 12/15/2022				HC:95938 / 26 / 1	N830	\$33.59 (B6)	\$3,107.00	CO-45	\$3,073.41	\$33.59
	12/15/2022 - 12/15/2022				HC:95861 / 26 / 1	N830	\$60.27 (B6)	\$1,614.00	CO-45	\$1,553.73	\$60.27
	12/15/2022 - 12/15/2022				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	12/15/2022 - 12/15/2022				HC:95868 / 26 / 1	N830	\$46.26 (B6)	\$1,310.00	CO-45	\$1,263.74	\$46.26
	12/15/2022 - 12/15/2022				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	12/15/2022 - 12/15/2022				HC:95999 // 4	N830		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$382.68 (AU)

Patient Name: DO, MAI	Claim Number: 02023284508427T0X00	Claim Date: 09/14/2023-09/14/2023	Claim Status Code: 1
Patient ID: ZQR102M98762	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$16,250.00
Patient Ctrl Nbr: 0.3141617	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$334.69
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/11/2023	Patient Resp: \$5,400.00
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
7394384014Z1	09/14/2023 - 09/14/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
7394384014Z2	09/14/2023 - 09/14/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7394384014Z3	09/14/2023 - 09/14/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
7394384014Z4	09/14/2023 - 09/14/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
7394384014Z5	09/14/2023 - 09/14/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
7394384014Z6	09/14/2023 - 09/14/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$334.69 (AU)

Patient Name: FLANNERY, REBECCA	Claim Number: 02023304505518E0X00	Claim Date: 09/21/2023-09/21/2023	Claim Status Code: 1
Patient ID: LMB118W13770	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$16,964.00
Patient Ctrl Nmbr: 0.3152532	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/31/2023	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
7459470434Z1	09/21/2023 - 09/21/2023				HC:95941 // 1	N830		\$7,074.00	OA-209	\$7,074.00	\$0.00
7459470434Z2	09/21/2023 - 09/21/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7459470434Z3	09/21/2023 - 09/21/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7459470434Z4	09/21/2023 - 09/21/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
7459470434Z5	09/21/2023 - 09/21/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7459470434Z6	09/21/2023 - 09/21/2023				HC:95999 // 1	N830		\$1,800.00	OA-209	\$1,800.00	\$0.00

Patient Name: FRANK, BRYCE	Claim Number: 0202330450D30300X00	Claim Date: 10/25/2023-10/25/2023	Claim Status Code: 1
Patient ID: SRQSP0043056	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$11,740.00
Patient Ctrl Nmbr: 0.3189531	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/31/2023	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
7460529728Z1	10/25/2023 - 10/25/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7460529728Z2	10/25/2023 - 10/25/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7460529728Z3	10/25/2023 - 10/25/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7460529728Z4	10/25/2023 - 10/25/2023				HC:95999 // 2	N830		\$3,600.00	OA-209	\$3,600.00	\$0.00

Patient Name: GALE, HUGH	Claim Number: 02023298508628N0X00	Claim Date: 08/22/2023-08/22/2023	Claim Status Code: 1
Patient ID: EIB901366516	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$24,624.00
Patient Ctrl Nmbr: 0.3115882	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$342.33
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/25/2023	Patient Resp: \$24,281.67
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
7440691886Z1	08/22/2023 - 08/22/2023				HC:95941 / / 2		\$5,520.00 (B6)	\$5,520.00	PR-2 PR-45	\$29.66 \$5,371.68	\$118.66
7440691886Z2	08/22/2023 - 08/22/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-2 PR-45	\$17.13 \$3,728.33	\$68.54
7440691886Z3	08/22/2023 - 08/22/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$6.55 \$3,074.23	\$26.22
7440691886Z4	08/22/2023 - 08/22/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$7.70 \$1,716.49	\$30.81
7440691886Z5	08/22/2023 - 08/22/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$11.77 \$1,555.16	\$47.07
7440691886Z6	08/22/2023 - 08/22/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$12.76 \$1,550.21	\$51.03
7440691886Z7	08/22/2023 - 08/22/2023				HC:95999 / / 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$427.90 (AU)

