

Check Summary

Transaction Date: October 20, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23291E10355590 Payment Amount: 24,305.46 Check/EFT Date: 10/20/2023 Production End Cycle Date: 10/18/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: ARDOIN, BARBARA

Claim Number: 02023277500L0500X00

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

Patient ID: ZGN893026156	Group / Policy: 0000006310006	Facility Type: 21	Claim Charge: \$32,476.00
Patient Ctrl Nmbr: 0.3136578	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$948.89
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/04/2023	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
7370827909Z1	09/11/2023 - 09/11/2023				HC:95941 / / 4	N830	\$563.12 (B6)	\$11,040.00	CO-45	\$10,476.88	\$563.12
7370827909Z2	09/11/2023 - 09/11/2023				HC:95939 / 26 / 1	N830	\$114.23 (B6)	\$3,814.00	CO-45	\$3,699.77	\$114.23
7370827909Z3	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1	N830	\$43.69 (B6)	\$3,107.00	CO-45	\$3,063.31	\$43.69
7370827909Z4	09/11/2023 - 09/11/2023				HC:95955 / 26 / 1	N830	\$51.35 (B6)	\$1,755.00	CO-45	\$1,703.65	\$51.35
7370827909Z5	09/11/2023 - 09/11/2023				HC:95861 / 26 / 1	N830	\$78.45 (B6)	\$1,614.00	CO-45	\$1,535.55	\$78.45
7370827909Z6	09/11/2023 - 09/11/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
7370827909Z7	09/11/2023 - 09/11/2023				HC:95870 / 26,XU / 1	N830	\$18.85 (B6)	\$1,166.00	CO-45	\$1,147.15	\$18.85
7370827909Z8	09/11/2023 - 09/11/2023				HC:95870 / 26,XU / 1	N830	\$15.41 (B6)	\$1,166.00	CO-45	\$1,150.59	\$15.41

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
7370827909Z9	09/11/2023 - 09/11/2023				HC:95999 // 1	N830		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$948.89 (AU)

Patient Name: BANCROFT, THERESA	Claim Number: 02023178505N7390X00	Claim Date: 05/31/2023-05/31/2023	Claim Status Code: 22
Patient ID: ZGN925400078	Group / Policy: 0000006310006	Facility Type: 21	Claim Charge: \$-24,530.00
Patient Ctrl Nmbr: 0.3024073	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-522.50
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 06/27/2023	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
7025667353Z1	05/31/2023 - 05/31/2023				HC:95941 // 2	N830		\$-11,040.00	CO-45	\$-10,758.44	\$-281.56
7025667353Z2	05/31/2023 - 05/31/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,699.99	\$-55.01
7025667353Z3	05/31/2023 - 05/31/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,063.31	\$-43.69
7025667353Z4	05/31/2023 - 05/31/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,535.55	\$-78.45
7025667353Z5	05/31/2023 - 05/31/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
7025667353Z6	05/31/2023 - 05/31/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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Patient Name: BANCROFT, THERESA	Claim Number: 02023178505N7390X01	Claim Date: 05/31/2023-05/31/2023	Claim Status Code: 1
Patient ID: ZGN925400078	Group / Policy: 0000006310006	Facility Type: 21	Claim Charge: \$24,530.00
Patient Ctrl Nmbr: 0.3024073	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$2,608.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02023178505N7390X00			

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
	05/31/2023 - 05/31/2023				HC:95941 // 4	MA44	\$2,367.06 (B6)	\$11,040.00	CO-45	\$8,672.94	\$2,367.06
	05/31/2023 - 05/31/2023				HC:95822 / 26 / 1	MA44	\$55.01 (B6)	\$1,755.00	CO-45	\$1,699.99	\$55.01
	05/31/2023 - 05/31/2023				HC:95938 / 26 / 1	MA44	\$43.69 (B6)	\$3,107.00	CO-45	\$3,063.31	\$43.69
	05/31/2023 - 05/31/2023				HC:95861 / 26 / 1	MA44	\$78.45 (B6)	\$1,614.00	CO-45	\$1,535.55	\$78.45
	05/31/2023 - 05/31/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	05/31/2023 - 05/31/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$2,608.00 (AU)

Patient Name: CASILLAN, JAMES	Claim Number: 02023163508932Z0X00	Claim Date: 05/15/2023-05/15/2023	Claim Status Code: 22
Patient ID: ZGP807254712	Group / Policy: 0003510069003	Facility Type: 21	Claim Charge: \$-22,356.00
Patient Ctrl Nmbr: 0.3003248	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 06/12/2023	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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
6982538920Z1	05/15/2023 - 05/15/2023				HC:95941 // 2	N830		\$-8,280.00	PR-1 CO-45	\$-281.56 \$-7,998.44	\$0.00
6982538920Z2	05/15/2023 - 05/15/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	PR-1 CO-45	\$-85.67 \$-3,728.33	\$0.00
6982538920Z3	05/15/2023 - 05/15/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-41.26 \$-1,713.74	\$0.00
6982538920Z4	05/15/2023 - 05/15/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 CO-45	\$-32.77 \$-3,074.23	\$0.00
6982538920Z5	05/15/2023 - 05/15/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Patient Name: CASILLAN, JAMES	Claim Number: 02023163508932Z0X01	Claim Date: 05/15/2023-05/15/2023	Claim Status Code: 1
Patient ID: ZGP807254712	Group / Policy: 0003510069003	Facility Type: 21	Claim Charge: \$22,356.00
Patient Ctrl Nmbr: 0.3003248	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,333.74
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$441.26
Original Ref Nmbr: 02023163508932Z0X00			

