

Check Summary**Transaction Date:** October 23, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23292E10727950 Payment Amount: 45,560.86 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/19/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: ANAST, DIANE**Claim Number:** 0202327854006670X00**Claim Date:** 08/01/2023-08/01/2023 **Claim Status Code:** 22**Patient ID:** XOF847812803**Group / Policy:** 000ZGCFAP0000**Facility Type:** 21**Claim Charge:** \$-23,963.00**Patient Ctrl Nmbr:** 0.3091376**Contract Hdr:** PREFERRED PROVIDER
ORGANIZATION**Claim Frequency:****Claim Payment:** \$-2,502.25**Rendering Prvd:** MOORE, OMAR J**Claim Received Date:** 09/29/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Rendering Prv ID:****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	N830		\$-5,520.00	CO-45	\$-5,154.86	\$-365.14
	08/01/2023 - 08/01/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,062.99	\$-44.01
	08/01/2023 - 08/01/2023				HC:95955 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,703.30	\$-51.70
	08/01/2023 - 08/01/2023				HC:95908 / 26 / 1	N830		\$-437.00	CO-45	\$-372.92	\$-64.08
	08/01/2023 - 08/01/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,883.34	\$-88.66
	08/01/2023 - 08/01/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,883.34	\$-88.66
	08/01/2023 - 08/01/2023				HC:95999 // 4			\$-7,200.00	PR-45	\$-5,400.00	\$-1,800.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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Patient Name: ANAST, DIANE	Claim Number: 0202327854006670X01	Claim Date: 08/01/2023-08/01/2023	Claim Status Code: 1
Patient ID: XOF847812803	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$23,963.00
Patient Ctrl Nmbr: 0.3091376	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$7,520.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/16/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202327854006670X00			

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	MA44	\$365.14 (B6)	\$5,520.00	CO-45	\$5,154.86	\$365.14
	08/01/2023 - 08/01/2023				HC:95938 / 26 / 1	MA44	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	08/01/2023 - 08/01/2023				HC:95955 / 26 / 1	MA44	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	08/01/2023 - 08/01/2023				HC:95908 / 26 / 1	MA44	\$64.08 (B6)	\$437.00	CO-45	\$372.92	\$64.08
	08/01/2023 - 08/01/2023				HC:95886 / 26 / 2	MA44	\$88.66 (B6)	\$2,972.00	CO-45	\$2,883.34	\$88.66
	08/01/2023 - 08/01/2023				HC:95886 / 26,XU / 2	MA44	\$88.66 (B6)	\$2,972.00	CO-45	\$2,883.34	\$88.66
	08/01/2023 - 08/01/2023				HC:95999 // 4	MA44	\$6,817.75 (B6)	\$7,200.00	CO-45	\$382.25	\$6,817.75

Supplemental Information - AMT/Payer Codes: \$7,520.00 (AU)

Patient Name: BRINGLE, CHRIS	Claim Number: 0202327254005830X00	Claim Date: 07/03/2023-07/03/2023	Claim Status Code: 22
Patient ID: VCB820075943	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-32,337.00
Patient Ctrl Nmbr: 0.3060286	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-761.83
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/26/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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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
	07/03/2023 - 07/03/2023				HC:95941 // 3	N830		\$-8,280.00	CO-45	\$-7,857.66	\$-422.34
	07/03/2023 - 07/03/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,728.33	\$-85.67
	07/03/2023 - 07/03/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
	07/03/2023 - 07/03/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
	07/03/2023 - 07/03/2023				HC:95908 / 26 / 1	N830		\$-437.00	CO-45	\$-389.25	\$-47.75
	07/03/2023 - 07/03/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,905.98	\$-66.02
	07/03/2023 - 07/03/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,905.98	\$-66.02
	07/03/2023 - 07/03/2023				HC:95999 // 5	N830		\$-9,000.00	CO-45	\$-9,000.00	\$0.00

