

## Check Summary

Transaction Date: October 23, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	<b>Payee Tax ID:</b> 850542512 <b>Payee ID:</b> 1770111452 <b>Check/EFT Trace Number:</b> C23292E10727960 <b>Payment Amount:</b> 515.82 <b>Check/EFT Date:</b> 10/23/2023 <b>Production End Cycle Date:</b> 10/19/2023	<b>Payee Name:</b> PHYSICIAN OVERSIGHT LLC <b>Payee Address:</b> DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: ZUKIEWICZ, TOMASZ

Claim Number: 02022081500692V0X00

Claim Date: 10/06/2021-10/06/2021

Claim Status Code: 22

Patient ID: A2Y828789147	Group / Policy: 0003003660004	Facility Type: 22	Claim Charge: \$-23,292.00
Patient Ctrl Nmbr: 0.2310992	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: HALSELL, JEFFREY S	Rendering Prv ID:	Claim Received Date: 03/22/2022	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
611354057	10/06/2021 - 10/06/2021				HC:95938 / 26,59 / 1			\$-7,270.00	PR-1 PR-45	\$-33.86 \$-7,236.14	\$0.00
611354058	10/06/2021 - 10/06/2021				HC:95955 / 26,59 / 1			\$-6,979.00	PR-1 PR-45	\$-39.69 \$-6,939.31	\$0.00
611354059	10/06/2021 - 10/06/2021				HC:95927 / 26,59 / 1			\$-763.00	PR-1 PR-45	\$-19.93 \$-743.07	\$0.00
611354060	10/06/2021 - 10/06/2021				HC:95941 // 3			\$-8,280.00	PR-1 PR-45	\$-422.34 \$-7,857.66	\$0.00

Patient Name: ZUKIEWICZ, TOMASZ

Claim Number: 02022081500692V0X01

Claim Date: 10/06/2021-10/06/2021

Claim Status Code: 1

Patient ID: A2Y828789147	Group / Policy: 0003003660004	Facility Type: 22	Claim Charge: \$23,292.00
Patient Ctrl Nmbr: 0.2310992	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$515.82
Rendering Prvd: HALSELL, JEFFREY S	Rendering Prv ID:	Claim Received Date: 08/11/2023	Patient Resp: \$22,776.18
Original Ref Nmbr: 02022081500692V0X00			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23292E10727960	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$515.82
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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
	10/06/2021 - 10/06/2021				HC:95938 / 26,59 / 1		\$7,270.00 (B6)	\$7,270.00	PR-45	\$7,236.14	\$33.86
	10/06/2021 - 10/06/2021				HC:95955 / 26,59 / 1		\$6,979.00 (B6)	\$6,979.00	PR-45	\$6,939.31	\$39.69
	10/06/2021 - 10/06/2021				HC:95927 / 26,59 / 1		\$763.00 (B6)	\$763.00	PR-45	\$743.07	\$19.93
	10/06/2021 - 10/06/2021				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-45	\$7,857.66	\$422.34

Supplemental Information - AMT/Payer Codes: \$515.82 (AU)

#### Code Descriptions

##### AMT CODE(S):

B6=Allowed - Actual  
AU=Coverage Amount

##### GROUP CODE(S):

PR=Patient Responsibility

##### CLAIM ADJUSTMENT REASON CODE(S):

1=Deductible Amount

45=Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

##### CLAIM STATUS CODE(S):

22=Reversal of Previous Payment  
1=Processed as Primary