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
	05/15/2023 - 05/15/2023				HC:95941 // 3	MA44	\$1,615.30 (B6)	\$8,280.00	PR-1 CO-45	\$281.56 \$6,664.70	\$1,333.74
	05/15/2023 - 05/15/2023				HC:95939 / 26 / 1	MA44	\$85.67 (B6)	\$3,814.00	PR-1 CO-45	\$85.67 \$3,728.33	\$0.00
	05/15/2023 - 05/15/2023				HC:95822 / 26 / 1	MA44	\$41.26 (B6)	\$1,755.00	PR-1 CO-45	\$41.26 \$1,713.74	\$0.00
	05/15/2023 - 05/15/2023				HC:95938 / 26 / 1	MA44	\$32.77 (B6)	\$3,107.00	PR-1 CO-45	\$32.77 \$3,074.23	\$0.00
	05/15/2023 - 05/15/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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Supplemental Information - AMT/Payer Codes: \$1,775.00 (AU)

Patient Name: CHAMBERLAIN, KAREN	Claim Number: 02023192500985A0X00	Claim Date: 04/11/2023-04/11/2023	Claim Status Code: 22
Patient ID: ZGP835970345	Group / Policy: 0003526020001	Facility Type: 21	Claim Charge: \$-21,770.00
Patient Ctrl Nmbr: 0.2961379	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: LHATOO, SAMDEN D	Rendering Prv ID:	Claim Received Date: 07/11/2023	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
7071598388Z1	04/11/2023 - 04/11/2023				HC:95941 // 2	N830		\$-8,280.00	PR-1 CO-45	\$-281.56 \$-7,998.44	\$0.00
7071598388Z2	04/11/2023 - 04/11/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-41.26 \$-1,713.74	\$0.00
7071598388Z3	04/11/2023 - 04/11/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 CO-45	\$-32.77 \$-3,074.23	\$0.00
7071598388Z4	04/11/2023 - 04/11/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-1 CO-45	\$-58.84 \$-1,555.16	\$0.00
7071598388Z5	04/11/2023 - 04/11/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-1 CO-45	\$-63.79 \$-1,550.21	\$0.00
7071598388Z6	04/11/2023 - 04/11/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Patient Name: CHAMBERLAIN, KAREN J	Claim Number: 02023192500985A0X01	Claim Date: 04/11/2023-04/11/2023	Claim Status Code: 1
Patient ID: ZGP835970345	Group / Policy: 0003526020001	Facility Type: 21	Claim Charge: \$21,770.00
Patient Ctrl Nmbr: 0.2961379	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$2,521.78
Rendering Prvd: LHATOO, SAMDEN D	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$5,878.22
Original Ref Nmbr: 02023192500985A0X00			

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	04/11/2023 - 04/11/2023				HC:95941 // 3	MA44	\$2,803.34 (B6)	\$8,280.00	PR-1 CO-45	\$281.56 \$5,476.66	\$2,521.78
	04/11/2023 - 04/11/2023				HC:95822 / 26 / 1	MA44	\$41.26 (B6)	\$1,755.00	PR-1 CO-45	\$41.26 \$1,713.74	\$0.00
	04/11/2023 - 04/11/2023				HC:95938 / 26 / 1	MA44	\$32.77 (B6)	\$3,107.00	PR-1 CO-45	\$32.77 \$3,074.23	\$0.00
	04/11/2023 - 04/11/2023				HC:95861 / 26 / 1	MA44	\$58.84 (B6)	\$1,614.00	PR-1 CO-45	\$58.84 \$1,555.16	\$0.00
	04/11/2023 - 04/11/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00
	04/11/2023 - 04/11/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$3,000.00 (AU)

Patient Name: DEARING, KATHRYN	Claim Number: 0202321950N52870X00	Claim Date: 07/24/2023-07/24/2023	Claim Status Code: 22
Patient ID: TEA806659755	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$-25,444.00
Patient Ctrl Nmbr: 0.3082715	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 08/07/2023	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
7157984233Z1	07/24/2023 - 07/24/2023				HC:95941 // 2	M127		\$-5,520.00	PI-252	\$-5,520.00	\$0.00
7157984233Z2	07/24/2023 - 07/24/2023				HC:95939 / 26 / 1	M127		\$-3,814.00	PI-252	\$-3,814.00	\$0.00
7157984233Z3	07/24/2023 - 07/24/2023				HC:95822 / 26 / 1	M127		\$-1,755.00	PI-252	\$-1,755.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
7157984233Z4	07/24/2023 - 07/24/2023				HC:95938 / 26 / 1	M127		\$-3,107.00	PI-252	\$-3,107.00	\$0.00
7157984233Z5	07/24/2023 - 07/24/2023				HC:95861 / 26 / 1	M127		\$-1,614.00	PI-252	\$-1,614.00	\$0.00
7157984233Z6	07/24/2023 - 07/24/2023				HC:95861 / 26,XU / 1	M127		\$-1,614.00	PI-252	\$-1,614.00	\$0.00
7157984233Z7	07/24/2023 - 07/24/2023				HC:95868 / 26 / 1	M127		\$-1,310.00	PI-252	\$-1,310.00	\$0.00
7157984233Z8	07/24/2023 - 07/24/2023				HC:95868 / 26,XU / 1	M127		\$-1,310.00	PI-252	\$-1,310.00	\$0.00
7157984233Z9	07/24/2023 - 07/24/2023				HC:95999 // 3	M127		\$-5,400.00	PI-252	\$-5,400.00	\$0.00

Patient Name: DEARING, KATHRYN	Claim Number: 0202321950N52870X01	Claim Date: 07/24/2023-07/24/2023	Claim Status Code: 1
Patient ID: TEA806659755	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$25,444.00
Patient Ctrl Nmbr: 0.3082715	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/15/2023	Patient Resp: \$25,444.00
Original Ref Nmbr: 0202321950N52870X00			

