Check Summary Transaction Date: November 01, 2023

BCBS HEALTHCARE PLAN OF GA Payee Tax ID: 800407518 **Payee Name:** C AND C NEUROLOGICAL ASSO Payee ID: Pavee Address: PO BOX 7368 / GA081W-0014 1871723353 353 NW SHKL IS RD A 100 COLUMBUS, GA 31908 **Check/EFT Trace Number:** HENDERSONVLLE, TN 37075 0119982488 **Payment Amount:** ANTHEM.COM 40.30 Check/EFT Date: 11/01/2023 **Production End Cycle Date:** 11/02/2023

Patient Name: HOBSON, RAYMOND E Claim Number: 2023283GE1608

\$802.00 Patient ID: AN3793538 Facility Type: Group / Policy: 270095MH3O Claim Charge: Patient Ctrl Nmbr: 74618 Contract Hdr: BLUE TRADITIONAL Claim Frequency: **Claim Payment:** \$40.30 Rendering Prvd: CRUZ, MARCOS Rendering Prv ID: \$0.00 **Claim Received Date:** 10/10/2023 Patient Resp: Original Ref Nmbr:

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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
T33759S2	08/18/2023 - 08/18/2023				HC:95938 / 26,XU / 1		\$41.89 (B6)	\$226.00	OA-23	\$217.49	\$8.51
T33759S4	08/18/2023 - 08/18/2023				HC:95861 / 26,59 / 1		\$75.22 (B6)	\$254.00	OA-23	\$238.71	\$15.29
T33759S6	08/18/2023 - 08/18/2023				HC:95955 / 26,59 / 1		\$49.28 (B6)	\$264.00	OA-23	\$253.98	\$10.02
T33759S8	08/18/2023 - 08/18/2023				HC:95937 / 26,59 / 1		\$31.90 (B6)	\$58.00	OA-23	\$51.52	\$6.48

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

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

Payer: BCBS HEALTHCARE PLAN OF GACheck/EFT Trace Number: 0119982488Check/EFT Date: 11/01/2023Total Paid: \$40.30

CLAIM STATUS CODE(S):

2=Processed as Secondary