

## Check Summary

Transaction Date: October 24, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	<b>Payee Tax ID:</b> 850542512 <b>Payee ID:</b> 1770111452 <b>Check/EFT Trace Number:</b> C23293E11079060 <b>Payment Amount:</b> 10,355.60 <b>Check/EFT Date:</b> 10/24/2023 <b>Production End Cycle Date:</b> 10/20/2023	<b>Payee Name:</b> PHYSICIAN OVERSIGHT LLC <b>Payee Address:</b> DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: ADIBU, GEORGE

Claim Number: 02023284504205U0X00

Claim Date: 10/20/2022-10/20/2022 Claim Status Code: 1

Patient ID: PZBAN4754390	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$17,925.00
Patient Ctrl Nmbr: 0.2756643	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/11/2023	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
7394124842Z3	10/20/2022 - 10/20/2022				HC:51785 / 26 / 1	N830		\$1,800.00	OA-209	\$1,800.00	\$0.00
7394124842Z4	10/20/2022 - 10/20/2022				HC:51785 / 26,XU / 1	N830		\$2,799.00	OA-209	\$2,799.00	\$0.00
7394124842Z1	10/20/2022 - 10/20/2022				HC:95938 / 26 / 1	N830		\$2,943.00	OA-209	\$2,943.00	\$0.00
7394124842Z2	10/20/2022 - 10/20/2022				HC:95955 / 26,XU / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7394124842Z5	10/20/2022 - 10/20/2022				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7394124842Z6	10/20/2022 - 10/20/2022				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7394124842Z7	10/20/2022 - 10/20/2022				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23293E11079060	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$10,355.60
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<b>Patient Name:</b> BARSIC, DAVE	<b>Claim Number:</b> 0202328454007400X00	<b>Claim Date:</b> 07/24/2023-07/24/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> YSW970885066	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,104.00
<b>Patient Ctrl Nmbr:</b> 0.3082955	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$391.85
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$5,400.00
<b>Original Ref Nmbr:</b>			

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
	07/24/2023 - 07/24/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
	07/24/2023 - 07/24/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	07/24/2023 - 07/24/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
	07/24/2023 - 07/24/2023				HC:95908 / 26 / 1	N830	\$47.75 (B6)	\$138.00	CO-45	\$90.25	\$47.75
	07/24/2023 - 07/24/2023				HC:95886 / 26 / 2	N830	\$66.02 (B6)	\$2,972.00	CO-45	\$2,905.98	\$66.02
	07/24/2023 - 07/24/2023				HC:95886 / 26,XU / 2	N830	\$66.02 (B6)	\$2,972.00	CO-45	\$2,905.98	\$66.02
	07/24/2023 - 07/24/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$391.85 (AU)

<b>Patient Name:</b> KNARESBORO, CATHERINE	<b>Claim Number:</b> 020232915058E370X00	<b>Claim Date:</b> 07/27/2023-07/27/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> VAG395W14837	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$32,086.00
<b>Patient Ctrl Nmbr:</b> 0.3087394	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/18/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23293E11079060	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$10,355.60
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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
7417770533Z1	07/27/2023 - 07/27/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7417770533Z2	07/27/2023 - 07/27/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7417770533Z3	07/27/2023 - 07/27/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7417770533Z4	07/27/2023 - 07/27/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7417770533Z5	07/27/2023 - 07/27/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7417770533Z6	07/27/2023 - 07/27/2023				HC:95861 / 26,XU / 4	N830		\$6,456.00	OA-209	\$6,456.00	\$0.00
7417770533Z7	07/27/2023 - 07/27/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7417770533Z8	07/27/2023 - 07/27/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7417770533Z9	07/27/2023 - 07/27/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

<b>Patient Name:</b> MORGANELLI, LANCE	<b>Claim Number:</b> 0202325054009270X00	<b>Claim Date:</b> 05/15/2023-05/15/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> WCE201M88922	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-20,064.00
<b>Patient Ctrl Nmbr:</b> 0.3001903	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-423.11
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/05/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	05/15/2023 - 05/15/2023				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,619.22	\$-140.78