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
	07/24/2023 - 07/24/2023				HC:95941 // 2	N661	\$5,520.00 (B6)	\$5,520.00	PR-50	\$5,520.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95939 / 26 / 1	N661	\$3,814.00 (B6)	\$3,814.00	PR-50	\$3,814.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95822 / 26 / 1	N661	\$1,755.00 (B6)	\$1,755.00	PR-50	\$1,755.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95938 / 26 / 1	N661	\$3,107.00 (B6)	\$3,107.00	PR-50	\$3,107.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	07/24/2023 - 07/24/2023				HC:95861 / 26 / 1	N661	\$1,614.00 (B6)	\$1,614.00	PR-50	\$1,614.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95861 / 26,XU / 1	N661	\$1,614.00 (B6)	\$1,614.00	PR-50	\$1,614.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95868 / 26 / 1	N661	\$1,310.00 (B6)	\$1,310.00	PR-50	\$1,310.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95868 / 26,XU / 1	N661	\$1,310.00 (B6)	\$1,310.00	PR-50	\$1,310.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95999 // 1	N661	\$5,400.00 (B6)	\$5,400.00	PR-50	\$5,400.00	\$0.00

Patient Name: GARDNER, THOMAS	Claim Number: 020231675079U560X00	Claim Date: 05/30/2023-05/30/2023	Claim Status Code: 22
Patient ID: ZGP830327712	Group / Policy: 0002790350000	Facility Type: 21	Claim Charge: \$-20,884.00
Patient Ctrl Nmbr: 0.3021364	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 06/16/2023	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
6999062227Z1	05/30/2023 - 05/30/2023				HC:95941 // 1	N830		\$-2,760.00	PR-1 CO-45	\$-140.78 \$-2,619.22	\$0.00
6999062227Z2	05/30/2023 - 05/30/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	PR-1 CO-45	\$-85.67 \$-3,728.33	\$0.00
6999062227Z3	05/30/2023 - 05/30/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-41.26 \$-1,713.74	\$0.00
6999062227Z4	05/30/2023 - 05/30/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 CO-45	\$-32.77 \$-3,074.23	\$0.00
6999062227Z5	05/30/2023 - 05/30/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-1 CO-45	\$-58.84 \$-1,555.16	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
6999062227Z6	05/30/2023 - 05/30/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-1 CO-45	\$-63.79 \$-1,550.21	\$0.00
6999062227Z7	05/30/2023 - 05/30/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	PR-1 CO-45	\$-45.01 \$-1,264.99	\$0.00
6999062227Z8	05/30/2023 - 05/30/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	PR-1 CO-45	\$-48.92 \$-1,261.08	\$0.00
6999062227Z9	05/30/2023 - 05/30/2023				HC:95999 // 1	N830		\$-3,600.00	CO-45	\$-3,600.00	\$0.00

Patient Name: GARDNER, THOMAS	Claim Number: 020231675079U560X01	Claim Date: 05/30/2023-05/30/2023	Claim Status Code: 1
Patient ID: ZGP830327712	Group / Policy: 0002790350000	Facility Type: 21	Claim Charge: \$20,884.00
Patient Ctrl Nmbr: 0.3021364	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$211.96
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$517.04
Original Ref Nmbr: 020231675079U560X00			

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
	05/30/2023 - 05/30/2023				HC:95941 // 1	MA44	\$352.74 (B6)	\$2,760.00	PR-1 CO-45	\$140.78 \$2,407.26	\$211.96
	05/30/2023 - 05/30/2023				HC:95939 / 26 / 1	MA44	\$85.67 (B6)	\$3,814.00	PR-1 CO-45	\$85.67 \$3,728.33	\$0.00
	05/30/2023 - 05/30/2023				HC:95822 / 26 / 1	MA44	\$41.26 (B6)	\$1,755.00	PR-1 CO-45	\$41.26 \$1,713.74	\$0.00
	05/30/2023 - 05/30/2023				HC:95938 / 26 / 1	MA44	\$32.77 (B6)	\$3,107.00	PR-1 CO-45	\$32.77 \$3,074.23	\$0.00
	05/30/2023 - 05/30/2023				HC:95861 / 26 / 1	MA44	\$58.84 (B6)	\$1,614.00	PR-1 CO-45	\$58.84 \$1,555.16	\$0.00
	05/30/2023 - 05/30/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	05/30/2023 - 05/30/2023				HC:95868 / 26 / 1	MA44	\$45.01 (B6)	\$1,310.00	PR-1 CO-45	\$45.01 \$1,264.99	\$0.00
	05/30/2023 - 05/30/2023				HC:95868 / 26,XU / 1	MA44	\$48.92 (B6)	\$1,310.00	PR-1 CO-45	\$48.92 \$1,261.08	\$0.00
	05/30/2023 - 05/30/2023				HC:95999 // 2	MA44		\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$729.00 (AU)

Patient Name: HANSEN, DEBORAH	Claim Number: 020231675087U660X00	Claim Date: 05/30/2023-05/30/2023	Claim Status Code: 22
Patient ID: ZGP843362885	Group / Policy: 0002931870000	Facility Type: 21	Claim Charge: \$-21,630.00
Patient Ctrl Nmbr: 0.3021109	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 06/16/2023	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
6998800127Z1	05/30/2023 - 05/30/2023				HC:95941 // 2	N830		\$-5,520.00	PR-1 CO-45	\$-281.56 \$-5,238.44	\$0.00
6998800127Z2	05/30/2023 - 05/30/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-41.26 \$-1,713.74	\$0.00
6998800127Z3	05/30/2023 - 05/30/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 CO-45	\$-32.77 \$-3,074.23	\$0.00
6998800127Z4	05/30/2023 - 05/30/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-1 CO-45	\$-58.84 \$-1,555.16	\$0.00
6998800127Z5	05/30/2023 - 05/30/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-1 CO-45	\$-63.79 \$-1,550.21	\$0.00
6998800127Z6	05/30/2023 - 05/30/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	PR-1 CO-45	\$-45.01 \$-1,264.99	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
6998800127Z7	05/30/2023 - 05/30/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	PR-1 CO-45	\$-48.92 \$-1,261.08	\$0.00
6998800127Z8	05/30/2023 - 05/30/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Patient Name: HANSEN, DEBORAH	Claim Number: 020231675087U660X01	Claim Date: 05/30/2023-05/30/2023	Claim Status Code: 1
Patient ID: ZGP843362885	Group / Policy: 0002931870000	Facility Type: 21	Claim Charge: \$21,630.00
Patient Ctrl Nmbr: 0.3021109	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,427.85
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$572.15
Original Ref Nmbr: 020231675087U660X00			