Patient Name: BRINGLE, CHRIS	Claim Number: 0202327254005830X01	Claim Date: 07/03/2023-07/03/2023	Claim Status Code: 1
Patient ID: VCB820075943	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$32,337.00
Patient Ctrl Nmbr: 0.3060286	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$7,750.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/16/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202327254005830X00			

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
	07/03/2023 - 07/03/2023				HC:95941 // 3	MA44	\$500.00 (B6)	\$8,280.00	CO-45	\$7,780.00	\$500.00
	07/03/2023 - 07/03/2023				HC:95939 / 26 / 1	MA44	\$100.00 (B6)	\$3,814.00	CO-45	\$3,714.00	\$100.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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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
	07/03/2023 - 07/03/2023				HC:95822 / 26 / 1	MA44	\$50.00 (B6)	\$1,755.00	CO-45	\$1,705.00	\$50.00
	07/03/2023 - 07/03/2023				HC:95938 / 26 / 1	MA44	\$40.00 (B6)	\$3,107.00	CO-45	\$3,067.00	\$40.00
	07/03/2023 - 07/03/2023				HC:95908 / 26 / 1	MA44	\$60.00 (B6)	\$437.00	CO-45	\$377.00	\$60.00
	07/03/2023 - 07/03/2023				HC:95886 / 26 / 2	MA44	\$75.00 (B6)	\$2,972.00	CO-45	\$2,897.00	\$75.00
	07/03/2023 - 07/03/2023				HC:95886 / 26,XU / 2	MA44	\$80.00 (B6)	\$2,972.00	CO-45	\$2,892.00	\$80.00
	07/03/2023 - 07/03/2023				HC:95999 / / 5	MA44	\$6,845.00 (B6)	\$9,000.00	CO-45	\$2,155.00	\$6,845.00

Supplemental Information - AMT/Payer Codes: \$7,750.00 (AU)

Patient Name: DARBY, DANIEL	Claim Number: 0202327954003880X00	Claim Date: 09/12/2023-09/12/2023	Claim Status Code: 22
Patient ID: LAJ835558572	Group / Policy: 000ZGBPOP0000	Facility Type: 21	Claim Charge: \$-19,010.00
Patient Ctrl Nmbr: 0.3137816	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-475.47
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: 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
	09/12/2023 - 09/12/2023				HC:95941 / / 2	N830		\$-5,520.00	CO-45	\$-5,238.44	\$-281.56
	09/12/2023 - 09/12/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
	09/12/2023 - 09/12/2023				HC:95955 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,716.49	\$-38.51

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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Line Details											Results: 6
Line Ctrl Nbr	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
	09/12/2023 - 09/12/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
	09/12/2023 - 09/12/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
	09/12/2023 - 09/12/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-5,400.00	\$0.00

Patient Name: DARBY, DANIEL	Claim Number: 0202327954003880X01	Claim Date: 09/12/2023-09/12/2023	Claim Status Code: 1
Patient ID: LAJ835558572	Group / Policy: 000ZGBPOP0000	Facility Type: 21	Claim Charge: \$19,010.00
Patient Ctrl Nbr: 0.3137816	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$4,929.82
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/16/2023	Patient Resp: \$0.00
Original Ref Nbr: 0202327954003880X00			

Line Details											Results: 6
Line Ctrl Nbr	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
	09/12/2023 - 09/12/2023				HC:95941 // 2	MA44	\$4,929.82 (B6)	\$5,520.00	CO-45	\$590.18	\$4,929.82
	09/12/2023 - 09/12/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	09/12/2023 - 09/12/2023				HC:95955 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	09/12/2023 - 09/12/2023				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	09/12/2023 - 09/12/2023				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	09/12/2023 - 09/12/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$4,929.82 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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Patient Name: HASSERT, JUSTIN	Claim Number: 0202327754002850X00	Claim Date: 08/01/2023-08/01/2023	Claim Status Code: 22
Patient ID: XOF833753693	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-23,963.00
Patient Ctrl Nmbr: 0.3090949	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-2,502.25
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/29/2023	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
	08/01/2023 - 08/01/2023				HC:95941 // 2	N830		\$-5,520.00	CO-45	\$-5,154.86	\$-365.14
	08/01/2023 - 08/01/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,062.99	\$-44.01
	08/01/2023 - 08/01/2023				HC:95955 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,703.30	\$-51.70
	08/01/2023 - 08/01/2023				HC:95908 / 26 / 1	N830		\$-437.00	CO-45	\$-372.92	\$-64.08
	08/01/2023 - 08/01/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,883.34	\$-88.66
	08/01/2023 - 08/01/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,883.34	\$-88.66
	08/01/2023 - 08/01/2023				HC:95999 // 4			\$-7,200.00	PR-45	\$-5,400.00	\$-1,800.00

