

Check Summary

Transaction Date: October 27, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23298E12213360 Payment Amount: 1,433.10 Check/EFT Date: 10/27/2023 Production End Cycle Date: 10/25/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: BICHLAR, SKYLYNN

Claim Number: 0202327650760C90X00

Claim Date: 09/11/2023-09/11/2023 Claim Status Code: 1

Patient ID: JEA014454260	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$31,241.00
Patient Ctrl Nmbr: 0.3136928	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$494.38
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 10/03/2023	Patient Resp: \$829.54
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
7366499265Z1	09/11/2023 - 09/11/2023				HC:95941 / / 6	N830	\$844.68 (B6)	\$16,560.00	PR-1 PR-2 CO-45	\$500.00 \$137.87 \$15,715.32	\$206.81
7366499265Z2	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1	N830	\$48.06 (B6)	\$3,107.00	PR-2 CO-45	\$19.22 \$3,058.94	\$28.84
7366499265Z3	09/11/2023 - 09/11/2023				HC:95929 / 26 / 1	N830	\$83.82 (B6)	\$2,459.00	PR-2 CO-45	\$33.52 \$2,375.18	\$50.30
7366499265Z4	09/11/2023 - 09/11/2023				HC:95955 / 26 / 1	N830	\$56.49 (B6)	\$1,755.00	PR-2 CO-45	\$22.59 \$1,698.51	\$33.90
7366499265Z5	09/11/2023 - 09/11/2023				HC:95861 / 26 / 1	N830	\$86.30 (B6)	\$1,614.00	PR-2 CO-45	\$34.52 \$1,527.70	\$51.78
7366499265Z6	09/11/2023 - 09/11/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	PR-2 CO-45	\$25.51 \$1,550.21	\$38.28
7366499265Z7	09/11/2023 - 09/11/2023				HC:95870 / 26,XU / 1	M127		\$1,166.00	PI-252	\$1,166.00	\$0.00
7366499265Z8	09/11/2023 - 09/11/2023				HC:95870 / 26,XU / 1	M127		\$1,166.00	PI-252	\$1,166.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213360	Check/EFT Date: 10/27/2023	Total Paid: \$1,433.10
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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
7366499265Z9	09/11/2023 - 09/11/2023				HC:95999 // 1	N830	\$140.78 (B6)	\$1,800.00	PR-2 CO-45	\$56.31 \$1,659.22	\$84.47

Supplemental Information - AMT/Payer Codes: \$1,323.92 (AU)

Patient Name: GARZA, CYNTHIA	Claim Number: 020232825062Z070X00	Claim Date: 09/13/2023-09/13/2023	Claim Status Code: 1
Patient ID: JEA013727430	Group / Policy: 0002380009100	Facility Type: 21	Claim Charge: \$24,530.00
Patient Ctrl Nmbr: 0.3140794	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$490.68
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$327.08
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
7385419680Z1	09/13/2023 - 09/13/2023				HC:95941 // 4	N830	\$563.12 (B6)	\$11,040.00	PR-2 CO-45	\$225.24 \$10,476.88	\$337.88
7385419680Z2	09/13/2023 - 09/13/2023				HC:95938 / 26 / 1	N830	\$48.06 (B6)	\$3,107.00	PR-2 CO-45	\$19.22 \$3,058.94	\$28.84
7385419680Z3	09/13/2023 - 09/13/2023				HC:95955 / 26 / 1	N830	\$56.49 (B6)	\$1,755.00	PR-2 CO-45	\$22.59 \$1,698.51	\$33.90
7385419680Z4	09/13/2023 - 09/13/2023				HC:95861 / 26 / 1	N830	\$86.30 (B6)	\$1,614.00	PR-2 CO-45	\$34.52 \$1,527.70	\$51.78
7385419680Z5	09/13/2023 - 09/13/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	PR-2 CO-45	\$25.51 \$1,550.21	\$38.28
7385419680Z6	09/13/2023 - 09/13/2023				HC:95999 // 1	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$817.76 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213360	Check/EFT Date: 10/27/2023	Total Paid: \$1,433.10
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Patient Name: SANDOVAL, CAROL LYNN	Claim Number: 02023298505361L0X00	Claim Date: 08/21/2023-08/21/2023	Claim Status Code: 1
Patient ID: JEA010840780	Group / Policy: 0002380000100	Facility Type: 21	Claim Charge: \$23,470.00
Patient Ctrl Nmbr: 0.3113512	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$448.04
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 10/25/2023	Patient Resp: \$673.08
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
7440550056Z1	08/21/2023 - 08/21/2023				HC:95941 // 6	N830	\$844.68 (B6)	\$16,560.00	PR-1 PR-2 CO-45	\$374.43 \$188.10 \$15,715.32	\$282.15
7440550056Z2	08/21/2023 - 08/21/2023				HC:95822 / 26 / 1	N830	\$60.51 (B6)	\$1,755.00	PR-2 CO-45	\$24.20 \$1,694.49	\$36.31
7440550056Z3	08/21/2023 - 08/21/2023				HC:95938 / 26 / 1	N830	\$48.06 (B6)	\$3,107.00	PR-2 CO-45	\$19.22 \$3,058.94	\$28.84
7440550056Z4	08/21/2023 - 08/21/2023				HC:95867 / 26 / 1	N830	\$44.39 (B6)	\$742.00	PR-2 CO-45	\$17.75 \$697.61	\$26.64
7440550056Z5	08/21/2023 - 08/21/2023				HC:95867 / 26,XU / 1	N830	\$32.71 (B6)	\$742.00	PR-2 CO-45	\$13.08 \$709.29	\$19.63
7440550056Z6	08/21/2023 - 08/21/2023				HC:92653 // 1	N830	\$90.77 (B6)	\$564.00	PR-2 CO-45	\$36.30 \$473.23	\$54.47

Supplemental Information - AMT/Payer Codes: \$1,121.12 (AU)

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213360	Check/EFT Date: 10/27/2023	Total Paid: \$1,433.10
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AMT CODE(S):

AU=Coverage Amount

GROUP CODE(S):

PR=Patient Responsibility

CO=Contractual Obligations

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

1=Deductible Amount

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)

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).

CLAIM STATUS CODE(S):

1=Processed as Primary