Patient Name: GILMORE, CHERYL	Claim Number: 0202327554010060X00	Claim Date: 07/26/2023-07/26/2023	Claim Status Code: 1
Patient ID: STHA218W1627	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$23,111.00
Patient Ctrl Nmbr: 0.3086336	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$596.88
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/19/2023	Patient Resp: \$7,200.00
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
	07/26/2023 - 07/26/2023				HC:95941 // 3	N830	\$422.34 (B6)	\$8,280.00	CO-45	\$7,857.66	\$422.34
	07/26/2023 - 07/26/2023				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: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
	07/26/2023 - 07/26/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	07/26/2023 - 07/26/2023				HC:95908 / 26 / 1	N830	\$47.75 (B6)	\$437.00	CO-45	\$389.25	\$47.75
	07/26/2023 - 07/26/2023				HC:95885 / 26 / 2	N830	\$26.38 (B6)	\$1,166.00	CO-45	\$1,139.62	\$26.38
	07/26/2023 - 07/26/2023				HC:95885 / 26,XU / 2	N830	\$26.38 (B6)	\$1,166.00	CO-45	\$1,139.62	\$26.38
	07/26/2023 - 07/26/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$596.88 (AU)

Patient Name: GUERRERO, ANTHONY	Claim Number: 0202329350862K20X00	Claim Date: 08/23/2023-08/23/2023	Claim Status Code: 1
Patient ID: CQJ824823620	Group / Policy: 0000091230003	Facility Type: 21	Claim Charge: \$17,721.00
Patient Ctrl Nmbr: 0.3117476	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$401.49
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/20/2023	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
7426458304Z1	08/23/2023 - 08/23/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
7426458304Z2	08/23/2023 - 08/23/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7426458304Z3	08/23/2023 - 08/23/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
7426458304Z4	08/23/2023 - 08/23/2023				HC:95909 / 26 / 1	N830	\$57.39 (B6)	\$555.00	CO-45	\$497.61	\$57.39

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
7426458304Z5	08/23/2023 - 08/23/2023				HC:95886 / 26 / 2	N830	\$66.02 (B6)	\$2,972.00	CO-45	\$2,905.98	\$66.02
7426458304Z6	08/23/2023 - 08/23/2023				HC:95886 / 26,XU / 2	N830	\$66.02 (B6)	\$2,972.00	CO-45	\$2,905.98	\$66.02
7426458304Z7	08/23/2023 - 08/23/2023				HC:95999 // 1	N830		\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$401.49 (AU)

Patient Name: HERMANOWICZ, JOSEPH	Claim Number: 02023304504379E0X00	Claim Date: 09/15/2023-09/15/2023	Claim Status Code: 1
Patient ID: UIK884A64035	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.3143137	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/31/2023	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
7459448890Z1	09/15/2023 - 09/15/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7459448890Z2	09/15/2023 - 09/15/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7459448890Z3	09/15/2023 - 09/15/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7459448890Z4	09/15/2023 - 09/15/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7459448890Z5	09/15/2023 - 09/15/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

Patient Name: JOHNSON, CLINTON	Claim Number: 02023298502980N0X00	Claim Date: 08/16/2023-08/16/2023	Claim Status Code: 1
Patient ID: SFLH38099829	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.3108087	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$514.29
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/25/2023	Patient Resp: \$7,200.00
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
7440369775Z1	08/16/2023 - 08/16/2023				HC:95941 / / 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
7440369775Z2	08/16/2023 - 08/16/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
7440369775Z3	08/16/2023 - 08/16/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7440369775Z4	08/16/2023 - 08/16/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
7440369775Z5	08/16/2023 - 08/16/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
7440369775Z6	08/16/2023 - 08/16/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
7440369775Z7	08/16/2023 - 08/16/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
7440369775Z8	08/16/2023 - 08/16/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
7440369775Z9	08/16/2023 - 08/16/2023				HC:95999 / / 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