Patient Name: HASSERT, JUSTIN	Claim Number: 0202327754002850X01	Claim Date: 08/01/2023-08/01/2023	Claim Status Code: 1
Patient ID: XOF833753693	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$23,963.00
Patient Ctrl Nmbr: 0.3090949	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$7,520.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/16/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202327754002850X00			

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: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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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:95941 // 2	MA44	\$64.08 (B6)	\$5,520.00	CO-45	\$5,455.92	\$64.08
	08/01/2023 - 08/01/2023				HC:95938 / 26 / 1	MA44	\$365.14 (B6)	\$3,107.00	CO-45	\$2,741.86	\$365.14
	08/01/2023 - 08/01/2023				HC:95955 / 26 / 1	MA44	\$44.01 (B6)	\$1,755.00	CO-45	\$1,710.99	\$44.01
	08/01/2023 - 08/01/2023				HC:95908 / 26 / 1	MA44	\$51.70 (B6)	\$437.00	CO-45	\$385.30	\$51.70
	08/01/2023 - 08/01/2023				HC:95886 / 26 / 2	MA44	\$88.66 (B6)	\$2,972.00	CO-45	\$2,883.34	\$88.66
	08/01/2023 - 08/01/2023				HC:95886 / 26,XU / 2	MA44	\$88.66 (B6)	\$2,972.00	CO-45	\$2,883.34	\$88.66
	08/01/2023 - 08/01/2023				HC:95999 // 4	MA44	\$6,817.75 (B6)	\$7,200.00	CO-45	\$382.25	\$6,817.75

Supplemental Information - AMT/Payer Codes: \$7,520.00 (AU)

Patient Name: HAUSER, NAOMI	Claim Number: 0202327654004810X01	Claim Date: 07/20/2023-07/20/2023	Claim Status Code: 1
Patient ID: FSL821767884	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$16,250.00
Patient Ctrl Nmbr: 0.3079851	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$5,903.76
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/16/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202327654004810X00			

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
	07/20/2023 - 07/20/2023				HC:95941 // 1	MA44	\$2,709.28 (B6)	\$2,760.00	CO-45	\$50.72	\$2,709.28
	07/20/2023 - 07/20/2023				HC:95938 / 26 / 1	MA44	\$1,600.00 (B6)	\$3,107.00	CO-45	\$1,507.00	\$1,600.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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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
	07/20/2023 - 07/20/2023				HC:95955 / 26 / 1	MA44	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	07/20/2023 - 07/20/2023				HC:95861 / 26 / 1	MA44	\$79.02 (B6)	\$1,614.00	CO-45	\$1,534.98	\$79.02
	07/20/2023 - 07/20/2023				HC:95861 / 26,XU / 1	MA44	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
	07/20/2023 - 07/20/2023				HC:95999 / / 3	MA44	\$1,350.00 (B6)	\$5,400.00	CO-45	\$4,050.00	\$1,350.00

Supplemental Information - AMT/Payer Codes: \$5,903.76 (AU)

