

## Check Summary

Transaction Date: October 11, 2023

BCBS HEALTHCARE PLAN OF GA PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908 ANTHEM.COM	<b>Payee Tax ID:</b> 821395495 <b>Payee ID:</b> 1639608516 <b>Check/EFT Trace Number:</b> 9022108518 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/11/2023 <b>Production End Cycle Date:</b> 10/11/2023	<b>Payee Name:</b> UNIVERSITY NEURO LLC <b>Payee Address:</b> 925B PEACHTREE ST NE STE 710 ATLANTA, GA 30309
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Patient Name: MILLER, PAMELA

Claim Number: 20232077A0222

Claim Date: 02/27/2023-02/27/2023 Claim Status Code: 4

Patient ID: 133988885	Group / Policy: ITSPPO102	Facility Type:	Claim Charge:	\$26,374.00
Patient Ctrl Nmbr: 0.2909747	Contract Hdr: GA BLUE CHOICE PPO	Claim Frequency:	Claim Payment:	\$0.00
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 07/26/2023	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
	02/27/2023 - 02/27/2023				HC:95941 / / 0	M127		\$3,537.00	PI-252	\$3,537.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95939 / 26 / 0	M127		\$7,500.00	PI-252	\$7,500.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95822 / 26 / 0	M127		\$2,436.00	PI-252	\$2,436.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95938 / 26 / 0	M127		\$2,943.00	PI-252	\$2,943.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95861 / 26 / 0	M127		\$1,200.00	PI-252	\$1,200.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95861 / 26,XU / 0	M127		\$1,200.00	PI-252	\$1,200.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95868 / 26 / 0	M127		\$1,779.00	PI-252	\$1,779.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95868 / 26,XU / 0	M127		\$1,779.00	PI-252	\$1,779.00	\$0.00

<b>Payer:</b> BCBS HEALTHCARE PLAN OF GA	<b>Check/EFT Trace Number:</b> 9022108518	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$0.00
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	02/27/2023 - 02/27/2023				HC:95999 // 0	M127		\$4,000.00	PI-252	\$4,000.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

M127=Missing patient medical record for this service.

##### GROUP CODE(S):

PI=Payor Initiated Reductions

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

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):

4=Denied