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

Patient Name: JUSTICE, ARTHUR	Claim Number: 0202327554003330X00	Claim Date: 07/05/2023-07/05/2023	Claim Status Code: 1
Patient ID: T8G713A22005	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$38,011.00
Patient Ctrl Nmbr: 0.3062246	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$854.98
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/26/2023	Patient Resp: \$8,000.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
	07/05/2023 - 07/05/2023				HC:95941 // 3	N830	\$191.13 (B6)	\$8,280.00	CO-45	\$8,088.87	\$191.13
	07/05/2023 - 07/05/2023				HC:95939 / 26 / 1	N830	\$116.91 (B6)	\$7,500.00	CO-45	\$7,383.09	\$116.91
	07/05/2023 - 07/05/2023				HC:95822 / 26 / 1	N830	\$56.25 (B6)	\$2,436.00	CO-45	\$2,379.75	\$56.25
	07/05/2023 - 07/05/2023				HC:95938 / 26 / 1	N830	\$44.73 (B6)	\$2,943.00	CO-45	\$2,898.27	\$44.73
	07/05/2023 - 07/05/2023				HC:95861 / 26 / 1	N830	\$80.31 (B6)	\$1,614.00	CO-45	\$1,533.69	\$80.31
	07/05/2023 - 07/05/2023				HC:95861 / 26,XU / 1	N830	\$80.31 (B6)	\$1,614.00	CO-45	\$1,533.69	\$80.31
	07/05/2023 - 07/05/2023				HC:95865 / 26 / 1	N830	\$81.33 (B6)	\$1,502.00	CO-45	\$1,420.67	\$81.33
	07/05/2023 - 07/05/2023				HC:95865 / 26,XU / 1	N830	\$81.33 (B6)	\$1,502.00	CO-45	\$1,420.67	\$81.33
	07/05/2023 - 07/05/2023				HC:95868 / 26,XU / 1	N640	\$61.34 (B6)	\$1,310.00	PI-222	\$1,248.66	\$61.34
	07/05/2023 - 07/05/2023				HC:95868 / 26,XU / 1	N830	\$61.34 (B6)	\$1,310.00	CO-45	\$1,248.66	\$61.34
	07/05/2023 - 07/05/2023				HC:95999 // 4		\$8,000.00 (B6)	\$8,000.00	PR-45	\$8,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$854.98 (AU)

Patient Name: KIMBROUGH, CARA	Claim Number: 0202320954003190X01	Claim Date: 11/23/2022-11/23/2022	Claim Status Code: 22
Patient ID: DUS0564790MB	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$-21,630.00
Patient Ctrl Nmbr: 0.2800555	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-4,248.99
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 08/22/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202320954003190X00			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
	11/23/2022 - 11/23/2022				HC:95941 // 2	MA44		\$-5,520.00	CO-45	\$-1,566.01	\$-3,953.99
	11/23/2022 - 11/23/2022				HC:95822 / 26 / 1	MA44		\$-1,755.00	CO-45	\$-1,712.83	\$-42.17
	11/23/2022 - 11/23/2022				HC:95938 / 26 / 1	MA44		\$-3,107.00	CO-45	\$-3,073.41	\$-33.59
	11/23/2022 - 11/23/2022				HC:95861 / 26 / 1	MA44		\$-1,614.00	CO-45	\$-1,553.73	\$-60.27
	11/23/2022 - 11/23/2022				HC:95861 / 26,XU / 1	MA44		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
	11/23/2022 - 11/23/2022				HC:95868 / 26 / 1	MA44		\$-1,310.00	CO-45	\$-1,263.74	\$-46.26
	11/23/2022 - 11/23/2022				HC:95868 / 26,XU / 1	MA44		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
	11/23/2022 - 11/23/2022				HC:95999 // 3			\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Patient Name: KIMBROUGH, CARA	Claim Number: 0202320954003190X02	Claim Date: 11/23/2022-11/23/2022	Claim Status Code: 1
Patient ID: DUS0564790MB	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$21,630.00
Patient Ctrl Nmbr: 0.2800555	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$6,248.99
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 08/22/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202320954003190X01			