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
	05/30/2023 - 05/30/2023				HC:95941 // 2	MA44	\$1,709.41 (B6)	\$5,520.00	PR-1 CO-45	\$281.56 \$3,810.59	\$1,427.85
	05/30/2023 - 05/30/2023				HC:95822 / 26 / 1	MA44	\$41.26 (B6)	\$1,755.00	PR-1 CO-45	\$41.26 \$1,713.74	\$0.00
	05/30/2023 - 05/30/2023				HC:95938 / 26 / 1	MA44	\$32.77 (B6)	\$3,107.00	PR-1 CO-45	\$32.77 \$3,074.23	\$0.00
	05/30/2023 - 05/30/2023				HC:95861 / 26 / 1	MA44	\$58.84 (B6)	\$1,614.00	PR-1 CO-45	\$58.84 \$1,555.16	\$0.00
	05/30/2023 - 05/30/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00
	05/30/2023 - 05/30/2023				HC:95868 / 26 / 1	MA44	\$45.01 (B6)	\$1,310.00	PR-1 CO-45	\$45.01 \$1,264.99	\$0.00
	05/30/2023 - 05/30/2023				HC:95868 / 26,XU / 1	MA44	\$48.92 (B6)	\$1,310.00	PR-1 CO-45	\$48.92 \$1,261.08	\$0.00
	05/30/2023 - 05/30/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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Supplemental Information - AMT/Payer Codes: \$2,000.00 (AU)

Patient Name: JONES, CURTIS	Claim Number: 02023157508D1600X00	Claim Date: 05/16/2023-05/16/2023	Claim Status Code: 22
Patient ID: ZGP826747800	Group / Policy: 0002090680000	Facility Type: 21	Claim Charge: \$-27,244.00
Patient Ctrl Nmbr: 0.3003941	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-657.82
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 06/06/2023	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
6963929891Z1	05/16/2023 - 05/16/2023				HC:95941 // 2	N830		\$-5,520.00	CO-45	\$-5,238.44	\$-281.56
6963929891Z2	05/16/2023 - 05/16/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,728.33	\$-85.67
6963929891Z3	05/16/2023 - 05/16/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
6963929891Z4	05/16/2023 - 05/16/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
6963929891Z5	05/16/2023 - 05/16/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
6963929891Z6	05/16/2023 - 05/16/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
6963929891Z7	05/16/2023 - 05/16/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,264.99	\$-45.01
6963929891Z8	05/16/2023 - 05/16/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
6963929891Z9	05/16/2023 - 05/16/2023				HC:95999 // 1	N830		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

Patient Name: JONES, CURTIS	Claim Number: 02023157508D1600X01	Claim Date: 05/16/2023-05/16/2023	Claim Status Code: 2
Patient ID: ZGP826747800	Group / Policy: 0002090680000	Facility Type: 21	Claim Charge: \$27,244.00
Patient Ctrl Nmbr: 0.3003941	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,666.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02023157508D1600X00			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	05/16/2023 - 05/16/2023				HC:95941 // 2	MA44	\$1,289.74 (B6)	\$5,520.00	CO-45	\$5,520.00	\$0.00
	05/16/2023 - 05/16/2023				HC:95939 / 26 / 1	MA44	\$85.67 (B6)	\$3,814.00	CO-45	\$3,814.00	\$0.00
	05/16/2023 - 05/16/2023				HC:95822 / 26 / 1	MA44	\$41.26 (B6)	\$1,755.00	CO-45	\$1,755.00	\$0.00
	05/16/2023 - 05/16/2023				HC:95938 / 26 / 1	MA44	\$32.77 (B6)	\$3,107.00	CO-45	\$3,107.00	\$0.00
	05/16/2023 - 05/16/2023				HC:95861 / 26 / 1	MA44	\$58.84 (B6)	\$1,614.00	CO-45	\$1,614.00	\$0.00
	05/16/2023 - 05/16/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	CO-45	\$1,614.00	\$0.00
	05/16/2023 - 05/16/2023				HC:95868 / 26 / 1	MA44	\$356.00 (B6)	\$1,310.00	CO-45	\$954.00	\$356.00
	05/16/2023 - 05/16/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00			\$1,310.00
	05/16/2023 - 05/16/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,666.00 (AU)

Patient Name: KOVAL, JOHN	Claim Number: 0202328254014100X00	Claim Date: 09/11/2023-09/11/2023	Claim Status Code: 1
Patient ID: VUE921555482	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$29,907.00
Patient Ctrl Nmbr: 0.3136619	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$4,639.36
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/04/2023	Patient Resp: \$3,600.00
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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	09/11/2023 - 09/11/2023				HC:95941 // 2	N830	\$365.14 (B6)	\$5,520.00	CO-45	\$5,154.86	\$365.14
	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1	N830	\$88.02 (B6)	\$3,107.00	CO-45	\$3,018.98	\$88.02
	09/11/2023 - 09/11/2023				HC:95955 / 26 / 1	N830	\$103.40 (B6)	\$1,755.00	CO-45	\$1,651.60	\$103.40
	09/11/2023 - 09/11/2023				HC:95908 / 26 / 1	N830	\$128.16 (B6)	\$437.00	CO-45	\$308.84	\$128.16
	09/11/2023 - 09/11/2023				HC:95886 / 26 / 2	N830	\$177.32 (B6)	\$5,944.00	CO-45	\$5,766.68	\$177.32
	09/11/2023 - 09/11/2023				HC:95886 / 26,XU / 2	N830	\$177.32 (B6)	\$5,944.00	CO-45	\$5,766.68	\$177.32
	09/11/2023 - 09/11/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$3,600.00	\$3,600.00

Supplemental Information - AMT/Payer Codes: \$4,639.36 (AU)