Patient Name: HAUSER, NAOMI	Claim Number: 0202327654004810X00	Claim Date: 07/20/2023-07/20/2023	Claim Status Code: 22
Patient ID: FSL821767884	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-16,250.00
Patient Ctrl Nmbr: 0.3079851	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-1,821.06
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/28/2023	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
	07/20/2023 - 07/20/2023				HC:95941 / / 1	N830		\$-2,760.00	CO-45	\$-2,577.43	\$-182.57
	07/20/2023 - 07/20/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,062.99	\$-44.01
	07/20/2023 - 07/20/2023				HC:95955 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,703.30	\$-51.70
	07/20/2023 - 07/20/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,534.98	\$-79.02
	07/20/2023 - 07/20/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,500.24	\$-113.76

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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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
	07/20/2023 - 07/20/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-4,050.00	\$-1,350.00

Patient Name: HILL, JOSHUA	Claim Number: 0202327654002640X00	Claim Date: 07/21/2023-07/21/2023	Claim Status Code: 22
Patient ID: KKH821057899	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$-25,261.00
Patient Ctrl Nmbr: 0.3080966	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-2,532.81
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/28/2023	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
	07/21/2023 - 07/21/2023				HC:95941 // 1	N830		\$-3,537.00	CO-45	\$-3,354.43	\$-182.57
	07/21/2023 - 07/21/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,698.96	\$-115.04
	07/21/2023 - 07/21/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,062.99	\$-44.01
	07/21/2023 - 07/21/2023				HC:95955 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,703.30	\$-51.70
	07/21/2023 - 07/21/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,534.98	\$-79.02
	07/21/2023 - 07/21/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,500.24	\$-113.76
	07/21/2023 - 07/21/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,249.60	\$-60.40
	07/21/2023 - 07/21/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,223.69	\$-86.31
	07/21/2023 - 07/21/2023				HC:95999 // 4			\$-7,200.00	PR-45	\$-5,400.00	\$-1,800.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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Patient Name: HILL, JOSHUA	Claim Number: 0202327654002640X01	Claim Date: 07/21/2023-07/21/2023	Claim Status Code: 1
Patient ID: KKH821057899	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$25,261.00
Patient Ctrl Nmbr: 0.3080966	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$8,075.11
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/16/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202327654002640X00			

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
	07/21/2023 - 07/21/2023				HC:95941 // 1	MA44	\$3,339.91 (B6)	\$3,537.00	CO-45	\$197.09	\$3,339.91
	07/21/2023 - 07/21/2023				HC:95939 / 26 / 1	MA44	\$2,500.00 (B6)	\$3,814.00	CO-45	\$1,314.00	\$2,500.00
	07/21/2023 - 07/21/2023				HC:95938 / 26 / 1	MA44	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	07/21/2023 - 07/21/2023				HC:95955 / 26 / 1	MA44	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	07/21/2023 - 07/21/2023				HC:95861 / 26 / 1	MA44	\$79.02 (B6)	\$1,614.00	CO-45	\$1,534.98	\$79.02
	07/21/2023 - 07/21/2023				HC:95861 / 26,XU / 1	MA44	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
	07/21/2023 - 07/21/2023				HC:95868 / 26 / 1	MA44	\$60.40 (B6)	\$1,310.00	CO-45	\$1,249.60	\$60.40
	07/21/2023 - 07/21/2023				HC:95868 / 26,XU / 1	MA44	\$86.31 (B6)	\$1,310.00	CO-45	\$1,223.69	\$86.31
	07/21/2023 - 07/21/2023				HC:95999 // 4	MA44	\$1,800.00 (B6)	\$7,200.00	CO-45	\$5,400.00	\$1,800.00

Supplemental Information - AMT/Payer Codes: \$8,075.11 (AU)