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
	11/23/2022 - 11/23/2022				HC:95941 // 2	MA44	\$5,000.00 (B6)	\$5,520.00	CO-45	\$520.00	\$5,000.00
	11/23/2022 - 11/23/2022				HC:95822 / 26 / 1	MA44	\$1,248.99 (B6)	\$1,755.00	CO-45	\$506.01	\$1,248.99

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
	11/23/2022 - 11/23/2022				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	11/23/2022 - 11/23/2022				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	11/23/2022 - 11/23/2022				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	11/23/2022 - 11/23/2022				HC:95868 / 26 / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	11/23/2022 - 11/23/2022				HC:95868 / 26,XU / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	11/23/2022 - 11/23/2022				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$6,248.99 (AU)

Patient Name: LINDSEY, JOSHUA	Claim Number: 02023298508627N0X00	Claim Date: 08/21/2023-08/21/2023	Claim Status Code: 1
Patient ID: EDU875207185	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.3113157	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$286.30
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/25/2023	Patient Resp: \$24,197.70
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
7440601575Z1	08/21/2023 - 08/21/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-1 PR-45	\$140.78 \$2,619.22	\$0.00
7440601575Z2	08/21/2023 - 08/21/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-2 PR-45	\$15.65 \$14.00 \$3,728.33	\$56.02
7440601575Z3	08/21/2023 - 08/21/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$6.55 \$3,074.23	\$26.22

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
7440601575Z4	08/21/2023 - 08/21/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$7.70 \$1,716.49	\$30.81
7440601575Z5	08/21/2023 - 08/21/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$11.77 \$1,555.16	\$47.07
7440601575Z6	08/21/2023 - 08/21/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$12.76 \$1,550.21	\$51.03
7440601575Z7	08/21/2023 - 08/21/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-2 PR-45	\$9.00 \$1,264.99	\$36.01
7440601575Z8	08/21/2023 - 08/21/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-2 PR-45	\$9.78 \$1,261.08	\$39.14
7440601575Z9	08/21/2023 - 08/21/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

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

Patient Name: MALEY, KIMBERLY	Claim Number: 02023284500039D0X00	Claim Date: 09/14/2023-09/14/2023	Claim Status Code: 1
Patient ID: NEN687864867	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$13,958.00
Patient Ctrl Nmbr: 0.3141046	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: \$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
7393533617Z1	09/14/2023 - 09/14/2023				HC:95941 // 2	N830		\$7,074.00	OA-209	\$7,074.00	\$0.00
7393533617Z2	09/14/2023 - 09/14/2023				HC:95867 / 26 / 1	N830		\$742.00	OA-209	\$742.00	\$0.00
7393533617Z3	09/14/2023 - 09/14/2023				HC:95867 / 26,XU / 1	N830		\$742.00	OA-209	\$742.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
7393533617Z4	09/14/2023 - 09/14/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

Patient Name: MARTH, RAYMOND	Claim Number: 02023304503838E0X00	Claim Date: 09/19/2023-09/19/2023	Claim Status Code: 1
Patient ID: COG0055936MB	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$20,884.00
Patient Ctrl Nmbr: 0.3147383	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: LANDESMAN, BARBARA	Rendering Prv ID:	Claim Received Date: 10/31/2023	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
7459457102Z1	09/19/2023 - 09/19/2023				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7459457102Z2	09/19/2023 - 09/19/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7459457102Z3	09/19/2023 - 09/19/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7459457102Z4	09/19/2023 - 09/19/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7459457102Z5	09/19/2023 - 09/19/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7459457102Z6	09/19/2023 - 09/19/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7459457102Z7	09/19/2023 - 09/19/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7459457102Z8	09/19/2023 - 09/19/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7459457102Z9	09/19/2023 - 09/19/2023				HC:95999 // 2	N830		\$3,600.00	OA-209	\$3,600.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