Patient Name: LOVING, ELIZABETH	Claim Number: 0202327654007430X00	Claim Date: 08/01/2023-08/01/2023	Claim Status Code: 1
Patient ID: MOE876458540	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$23,269.00
Patient Ctrl Nmbr: 0.3090679	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/29/2023	Patient Resp: \$23,269.00
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
	08/01/2023 - 08/01/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-272	\$5,520.00	\$0.00
	08/01/2023 - 08/01/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-272	\$3,107.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	08/01/2023 - 08/01/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-272	\$1,755.00	\$0.00
	08/01/2023 - 08/01/2023				HC:95929 / 26 / 1		\$2,459.00 (B6)	\$2,459.00	PR-272	\$2,459.00	\$0.00
	08/01/2023 - 08/01/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-272	\$1,614.00	\$0.00
	08/01/2023 - 08/01/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-272	\$1,614.00	\$0.00
	08/01/2023 - 08/01/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-272	\$7,200.00	\$0.00

Patient Name: MACK, BEVERLY	Claim Number: 02023178503N9110X00	Claim Date: 06/02/2023-06/02/2023	Claim Status Code: 22
Patient ID: ZGP829089826	Group / Policy: 0003250740001	Facility Type: 21	Claim Charge: \$-47,870.00
Patient Ctrl Nmbr: 0.3026822	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: LHATOO, SAMDEN D	Rendering Prv ID:	Claim Received Date: 06/27/2023	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
7025991604Z1	06/02/2023 - 06/02/2023				HC:95941 // 2	N830		\$-27,600.00	PR-1 CO-45	\$-281.56 \$-27,318.44	\$0.00
7025991604Z2	06/02/2023 - 06/02/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	PR-1 CO-45	\$-85.67 \$-3,728.33	\$0.00
7025991604Z3	06/02/2023 - 06/02/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-41.26 \$-1,713.74	\$0.00
7025991604Z4	06/02/2023 - 06/02/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 CO-45	\$-32.77 \$-3,074.23	\$0.00
7025991604Z5	06/02/2023 - 06/02/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-1 CO-45	\$-58.84 \$-1,555.16	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
7025991604Z6	06/02/2023 - 06/02/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-1 CO-45	\$-63.79 \$-1,550.21	\$0.00
7025991604Z7	06/02/2023 - 06/02/2023				HC:95870 / 26,XU / 1	N830		\$-583.00	PR-1 CO-45	\$-14.14 \$-568.86	\$0.00
7025991604Z8	06/02/2023 - 06/02/2023				HC:95870 / 26,XU / 1	N830		\$-583.00	PR-1 CO-45	\$-15.41 \$-567.59	\$0.00
7025991604Z9	06/02/2023 - 06/02/2023				HC:95999 // 1	N830		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

Patient Name: MACK, BEVERLY S	Claim Number: 02023178503N9110X01	Claim Date: 06/02/2023-06/02/2023	Claim Status Code: 1
Patient ID: ZGP829089826	Group / Policy: 0003250740001	Facility Type: 21	Claim Charge: \$47,870.00
Patient Ctrl Nmbr: 0.3026822	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$4,267.56
Rendering Prvd: LHATOO, SAMDEN D	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$593.44
Original Ref Nmbr: 02023178503N9110X00			

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
	06/02/2023 - 06/02/2023				HC:95941 // 10	MA44	\$4,549.12 (B6)	\$27,600.00	PR-1 CO-45	\$281.56 \$23,050.88	\$4,267.56
	06/02/2023 - 06/02/2023				HC:95939 / 26 / 1	MA44	\$85.67 (B6)	\$3,814.00	PR-1 CO-45	\$85.67 \$3,728.33	\$0.00
	06/02/2023 - 06/02/2023				HC:95822 / 26 / 1	MA44	\$41.26 (B6)	\$1,755.00	PR-1 CO-45	\$41.26 \$1,713.74	\$0.00
	06/02/2023 - 06/02/2023				HC:95938 / 26 / 1	MA44	\$32.77 (B6)	\$3,107.00	PR-1 CO-45	\$32.77 \$3,074.23	\$0.00
	06/02/2023 - 06/02/2023				HC:95861 / 26 / 1	MA44	\$58.84 (B6)	\$1,614.00	PR-1 CO-45	\$58.84 \$1,555.16	\$0.00
	06/02/2023 - 06/02/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	06/02/2023 - 06/02/2023				HC:95870 / 26,XU / 1	MA44	\$14.14 (B6)	\$583.00	PR-1 CO-45	\$14.14 \$568.86	\$0.00
	06/02/2023 - 06/02/2023				HC:95870 / 26,XU / 1	MA44	\$15.41 (B6)	\$583.00	PR-1 CO-45	\$15.41 \$567.59	\$0.00
	06/02/2023 - 06/02/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$4,861.00 (AU)

Patient Name: MEDSGER, JOHN S	Claim Number: 0202310750464A00X01	Claim Date: 03/24/2023-03/24/2023	Claim Status Code: 22
Patient ID: ZGZ822895108	Group / Policy: 0003524040001	Facility Type: 22	Claim Charge: \$-26,404.00
Patient Ctrl Nmbr: 0.2941370	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$-464.10
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 06/08/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202310750464A00X00			

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
	03/24/2023 - 03/24/2023				HC:95941 // 2			\$-8,280.00	PR-197	\$-8,280.00	\$0.00
	03/24/2023 - 03/24/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,699.77	\$-114.23
	03/24/2023 - 03/24/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,699.99	\$-55.01
	03/24/2023 - 03/24/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,063.31	\$-43.69
	03/24/2023 - 03/24/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,535.55	\$-78.45
	03/24/2023 - 03/24/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	03/24/2023 - 03/24/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,249.99	\$-60.01
	03/24/2023 - 03/24/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
	03/24/2023 - 03/24/2023				HC:95999 // 1			\$-3,600.00	PR-197	\$-3,600.00	\$0.00