Patient Name: KANE, KERRY	Claim Number: 0202327754009850X00	Claim Date: 07/15/2023-07/15/2023	Claim Status Code: 22
Patient ID: XOF830907300	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-25,215.00
Patient Ctrl Nmbr: 0.3072878	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-2,215.21
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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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
	07/15/2023 - 07/15/2023				HC:95941 // 2	N830		\$-7,074.00	CO-45	\$-6,708.86	\$-365.14
	07/15/2023 - 07/15/2023				HC:95938 / 26 / 1	N830		\$-2,943.00	CO-45	\$-2,898.99	\$-44.01
	07/15/2023 - 07/15/2023				HC:95955 / 26 / 1	N830		\$-2,436.00	CO-45	\$-2,384.30	\$-51.70
	07/15/2023 - 07/15/2023				HC:95909 / 26 / 1	N830		\$-1,362.00	CO-45	\$-1,284.96	\$-77.04
	07/15/2023 - 07/15/2023				HC:95886 / 26 / 2	N830		\$-2,700.00	CO-45	\$-2,611.34	\$-88.66
	07/15/2023 - 07/15/2023				HC:95886 / 26,XU / 2	N830		\$-2,700.00	CO-45	\$-2,611.34	\$-88.66
	07/15/2023 - 07/15/2023				HC:95999 // 3			\$-6,000.00	PR-45	\$-4,500.00	\$-1,500.00

Patient Name: KANE, KERRY	Claim Number: 0202327754009850X01	Claim Date: 07/15/2023-07/15/2023	Claim Status Code: 1
Patient ID: XOF830907300	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$25,215.00
Patient Ctrl Nmbr: 0.3072878	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$6,700.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/16/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202327754009850X00			

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
	07/15/2023 - 07/15/2023				HC:95941 // 2	MA44	\$4,849.93 (B6)	\$7,074.00	CO-45	\$2,224.07	\$4,849.93
	07/15/2023 - 07/15/2023				HC:95938 / 26 / 1	MA44	\$44.01 (B6)	\$2,943.00	CO-45	\$2,898.99	\$44.01
	07/15/2023 - 07/15/2023				HC:95955 / 26 / 1	MA44	\$51.70 (B6)	\$2,436.00	CO-45	\$2,384.30	\$51.70

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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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
	07/15/2023 - 07/15/2023				HC:95909 / 26 / 1	MA44	\$77.04 (B6)	\$1,362.00	CO-45	\$1,284.96	\$77.04
	07/15/2023 - 07/15/2023				HC:95886 / 26 / 2	MA44	\$88.66 (B6)	\$2,700.00	CO-45	\$2,611.34	\$88.66
	07/15/2023 - 07/15/2023				HC:95886 / 26,XU / 2	MA44	\$88.66 (B6)	\$2,700.00	CO-45	\$2,611.34	\$88.66
	07/15/2023 - 07/15/2023				HC:95999 / / 3	MA44	\$1,500.00 (B6)	\$6,000.00	CO-45	\$4,500.00	\$1,500.00

Supplemental Information - AMT/Payer Codes: \$6,700.00 (AU)

Patient Name: LACKOWSKI, LEONARD	Claim Number: 0202326450184A00X00	Claim Date: 09/20/2023-09/20/2023	Claim Status Code: 1
Patient ID: CXT880377034	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$26,723.00
Patient Ctrl Nmbr: 0.3148128	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/21/2023	Patient Resp: \$26,723.00
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
7315667994Z1	09/20/2023 - 09/20/2023				HC:95941 / / 3	N418	\$8,280.00 (B6)	\$8,280.00	PR-19	\$8,280.00	\$0.00
7315667994Z2	09/20/2023 - 09/20/2023				HC:95822 / 26 / 1	N418	\$1,755.00 (B6)	\$1,755.00	PR-19	\$1,755.00	\$0.00
7315667994Z3	09/20/2023 - 09/20/2023				HC:95938 / 26 / 1	N418	\$3,107.00 (B6)	\$3,107.00	PR-19	\$3,107.00	\$0.00
7315667994Z4	09/20/2023 - 09/20/2023				HC:95908 / 26 / 1	N418	\$437.00 (B6)	\$437.00	PR-19	\$437.00	\$0.00
7315667994Z5	09/20/2023 - 09/20/2023				HC:95886 / 26 / 2	N418	\$2,972.00 (B6)	\$2,972.00	PR-19	\$2,972.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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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
7315667994Z6	09/20/2023 - 09/20/2023				HC:95886 / 26,XU / 2	N418	\$2,972.00 (B6)	\$2,972.00	PR-19	\$2,972.00	\$0.00
7315667994Z7	09/20/2023 - 09/20/2023				HC:95999 // 4	N418	\$7,200.00 (B6)	\$7,200.00	PR-19	\$7,200.00	\$0.00