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23293E11079060	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$10,355.60
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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
	05/15/2023 - 05/15/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,728.33	\$-85.67
	05/15/2023 - 05/15/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
	05/15/2023 - 05/15/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
	05/15/2023 - 05/15/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
	05/15/2023 - 05/15/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
	05/15/2023 - 05/15/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-5,400.00	\$0.00

<b>Patient Name:</b> MORGANELLI, LANCE	<b>Claim Number:</b> 0202325054009270X01	<b>Claim Date:</b> 05/15/2023-05/15/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> WCE201M88922	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$20,064.00
<b>Patient Ctrl Nmbr:</b> 0.3001903	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$6,081.33
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/09/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202325054009270X00			

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
	05/15/2023 - 05/15/2023				HC:95941 // 1	MA44	\$581.33 (B6)	\$2,760.00	CO-45	\$2,178.67	\$581.33
	05/15/2023 - 05/15/2023				HC:95939 / 26 / 1	MA44	\$2,000.00 (B6)	\$3,814.00	CO-45	\$1,814.00	\$2,000.00
	05/15/2023 - 05/15/2023				HC:95822 / 26 / 1	MA44	\$500.00 (B6)	\$1,755.00	CO-45	\$1,255.00	\$500.00
	05/15/2023 - 05/15/2023				HC:95938 / 26 / 1	MA44	\$1,500.00 (B6)	\$3,107.00	CO-45	\$1,607.00	\$1,500.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23293E11079060	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$10,355.60
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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
	05/15/2023 - 05/15/2023				HC:95861 / 26 / 1	MA44	\$500.00 (B6)	\$1,614.00	CO-45	\$1,114.00	\$500.00
	05/15/2023 - 05/15/2023				HC:95861 / 26,XU / 1	MA44	\$1,000.00 (B6)	\$1,614.00	CO-45	\$614.00	\$1,000.00
	05/15/2023 - 05/15/2023				HC:95999 / / 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$6,081.33 (AU)

<b>Patient Name:</b> MOZEJKO, MITCHELL	<b>Claim Number:</b> 020232765015H270X00	<b>Claim Date:</b> 09/28/2023-09/28/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> KCKAN8453801	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$40,043.00
<b>Patient Ctrl Nmbr:</b> 0.3159247	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/03/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7365822915Z1	09/28/2023 - 09/28/2023				HC:95939 / 26 / 1	N830		\$10,303.00	OA-209	\$10,303.00	\$0.00
7365822915Z2	09/28/2023 - 09/28/2023				HC:95938 / 26 / 1	N830		\$7,270.00	OA-209	\$7,270.00	\$0.00
7365822915Z3	09/28/2023 - 09/28/2023				HC:95955 / 26 / 1	N830		\$6,979.00	OA-209	\$6,979.00	\$0.00
7365822915Z4	09/28/2023 - 09/28/2023				HC:95861 / 26 / 1	N830		\$4,753.00	OA-209	\$4,753.00	\$0.00
7365822915Z5	09/28/2023 - 09/28/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7365822915Z6	09/28/2023 - 09/28/2023				HC:95868 / 26 / 1	N830		\$4,214.00	OA-209	\$4,214.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23293E11079060	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$10,355.60
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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
7365822915Z7	09/28/2023 - 09/28/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7365822915Z8	09/28/2023 - 09/28/2023				HC:95999 // 2	N830		\$3,600.00	OA-209	\$3,600.00	\$0.00

<b>Patient Name:</b> PACO, RAUL	<b>Claim Number:</b> 0202308805023000C00	<b>Claim Date:</b> 07/29/2022-07/29/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> ZBF200308778	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-4,862.00
<b>Patient Ctrl Nmbr:</b> 02654002	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 03/29/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 2
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
	07/29/2022 - 07/29/2022				HC:95938 / 26 / 1			\$-3,107.00	PI-B13	\$-3,107.00	\$0.00
	07/29/2022 - 07/29/2022				HC:95822 / 26 / 1			\$-1,755.00	PI-B13	\$-1,755.00	\$0.00

<b>Patient Name:</b> PACO, RAUL	<b>Claim Number:</b> 0202308805023000C01	<b>Claim Date:</b> 07/29/2022-07/29/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZBF200308778	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$4,862.00
<b>Patient Ctrl Nmbr:</b> 02654002	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/09/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202308805023000C00			