Patient Name: MEDSGER, JOHN S	Claim Number: 0202310750464A00X02	Claim Date: 03/24/2023-03/24/2023	Claim Status Code: 1
Patient ID: ZGZ822895108	Group / Policy: 0003524040001	Facility Type: 22	Claim Charge: \$26,404.00
Patient Ctrl Nmbr: 0.2941370	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$3,000.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$11,880.00
Original Ref Nmbr: 0202310750464A00X01			

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
	03/24/2023 - 03/24/2023				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-197	\$8,280.00	\$0.00
	03/24/2023 - 03/24/2023				HC:95939 / 26 / 1	MA44	\$114.23 (B6)	\$3,814.00	CO-45	\$3,699.77	\$114.23
	03/24/2023 - 03/24/2023				HC:95822 / 26 / 1	MA44	\$55.01 (B6)	\$1,755.00	CO-45	\$1,699.99	\$55.01
	03/24/2023 - 03/24/2023				HC:95938 / 26 / 1	MA44	\$2,579.59 (B6)	\$3,107.00	CO-45	\$527.41	\$2,579.59
	03/24/2023 - 03/24/2023				HC:95861 / 26 / 1	MA44	\$78.45 (B6)	\$1,614.00	CO-45	\$1,535.55	\$78.45
	03/24/2023 - 03/24/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	03/24/2023 - 03/24/2023				HC:95868 / 26 / 1	MA44	\$60.01 (B6)	\$1,310.00	CO-45	\$1,249.99	\$60.01

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	03/24/2023 - 03/24/2023				HC:95868 / 26,XU / 1	MA44	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	03/24/2023 - 03/24/2023				HC:95999 // 2		\$3,600.00 (B6)	\$3,600.00	PR-197	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$3,000.00 (AU)

Patient Name: NELSON, CHRISTOPHER	Claim Number: 020231785060H570X00	Claim Date: 06/12/2023-06/12/2023	Claim Status Code: 22
Patient ID: ZGN924148840	Group / Policy: 0000006250001	Facility Type: 22	Claim Charge: \$-17,627.00
Patient Ctrl Nmbr: 0.3035661	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-229.03
Rendering Prvd: THOMAS, MELISSA S	Rendering Prv ID:	Claim Received Date: 06/27/2023	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
7030572673Z1	06/12/2023 - 06/12/2023				HC:95941 // 1	N830		\$-3,537.00	PR-2 CO-45	\$-56.31 \$-3,396.22	\$-84.47
7030572673Z2	06/12/2023 - 06/12/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-2 CO-45	\$-22.00 \$-1,699.99	\$-33.01
7030572673Z3	06/12/2023 - 06/12/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-2 CO-45	\$-17.48 \$-3,063.31	\$-26.21
7030572673Z4	06/12/2023 - 06/12/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-2 CO-45	\$-31.38 \$-1,535.55	\$-47.07
7030572673Z5	06/12/2023 - 06/12/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-2 CO-45	\$-25.52 \$-1,550.21	\$-38.27
7030572673Z6	06/12/2023 - 06/12/2023				HC:95999 // 1	N830		\$-6,000.00	CO-45	\$-6,000.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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Patient Name: NELSON, CHRISTOPHER M	Claim Number: 020231785060H570X01	Claim Date: 06/12/2023-06/12/2023	Claim Status Code: 1
Patient ID: ZGN924148840	Group / Policy: 0000006250001	Facility Type: 22	Claim Charge: \$17,627.00
Patient Ctrl Nmbr: 0.3035661	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$568.31
Rendering Prvd: THOMAS, MELISSA S	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$152.69
Original Ref Nmbr: 020231785060H570X00			

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
	06/12/2023 - 06/12/2023				HC:95941 // 1	MA44	\$480.06 (B6)	\$3,537.00	PR-2 CO-45	\$56.31 \$3,056.94	\$423.75
	06/12/2023 - 06/12/2023				HC:95822 / 26 / 1	MA44	\$55.01 (B6)	\$1,755.00	PR-2 CO-45	\$22.00 \$1,699.99	\$33.01
	06/12/2023 - 06/12/2023				HC:95938 / 26 / 1	MA44	\$43.69 (B6)	\$3,107.00	PR-2 CO-45	\$17.48 \$3,063.31	\$26.21
	06/12/2023 - 06/12/2023				HC:95861 / 26 / 1	MA44	\$78.45 (B6)	\$1,614.00	PR-2 CO-45	\$31.38 \$1,535.55	\$47.07
	06/12/2023 - 06/12/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-2 CO-45	\$25.52 \$1,550.21	\$38.27
	06/12/2023 - 06/12/2023				HC:95999 // 3	MA44		\$6,000.00	CO-45	\$6,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$721.00 (AU)

Patient Name: NEWELL, MONICA	Claim Number: 02022350500701Y0X01	Claim Date: 10/05/2022-10/05/2022	Claim Status Code: 22
Patient ID: ZGN925301857	Group / Policy: 0000006310005	Facility Type: 21	Claim Charge: \$-21,788.00
Patient Ctrl Nmbr: 0.2737616	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$-539.42
Rendering Prvd: LIN, LU	Rendering Prv ID:	Claim Received Date: 07/10/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02022350500701Y0X00			

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: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	10/05/2022 - 10/05/2022				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,619.22	\$-140.78
	10/05/2022 - 10/05/2022				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,697.10	\$-116.90
	10/05/2022 - 10/05/2022				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,698.77	\$-56.23
	10/05/2022 - 10/05/2022				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,062.22	\$-44.78
	10/05/2022 - 10/05/2022				HC:95870 / 26,XU / 2	N830		\$-1,166.00	CO-45	\$-1,127.68	\$-38.32
	10/05/2022 - 10/05/2022				HC:95870 / 26,XU / 2	N830		\$-1,166.00	CO-45	\$-1,135.19	\$-30.81
	10/05/2022 - 10/05/2022				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,248.32	\$-61.68
	10/05/2022 - 10/05/2022				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
	10/05/2022 - 10/05/2022				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,399.00	\$-1.00