Patient Name: MALUCK, CHRISTINE	Claim Number: 0202327854006630X00	Claim Date: 08/03/2023-08/03/2023	Claim Status Code: 1
Patient ID: CIB967324519	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$26,841.00
Patient Ctrl Nmbr: 0.3094056	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$4,487.59
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/29/2023	Patient Resp: \$7,200.00
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
	08/03/2023 - 08/03/2023				HC:95941 // 3	N830	\$4,487.59 (B6)	\$8,280.00	CO-45	\$3,792.41	\$4,487.59
	08/03/2023 - 08/03/2023				HC:95822 / 26 / 1	N830		\$1,755.00	CO-45	\$1,755.00	\$0.00
	08/03/2023 - 08/03/2023				HC:95938 / 26 / 1	N830		\$3,107.00	CO-45	\$3,107.00	\$0.00
	08/03/2023 - 08/03/2023				HC:95909 / 26 / 1	N830		\$555.00	CO-45	\$555.00	\$0.00
	08/03/2023 - 08/03/2023				HC:95886 / 26 / 2	N830		\$2,972.00	CO-45	\$2,972.00	\$0.00
	08/03/2023 - 08/03/2023				HC:95886 / 26,XU / 2	N830		\$2,972.00	CO-45	\$2,972.00	\$0.00
	08/03/2023 - 08/03/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$4,487.59 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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Patient Name: NETTLES, MARY	Claim Number: 0202326254006230X01	Claim Date: 06/01/2023-06/01/2023	Claim Status Code: 1
Patient ID: XOF842502782	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$30,248.00
Patient Ctrl Nbr: 0.3025183	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$8,099.51
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/16/2023	Patient Resp: \$0.00
Original Ref Nbr: 0202326254006230X00			

Line Details											Results: 11
Line Ctrl Nbr	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
	06/01/2023 - 06/01/2023				HC:95941 // 2	MA44	\$801.59 (B6)	\$5,520.00	CO-45	\$4,718.41	\$801.59
	06/01/2023 - 06/01/2023				HC:95939 / 26 / 1	MA44	\$612.75 (B6)	\$3,814.00	CO-45	\$3,201.25	\$612.75
	06/01/2023 - 06/01/2023				HC:95822 / 26 / 1	MA44	\$540.31 (B6)	\$1,755.00	CO-45	\$1,214.69	\$540.31
	06/01/2023 - 06/01/2023				HC:95938 / 26 / 1	MA44	\$526.99 (B6)	\$3,107.00	CO-45	\$2,580.01	\$526.99
	06/01/2023 - 06/01/2023				HC:95861 / 26 / 1	MA44	\$569.74 (B6)	\$1,614.00	CO-45	\$1,044.26	\$569.74
	06/01/2023 - 06/01/2023				HC:95861 / 26,XU / 1	MA44	\$576.82 (B6)	\$1,614.00	CO-45	\$1,037.18	\$576.82
	06/01/2023 - 06/01/2023				HC:95865 / 26 / 1	MA44	\$571.06 (B6)	\$1,502.00	CO-45	\$930.94	\$571.06
	06/01/2023 - 06/01/2023				HC:95865 / 26,XU / 1	MA44	\$577.70 (B6)	\$1,502.00	CO-45	\$924.30	\$577.70
	06/01/2023 - 06/01/2023				HC:95868 / 26,XU / 1	MA44	\$554.49 (B6)	\$1,310.00	CO-45	\$755.51	\$554.49
	06/01/2023 - 06/01/2023				HC:95868 / 26,XU / 1	MA44	\$559.26 (B6)	\$1,310.00	CO-45	\$750.74	\$559.26
	06/01/2023 - 06/01/2023				HC:95999 // 4	MA44	\$2,208.80 (B6)	\$7,200.00	CO-45	\$4,991.20	\$2,208.80