Line Details											Results: 2
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
	07/29/2022 - 07/29/2022				HC:95938 / 26 / 1	N640		\$3,107.00	PI-222	\$3,107.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23293E11079060	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$10,355.60
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Line Details											Results: 2
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
	07/29/2022 - 07/29/2022				HC:95822 / 26 / 1	N640		\$1,755.00	PI-222	\$1,755.00	\$0.00

<b>Patient Name:</b> PULLIS, ROBERT	<b>Claim Number:</b> 0202327150Y48440X00	<b>Claim Date:</b> 07/14/2023-07/14/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> OGS201365743	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$18,870.00
<b>Patient Ctrl Nmbr:</b> 0.3072364	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$390.11
<b>Rendering Prvd:</b> LIN, LU	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$7,155.00
<b>Original Ref Nmbr:</b>			

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
7348278245Z1	07/14/2023 - 07/14/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
7348278245Z2	07/14/2023 - 07/14/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7348278245Z3	07/14/2023 - 07/14/2023				HC:95999 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,755.00	\$0.00
7348278245Z4	07/14/2023 - 07/14/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
7348278245Z5	07/14/2023 - 07/14/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
7348278245Z6	07/14/2023 - 07/14/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
7348278245Z7	07/14/2023 - 07/14/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
7348278245Z8	07/14/2023 - 07/14/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$390.11 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23293E11079060	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$10,355.60
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<b>Patient Name:</b> STABACK, KIMBERLY	<b>Claim Number:</b> 02023284504113U0X00	<b>Claim Date:</b> 10/03/2023-10/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ALMAN3195636	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$23,269.00
<b>Patient Ctrl Nmbr:</b> P107134	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/11/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
GG55ZQG-12567	10/03/2023 - 10/03/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
GG55ZQG-12571	10/03/2023 - 10/03/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
GG55ZQG-12569	10/03/2023 - 10/03/2023				HC:95929 / 26 / 1	N830		\$2,459.00	OA-209	\$2,459.00	\$0.00
GG55ZQG-12572	10/03/2023 - 10/03/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
GG55ZQG-12568	10/03/2023 - 10/03/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
GG55ZQG-13228	10/03/2023 - 10/03/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
GG55ZQG-12570	10/03/2023 - 10/03/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

<b>Patient Name:</b> STEPHEN, DAVID	<b>Claim Number:</b> 02023222500212J0X00	<b>Claim Date:</b> 07/26/2023-07/26/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> CNX125040053	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$11,222.00
<b>Patient Ctrl Nmbr:</b> 0.3085685	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/10/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23293E11079060	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$10,355.60
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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
7169852633Z1	07/26/2023 - 07/26/2023				HC:95941 // 1	N394		\$2,760.00	CO-A1	\$2,760.00	\$0.00
7169852633Z2	07/26/2023 - 07/26/2023				HC:95822 / 26 / 1	N394		\$1,755.00	CO-A1	\$1,755.00	\$0.00
7169852633Z3	07/26/2023 - 07/26/2023				HC:95938 / 26 / 1	N394		\$3,107.00	CO-A1	\$3,107.00	\$0.00
7169852633Z4	07/26/2023 - 07/26/2023				HC:95999 // 2	N394		\$3,600.00	CO-A1	\$3,600.00	\$0.00

<b>Patient Name:</b> TAVERNIER, NATALIE LI	<b>Claim Number:</b> 0202325154003560X00	<b>Claim Date:</b> 05/09/2023-05/09/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> CFD724W09560	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$21,874.00
<b>Patient Ctrl Nmbr:</b> 0.2995533	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$555.35
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/05/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 10
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
	05/09/2023 - 05/09/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
	05/09/2023 - 05/09/2023				HC:95822 / 26 / 1	N830	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26
	05/09/2023 - 05/09/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	05/09/2023 - 05/09/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	05/09/2023 - 05/09/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	05/09/2023 - 05/09/2023				HC:95865 / 26 / 1	N830	\$59.65 (B6)	\$1,502.00	CO-45	\$1,442.35	\$59.65