Patient Name: NEWELL, MONICA	Claim Number: 02022350500701Y0X02	Claim Date: 10/05/2022-10/05/2022	Claim Status Code: 1
Patient ID: ZGN925301857	Group / Policy: 0000006310005	Facility Type: 21	Claim Charge: \$21,788.00
Patient Ctrl Nmbr: 0.2737616	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$2,000.00
Rendering Prvd: LIN, LU	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02022350500701Y0X01			

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
	10/05/2022 - 10/05/2022				HC:95941 // 1	MA44	\$1,601.36 (B6)	\$2,760.00	CO-45	\$1,158.64	\$1,601.36

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	10/05/2022 - 10/05/2022				HC:95939 / 26 / 1	MA44	\$116.90 (B6)	\$3,814.00	CO-45	\$3,697.10	\$116.90
	10/05/2022 - 10/05/2022				HC:95822 / 26 / 1	MA44	\$56.23 (B6)	\$1,755.00	CO-45	\$1,698.77	\$56.23
	10/05/2022 - 10/05/2022				HC:95938 / 26 / 1	MA44	\$44.78 (B6)	\$3,107.00	CO-45	\$3,062.22	\$44.78
	10/05/2022 - 10/05/2022				HC:95870 / 26,XU / 2	MA44	\$38.32 (B6)	\$1,166.00	CO-45	\$1,127.68	\$38.32
	10/05/2022 - 10/05/2022				HC:95870 / 26,XU / 2	MA44	\$30.81 (B6)	\$1,166.00	CO-45	\$1,135.19	\$30.81
	10/05/2022 - 10/05/2022				HC:95868 / 26 / 1	MA44	\$61.68 (B6)	\$1,310.00	CO-45	\$1,248.32	\$61.68
	10/05/2022 - 10/05/2022				HC:95868 / 26,XU / 1	MA44	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	10/05/2022 - 10/05/2022				HC:95999 // 3	MA44	\$1.00 (B6)	\$5,400.00	CO-45	\$5,399.00	\$1.00

Supplemental Information - AMT/Payer Codes: \$2,000.00 (AU)

Patient Name: PAUL, SCOTT	Claim Number: 02023166502670Q0X00	Claim Date: 05/25/2023-05/25/2023	Claim Status Code: 22
Patient ID: ZGP830235838	Group / Policy: 0003495340004	Facility Type: 22	Claim Charge: \$-16,768.00
Patient Ctrl Nmbr: 0.3018316	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-136.58
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 06/15/2023	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
6995008339Z1	05/25/2023 - 05/25/2023				HC:95941 // 2	N830		\$-5,520.00	PR-1 PR-2 CO-45	\$-270.54 \$-4.40 \$-5,238.44	\$-6.62

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
6995008339Z2	05/25/2023 - 05/25/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-2 CO-45	\$-23.53 \$-1,555.16	\$-35.31
6995008339Z3	05/25/2023 - 05/25/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-2 CO-45	\$-25.51 \$-1,550.21	\$-38.28
6995008339Z4	05/25/2023 - 05/25/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	PR-2 CO-45	\$-18.00 \$-1,264.99	\$-27.01
6995008339Z5	05/25/2023 - 05/25/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	PR-2 CO-45	\$-19.56 \$-1,261.08	\$-29.36
6995008339Z6	05/25/2023 - 05/25/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Patient Name: PAUL, SCOTT R	Claim Number: 02023166502670Q0X01	Claim Date: 05/25/2023-05/25/2023	Claim Status Code: 1
Patient ID: ZGP830235838	Group / Policy: 0003495340004	Facility Type: 22	Claim Charge: \$16,768.00
Patient Ctrl Nmbr: 0.3018316	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,658.46
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$5,761.54
Original Ref Nmbr: 02023166502670Q0X00			

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
	05/25/2023 - 05/25/2023				HC:95941 // 2	MA44	\$1,803.44 (B6)	\$5,520.00	PR-1 PR-2 CO-45	\$270.54 \$4.40 \$3,716.56	\$1,528.50
	05/25/2023 - 05/25/2023				HC:95861 / 26 / 1	MA44	\$58.84 (B6)	\$1,614.00	PR-2 CO-45	\$23.53 \$1,555.16	\$35.31
	05/25/2023 - 05/25/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-2 CO-45	\$25.51 \$1,550.21	\$38.28
	05/25/2023 - 05/25/2023				HC:95868 / 26 / 1	MA44	\$45.01 (B6)	\$1,310.00	PR-2 CO-45	\$18.00 \$1,264.99	\$27.01
	05/25/2023 - 05/25/2023				HC:95868 / 26,XU / 1	MA44	\$48.92 (B6)	\$1,310.00	PR-2 CO-45	\$19.56 \$1,261.08	\$29.36

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	05/25/2023 - 05/25/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$2,020.00 (AU)

Patient Name: RAY, COREY	Claim Number: 0202328254014180X00	Claim Date: 10/27/2022-10/27/2022	Claim Status Code: 1
Patient ID: CTY000263775	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$16,250.00
Patient Ctrl Nmbr: 0.2764831	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/07/2023	Patient Resp: \$589.83
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
	10/27/2022 - 10/27/2022				HC:95941 // 1	N830	\$195.70 (B6)	\$2,760.00	PR-1 CO-45	\$195.70 \$2,564.30	\$0.00
	10/27/2022 - 10/27/2022				HC:95822 / 26 / 1	N830	\$84.45 (B6)	\$1,755.00	PR-1 CO-45	\$84.45 \$1,670.55	\$0.00
	10/27/2022 - 10/27/2022				HC:95938 / 26 / 1	N830	\$67.26 (B6)	\$3,107.00	PR-1 CO-45	\$67.26 \$3,039.74	\$0.00
	10/27/2022 - 10/27/2022				HC:95861 / 26 / 1	N830	\$121.21 (B6)	\$1,614.00	PR-1 CO-45	\$121.21 \$1,492.79	\$0.00
	10/27/2022 - 10/27/2022				HC:95861 / 26,XU / 1	N830	\$121.21 (B6)	\$1,614.00	PR-1 CO-45	\$121.21 \$1,492.79	\$0.00
	10/27/2022 - 10/27/2022				HC:95999 // 3			\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$589.83 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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Patient Name: TENNEY, LINDA	Claim Number: 0202320854004980X01	Claim Date: 04/21/2023-04/21/2023	Claim Status Code: 22
Patient ID: QMF921234784	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-13,982.00
Patient Ctrl Nmbr: 0.2975514	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-4,104.87
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 08/16/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202320854004980X00			