Supplemental Information - AMT/Payer Codes: \$8,268.16 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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Patient Name: NETTLES, MARY	Claim Number: 0202326254006230X00	Claim Date: 06/01/2023-06/01/2023	Claim Status Code: 22
Patient ID: XOF842502782	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-30,248.00
Patient Ctrl Nmbr: 0.3025183	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-2,897.07
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/13/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 11
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
	06/01/2023 - 06/01/2023				HC:95941 // 2	N830		\$-5,520.00	PR-2 CO-45	\$-36.50 \$-5,154.86	\$-328.64
	06/01/2023 - 06/01/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	PR-2 CO-45	\$-15.50 \$-3,658.70	\$-139.80
	06/01/2023 - 06/01/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-2 CO-45	\$-7.40 \$-1,680.24	\$-67.36
	06/01/2023 - 06/01/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-2 CO-45	\$-5.37 \$-3,047.59	\$-54.04
	06/01/2023 - 06/01/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-2 CO-45	\$-9.89 \$-1,507.32	\$-96.79
	06/01/2023 - 06/01/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-2 CO-45	\$-9.89 \$-1,500.24	\$-103.87
	06/01/2023 - 06/01/2023				HC:95865 / 26 / 1	N830		\$-1,502.00	PR-2 CO-45	\$-9.98 \$-1,393.91	\$-98.11
	06/01/2023 - 06/01/2023				HC:95865 / 26,XU / 1	N830		\$-1,502.00	PR-2 CO-45	\$-9.98 \$-1,387.27	\$-104.75
	06/01/2023 - 06/01/2023				HC:95868 / 26,XU / 1	N640		\$-1,310.00	PI-222	\$-1,228.46	\$-81.54
	06/01/2023 - 06/01/2023				HC:95868 / 26,XU / 1	M127		\$-1,310.00	PI-252	\$-1,223.69	\$-86.31
	06/01/2023 - 06/01/2023				HC:95999 // 4			\$-7,200.00	PR-2 PR-45	\$-64.14 \$-5,400.00	\$-1,735.86

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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Patient Name: WILLIAMSON, RAEGAN	Claim Number: 0202329250B86170X00	Claim Date: 07/26/2023-07/26/2023	Claim Status Code: 1
Patient ID: ZGN925736774	Group / Policy: 0000006250001	Facility Type: 21	Claim Charge: \$6,765.00
Patient Ctrl Nbr: 0.3085420	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$283.02
Rendering Prvd: LHATOO, SAMDEN D	Rendering Prv ID:	Claim Received Date: 10/19/2023	Patient Resp: \$0.00
Original Ref Nbr:			

Line Details											Results: 3
Line Ctrl Nbr	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
7421461037Z1	07/26/2023 - 07/26/2023				HC:95941 / / 1	N830	\$140.78 (B6)	\$3,537.00	CO-45	\$3,396.22	\$140.78
7421461037Z2	07/26/2023 - 07/26/2023				HC:95861 / 26 / 1	N830	\$78.45 (B6)	\$1,614.00	CO-45	\$1,535.55	\$78.45
7421461037Z3	07/26/2023 - 07/26/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79

Supplemental Information - AMT/Payer Codes: \$283.02 (AU)

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

MA44=Alert: No appeal rights. Adjudicative decision based on law.

N418=Misrouted claim. See the payer's claim submission instructions.

N640=Exceeds number/frequency approved/allowed within time period.

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

AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

PI=Payor Initiated Reductions

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10727950	Check/EFT Date: 10/23/2023	Total Paid: \$45,560.86
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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)

19=This is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.

2=Coinsurance Amount

222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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):

22=Reversal of Previous Payment

1=Processed as Primary