Patient Name: NIEHAUS, JANE	Claim Number: 02023298506351C0X00	Claim Date: 08/10/2023-08/10/2023	Claim Status Code: 1
Patient ID: LGB912137556	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$29,184.00
Patient Ctrl Nbr: 0.3102236	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$232.11
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/25/2023	Patient Resp: \$28,951.89
Original Ref Nbr:			

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
7440062299Z1	08/10/2023 - 08/10/2023				HC:95941 // 4		\$11,040.00 (B6)	\$11,040.00	PR-1 PR-2 PR-45	\$99.78 \$9.71 \$10,891.68	\$38.83
7440062299Z2	08/10/2023 - 08/10/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$6.55 \$3,074.23	\$26.22
7440062299Z3	08/10/2023 - 08/10/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$7.70 \$1,716.49	\$30.81
7440062299Z4	08/10/2023 - 08/10/2023				HC:95907 / 26 / 1		\$138.00 (B6)	\$138.00	PR-2 PR-45	\$7.65 \$99.74	\$30.61
7440062299Z5	08/10/2023 - 08/10/2023				HC:95886 / 26 / 2		\$2,972.00 (B6)	\$2,972.00	PR-2 PR-45	\$13.20 \$2,905.98	\$52.82
7440062299Z6	08/10/2023 - 08/10/2023				HC:95886 / 26,XU / 2		\$2,972.00 (B6)	\$2,972.00	PR-2 PR-45	\$13.20 \$2,905.98	\$52.82
7440062299Z7	08/10/2023 - 08/10/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$389.90 (AU)

Patient Name: PARGOUD, LORYN	Claim Number: 0202325654000510X00	Claim Date: 08/17/2023-08/17/2023	Claim Status Code: 1
Patient ID: G4BAR5024730	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$22,086.00
Patient Ctrl Nbr: 0.3109688	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$2,198.38
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/01/2023	Patient Resp: \$5,400.00
Original Ref Nbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
	08/17/2023 - 08/17/2023				HC:51785 / 26,XU / 1	N830	\$326.17 (B6)	\$1,071.00	CO-45	\$744.83	\$326.17
	08/17/2023 - 08/17/2023				HC:51785 / 26 / 1	N830	\$163.09 (B6)	\$1,071.00	CO-45	\$907.91	\$163.09
	08/17/2023 - 08/17/2023				HC:95941 // 2	N830	\$445.98 (B6)	\$5,520.00	CO-45	\$5,074.02	\$445.98
	08/17/2023 - 08/17/2023				HC:95939 / 26 / 1	N830	\$409.19 (B6)	\$3,814.00	CO-45	\$3,404.81	\$409.19
	08/17/2023 - 08/17/2023				HC:95822 / 26,XU / 1	N830	\$196.88 (B6)	\$1,755.00	CO-45	\$1,558.12	\$196.88
	08/17/2023 - 08/17/2023				HC:95926 / 26 / 1	N19	\$94.89 (B6)	\$227.00	PI-97	\$132.11	\$94.89
	08/17/2023 - 08/17/2023				HC:95861 / 26,XU / 1	N640	\$281.09 (B6)	\$1,614.00	PI-222	\$1,332.91	\$281.09
	08/17/2023 - 08/17/2023				HC:95861 / 26,XU / 1	N830	\$281.09 (B6)	\$1,614.00	CO-45	\$1,332.91	\$281.09
	08/17/2023 - 08/17/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$2,198.38 (AU)