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
	04/21/2023 - 04/21/2023				HC:95941 // 2	MA44		\$-5,520.00	CO-45	\$-2,416.49	\$-3,103.51
	04/21/2023 - 04/21/2023				HC:95822 / 26 / 1	MA44		\$-1,755.00	CO-45	\$-1,699.85	\$-55.15
	04/21/2023 - 04/21/2023				HC:95938 / 26 / 1	MA44		\$-3,107.00	CO-45	\$-3,060.79	\$-46.21
	04/21/2023 - 04/21/2023				HC:95999 // 2	MA44		\$-3,600.00	CO-45	\$-2,700.00	\$-900.00

Patient Name: TENNEY, LINDA	Claim Number: 0202320854004980X02	Claim Date: 04/21/2023-04/21/2023	Claim Status Code: 1
Patient ID: QMF921234784	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$13,982.00
Patient Ctrl Nmbr: 0.2975514	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$4,107.87
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/01/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202320854004980X01			

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
	04/21/2023 - 04/21/2023				HC:95941 // 2	MA44	\$374.40 (B6)	\$5,520.00	CO-45	\$5,145.60	\$374.40
	04/21/2023 - 04/21/2023				HC:95822 / 26 / 1	MA44	\$79.74 (B6)	\$1,755.00	CO-45	\$1,675.26	\$79.74
	04/21/2023 - 04/21/2023				HC:95938 / 26 / 1	MA44	\$54.73 (B6)	\$3,107.00	CO-45	\$3,052.27	\$54.73

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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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
	04/21/2023 - 04/21/2023				HC:95999 // 2	MA44	\$3,599.00 (B6)	\$3,600.00	CO-45	\$1.00	\$3,599.00

Supplemental Information - AMT/Payer Codes: \$4,107.87 (AU)

Patient Name: TERMINI, RICHARD	Claim Number: 02022211507D2340X00	Claim Date: 03/22/2022-03/22/2022	Claim Status Code: 22
Patient ID: MOE846718281	Group / Policy: 000ZGCFAP0000	Facility Type: 24	Claim Charge: \$-39,802.00
Patient Ctrl Nmbr: 0.2504005	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOCHIZUKI, KEVIN S	Rendering Prv ID:	Claim Received Date: 07/30/2022	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
646911117	03/22/2022 - 03/22/2022				HC:95939 / 59 / 1			\$-10,303.00	CO-45	\$-10,303.00	\$0.00
646911118	03/22/2022 - 03/22/2022				HC:95938 / 59 / 1			\$-7,270.00	CO-45	\$-7,270.00	\$0.00
646911119	03/22/2022 - 03/22/2022				HC:95955 / 59 / 1			\$-6,979.00	CO-45	\$-6,979.00	\$0.00
646911120	03/22/2022 - 03/22/2022				HC:95861 / 59 / 1			\$-4,753.00	CO-45	\$-4,753.00	\$0.00
646911121	03/22/2022 - 03/22/2022				HC:95868 / 59 / 1			\$-4,214.00	CO-45	\$-4,214.00	\$0.00
646911122	03/22/2022 - 03/22/2022				HC:95927 / 59 / 1			\$-763.00	CO-45	\$-763.00	\$0.00
646911123	03/22/2022 - 03/22/2022				HC:95941 // 2			\$-5,520.00	CO-45	\$-5,520.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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Patient Name: TERMINI, RICHARD	Claim Number: 02022211507D2340X01	Claim Date: 03/22/2022-03/22/2022	Claim Status Code: 1
Patient ID: MOE846718281	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$39,802.00
Patient Ctrl Nmbr: 0.2504005	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MOCHIZUKI, KEVIN S	Rendering Prv ID:	Claim Received Date: 10/17/2023	Patient Resp: \$39,802.00
Original Ref Nmbr: 02022211507D2340X00			

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
	03/22/2022 - 03/22/2022				HC:95939 / 59 / 1		\$10,303.00 (B6)	\$10,303.00	PR-29	\$10,303.00	\$0.00
	03/22/2022 - 03/22/2022				HC:95938 / 59 / 1		\$7,270.00 (B6)	\$7,270.00	PR-29	\$7,270.00	\$0.00
	03/22/2022 - 03/22/2022				HC:95955 / 59 / 1		\$6,979.00 (B6)	\$6,979.00	PR-29	\$6,979.00	\$0.00
	03/22/2022 - 03/22/2022				HC:95861 / 59 / 1		\$4,753.00 (B6)	\$4,753.00	PR-29	\$4,753.00	\$0.00
	03/22/2022 - 03/22/2022				HC:95868 / 59 / 1		\$4,214.00 (B6)	\$4,214.00	PR-29	\$4,214.00	\$0.00
	03/22/2022 - 03/22/2022				HC:95927 / 59 / 1		\$763.00 (B6)	\$763.00	PR-29	\$763.00	\$0.00
	03/22/2022 - 03/22/2022				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-29	\$5,520.00	\$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.

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).

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23291E10355590	Check/EFT Date: 10/20/2023	Total Paid: \$24,305.46
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AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations
PR=Patient Responsibility
PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

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)

1=Deductible Amount

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.

197=Precertification/authorization/notification/pre-treatment absent.

2=Coinsurance Amount

29=The time limit for filing has expired.

CLAIM STATUS CODE(S):

1=Processed as Primary

22=Reversal of Previous Payment

2=Processed as Secondary