Patient Name: PERRONE, PATRICK	Claim Number: 020232965092T390X00	Claim Date: 07/20/2023-07/20/2023	Claim Status Code: 1
Patient ID: UTS0A15TG81U	Group / Policy: 0000717780045	Facility Type: 22	Claim Charge: \$5,867.00
Patient Ctrl Nmbr: 0.3078668	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MONDAY, KIMBERLY E	Rendering Prv ID:	Claim Received Date: 10/23/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 2
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: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

Line Details											Results: 2
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
7431280118Z1	07/20/2023 - 07/20/2023				HC:95941 // 1	M127		\$2,760.00	CO-252	\$2,760.00	\$0.00
7431280118Z2	07/20/2023 - 07/20/2023				HC:95938 / 26 / 1	M127		\$3,107.00	CO-252	\$3,107.00	\$0.00

Patient Name: REYNOLDS, LANCE	Claim Number: 02023304508878S0X00	Claim Date: 10/06/2023-10/06/2023	Claim Status Code: 1
Patient ID: STHA228W2037	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$20,527.00
Patient Ctrl Nmbr: 0.3168876	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: CARROLL, CRAIG G	Rendering Prv ID:	Claim Received Date: 10/31/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7459916746Z1	10/06/2023 - 10/06/2023				HC:95941 // 3	N830		\$8,280.00	OA-209	\$8,280.00	\$0.00
7459916746Z2	10/06/2023 - 10/06/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7459916746Z3	10/06/2023 - 10/06/2023				HC:95822 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7459916746Z4	10/06/2023 - 10/06/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7459916746Z5	10/06/2023 - 10/06/2023				HC:95867 / 26 / 1	N830		\$742.00	OA-209	\$742.00	\$0.00
7459916746Z6	10/06/2023 - 10/06/2023				HC:95867 / 26,XU / 1	N830		\$742.00	OA-209	\$742.00	\$0.00
7459916746Z7	10/06/2023 - 10/06/2023				HC:92653 // 1	N830		\$287.00	OA-209	\$287.00	\$0.00
7459916746Z8	10/06/2023 - 10/06/2023				HC:95999 // 1	N830		\$1,800.00	OA-209	\$1,800.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

Patient Name: ROUNDS, PRISCILLA	Claim Number: 02021323500C8960X00	Claim Date: 09/14/2021-09/14/2021	Claim Status Code: 22
Patient ID: TXW301003053	Group / Policy: 0000399930111	Facility Type: 21	Claim Charge: \$-21,875.00
Patient Ctrl Nmbr: 0.2284075	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-329.73
Rendering Prvd: THOMPSON, STEPHEN A	Rendering Prv ID:	Claim Received Date: 11/19/2021	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
556291814	09/14/2021 - 09/14/2021				HC:95822 / 26 / 1			\$-2,802.00	PR-2 PR-45	\$-21.26 \$-2,759.47	\$-21.27
556291816	09/14/2021 - 09/14/2021				HC:95938 / 26,59 / 1			\$-7,270.00	PR-2 PR-45	\$-16.93 \$-7,236.14	\$-16.93
556291817	09/14/2021 - 09/14/2021				HC:95927 / 26,59 / 1			\$-763.00	PR-2 PR-45	\$-9.96 \$-743.07	\$-9.97
556291818	09/14/2021 - 09/14/2021				HC:95941 / / 4			\$-11,040.00	PR-2 PR-45	\$-281.56 \$-10,476.88	\$-281.56

Patient Name: ROUNDS, PRISCILLA	Claim Number: 02021323500C8960X01	Claim Date: 09/14/2021-09/14/2021	Claim Status Code: 1
Patient ID: TXW301003053	Group / Policy: 0000399930111	Facility Type: 21	Claim Charge: \$21,875.00
Patient Ctrl Nmbr: 0.2284075	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$659.44
Rendering Prvd: THOMPSON, STEPHEN A	Rendering Prv ID:	Claim Received Date: 11/03/2023	Patient Resp: \$21,215.56
Original Ref Nmbr: 02021323500C8960X00			

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
	09/14/2021 - 09/14/2021				HC:95822 / 26 / 1		\$2,802.00 (B6)	\$2,802.00	PR-45	\$2,759.47	\$42.53
	09/14/2021 - 09/14/2021				HC:95938 / 26,59 / 1		\$7,270.00 (B6)	\$7,270.00	PR-45	\$7,236.14	\$33.86
	09/14/2021 - 09/14/2021				HC:95927 / 26,59 / 1		\$763.00 (B6)	\$763.00	PR-45	\$743.07	\$19.93

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
	09/14/2021 - 09/14/2021				HC:95941 // 4		\$11,040.00 (B6)	\$11,040.00	PR-45	\$10,476.88	\$563.12

Supplemental Information - AMT/Payer Codes: \$659.44 (AU)

Patient Name: SCHROEDER, JAMES	Claim Number: 02023303507S4770X00	Claim Date: 10/05/2023-10/05/2023	Claim Status Code: 1
Patient ID: CQM114200908	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$30,004.00
Patient Ctrl Nmbr: 0.3167838	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/30/2023	Patient Resp: \$30,004.00
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
7455835378Z1	10/05/2023 - 10/05/2023				HC:95941 // 3	N661	\$8,280.00 (B6)	\$8,280.00	PR-50	\$8,280.00	\$0.00
7455835378Z2	10/05/2023 - 10/05/2023				HC:95939 / 26 / 1	N661	\$3,814.00 (B6)	\$3,814.00	PR-50	\$3,814.00	\$0.00
7455835378Z3	10/05/2023 - 10/05/2023				HC:95938 / 26 / 1	N661	\$3,107.00 (B6)	\$3,107.00	PR-50	\$3,107.00	\$0.00
7455835378Z4	10/05/2023 - 10/05/2023				HC:95955 / 26 / 1	N661	\$1,755.00 (B6)	\$1,755.00	PR-50	\$1,755.00	\$0.00
7455835378Z5	10/05/2023 - 10/05/2023				HC:95861 / 26 / 1	N661	\$1,614.00 (B6)	\$1,614.00	PR-50	\$1,614.00	\$0.00
7455835378Z6	10/05/2023 - 10/05/2023				HC:95861 / 26,XU / 1	N661	\$1,614.00 (B6)	\$1,614.00	PR-50	\$1,614.00	\$0.00
7455835378Z7	10/05/2023 - 10/05/2023				HC:95868 / 26 / 1	N661	\$1,310.00 (B6)	\$1,310.00	PR-50	\$1,310.00	\$0.00
7455835378Z8	10/05/2023 - 10/05/2023				HC:95868 / 26,XU / 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: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
7455835378Z9	10/05/2023 - 10/05/2023				HC:95999 // 4	N661	\$7,200.00 (B6)	\$7,200.00	PR-50	\$7,200.00	\$0.00

Patient Name: TUCKER, QUINTON	Claim Number: 0202329850A46740X00	Claim Date: 08/23/2023-08/23/2023	Claim Status Code: 1
Patient ID: EDU888502403	Group / Policy: 000ZGPPOW0000	Facility Type: 22	Claim Charge: \$27,244.00
Patient Ctrl Nmbr: 0.3117538	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$417.48
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/25/2023	Patient Resp: \$26,826.52
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
7440863341Z1	08/23/2023 - 08/23/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-2 PR-45	\$29.66 \$5,371.68	\$118.66
7440863341Z2	08/23/2023 - 08/23/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-2 PR-45	\$17.13 \$3,728.33	\$68.54
7440863341Z3	08/23/2023 - 08/23/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$6.55 \$3,074.23	\$26.22
7440863341Z4	08/23/2023 - 08/23/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$7.70 \$1,716.49	\$30.81
7440863341Z5	08/23/2023 - 08/23/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$11.77 \$1,555.16	\$47.07
7440863341Z6	08/23/2023 - 08/23/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$12.76 \$1,550.21	\$51.03
7440863341Z7	08/23/2023 - 08/23/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-2 PR-45	\$9.00 \$1,264.99	\$36.01
7440863341Z8	08/23/2023 - 08/23/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-2 PR-45	\$9.78 \$1,261.08	\$39.14
7440863341Z9	08/23/2023 - 08/23/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

Supplemental Information - AMT/Payer Codes: \$521.83 (AU)

Patient Name: WALKER, KIZZY	Claim Number: 0202326854003430X00	Claim Date: 07/19/2023-07/19/2023	Claim Status Code: 1
Patient ID: W8W425W10240	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$20,916.00
Patient Ctrl Nmbr: 0.3078014	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$616.08
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/19/2023	Patient Resp: \$3,600.00
Original Ref Nmbr:			

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
	07/19/2023 - 07/19/2023				HC:51785 / 26 / 1	N830	\$71.90 (B6)	\$2,799.00	CO-45	\$2,727.10	\$71.90
	07/19/2023 - 07/19/2023				HC:51785 / 26,XU / 1	N830	\$65.96 (B6)	\$1,071.00	CO-45	\$1,005.04	\$65.96
	07/19/2023 - 07/19/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
	07/19/2023 - 07/19/2023				HC:95822 / 26,XU / 1	N830	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26
	07/19/2023 - 07/19/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$2,943.00	CO-45	\$2,910.23	\$32.77
	07/19/2023 - 07/19/2023				HC:95861 / 26,XU / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	07/19/2023 - 07/19/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	07/19/2023 - 07/19/2023				HC:95999 // 2		\$3,600.00 (B6)	\$3,600.00	PR-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$616.08 (AU)

Patient Name: WATKINS, MARK	Claim Number: 02023300500D7100X00	Claim Date: 10/03/2023-10/03/2023	Claim Status Code: 1
Patient ID: NDJ867692866	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$21,864.00
Patient Ctrl Nmbr: 0.3164523	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/27/2023	Patient Resp: \$21,864.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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
7449534071Z1	10/03/2023 - 10/03/2023				HC:95941 // 1	N584	\$2,760.00 (B6)	\$2,760.00	PR-272	\$2,760.00	\$0.00
7449534071Z2	10/03/2023 - 10/03/2023				HC:95939 / 26 / 1	N584	\$3,814.00 (B6)	\$3,814.00	PR-272	\$3,814.00	\$0.00
7449534071Z3	10/03/2023 - 10/03/2023				HC:95938 / 26 / 1	N584	\$3,107.00 (B6)	\$3,107.00	PR-272	\$3,107.00	\$0.00
7449534071Z4	10/03/2023 - 10/03/2023				HC:95955 / 26 / 1	N584	\$1,755.00 (B6)	\$1,755.00	PR-272	\$1,755.00	\$0.00
7449534071Z5	10/03/2023 - 10/03/2023				HC:95861 / 26 / 1	N584	\$1,614.00 (B6)	\$1,614.00	PR-272	\$1,614.00	\$0.00
7449534071Z6	10/03/2023 - 10/03/2023				HC:95861 / 26,XU / 1	N584	\$1,614.00 (B6)	\$1,614.00	PR-272	\$1,614.00	\$0.00
7449534071Z7	10/03/2023 - 10/03/2023				HC:95999 // 4	N584	\$7,200.00 (B6)	\$7,200.00	PR-272	\$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.

N19=Procedure code incidental to primary procedure.

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).

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815350	Check/EFT Date: 11/07/2023	Total Paid: \$20,158.56
---	--	-----------------------------------	--------------------------------

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)
2=Coinsurance Amount
45=Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
1=Deductible Amount
97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. 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).
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.
272=Coverage/program guidelines were not met.

CLAIM STATUS CODE(S):

1=Processed as Primary
22=Reversal of Previous Payment