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23293E11079060	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$10,355.60
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Line Details										Results: 10	
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
	05/09/2023 - 05/09/2023				HC:95865 / 26,XU / 1	N830	\$64.33 (B6)	\$1,502.00	CO-45	\$1,437.67	\$64.33
	05/09/2023 - 05/09/2023				HC:95868 / 26,XU / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
	05/09/2023 - 05/09/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	05/09/2023 - 05/09/2023				HC:95999 // 3			\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$555.35 (AU)

<b>Patient Name:</b> VORAPANYA, RUSSEL	<b>Claim Number:</b> 0202328254005780X00	<b>Claim Date:</b> 07/20/2023-07/20/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> IWA139W15031	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$23,963.00
<b>Patient Ctrl Nmbr:</b> 0.3079926	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$23,963.00
<b>Original Ref Nmbr:</b>			

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
	07/20/2023 - 07/20/2023				HC:95941 // 2	N584	\$5,520.00 (B6)	\$5,520.00	PR-272	\$5,520.00	\$0.00
	07/20/2023 - 07/20/2023				HC:95938 / 26 / 1	N584	\$3,107.00 (B6)	\$3,107.00	PR-272	\$3,107.00	\$0.00
	07/20/2023 - 07/20/2023				HC:95955 / 26 / 1	N584	\$1,755.00 (B6)	\$1,755.00	PR-272	\$1,755.00	\$0.00
	07/20/2023 - 07/20/2023				HC:95908 / 26 / 1	N584	\$437.00 (B6)	\$437.00	PR-272	\$437.00	\$0.00
	07/20/2023 - 07/20/2023				HC:95886 / 26 / 2	N584	\$2,972.00 (B6)	\$2,972.00	PR-272	\$2,972.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23293E11079060	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$10,355.60
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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
	07/20/2023 - 07/20/2023				HC:95886 / 26,XU / 2	N584	\$2,972.00 (B6)	\$2,972.00	PR-272	\$2,972.00	\$0.00
	07/20/2023 - 07/20/2023				HC:95999 // 4	N584	\$7,200.00 (B6)	\$7,200.00	PR-272	\$7,200.00	\$0.00

<b>Patient Name:</b> WEIR, TAMARA	<b>Claim Number:</b> 0202315154010310X00	<b>Claim Date:</b> 04/26/2023-04/26/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> FZX417A69489	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-20,884.00
<b>Patient Ctrl Nmbr:</b> 0.2980632	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-1,129.80
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 05/23/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	04/26/2023 - 04/26/2023				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,632.58	\$-127.42
	04/26/2023 - 04/26/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,580.18	\$-233.82
	04/26/2023 - 04/26/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,642.50	\$-112.50
	04/26/2023 - 04/26/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,017.54	\$-89.46
	04/26/2023 - 04/26/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,453.38	\$-160.62
	04/26/2023 - 04/26/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,453.38	\$-160.62
	04/26/2023 - 04/26/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,187.32	\$-122.68
	04/26/2023 - 04/26/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,187.32	\$-122.68

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23293E11079060	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$10,355.60
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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
	04/26/2023 - 04/26/2023				HC:95999 // 2			\$-3,600.00	CO-45	\$-3,600.00	\$0.00

<b>Patient Name:</b> WEIR, TAMARA	<b>Claim Number:</b> 0202315154010310X01	<b>Claim Date:</b> 04/26/2023-04/26/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> FZX417A69489	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$20,884.00
<b>Patient Ctrl Nmbr:</b> 0.2980632	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$4,489.87
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/04/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202315154010310X00			

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
	04/26/2023 - 04/26/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00			\$2,760.00
	04/26/2023 - 04/26/2023				HC:95939 / 26 / 1	MA44	\$1,729.87 (B6)	\$3,814.00	CO-45	\$2,084.13	\$1,729.87
	04/26/2023 - 04/26/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	04/26/2023 - 04/26/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	04/26/2023 - 04/26/2023				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	04/26/2023 - 04/26/2023				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	04/26/2023 - 04/26/2023				HC:95868 / 26 / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	04/26/2023 - 04/26/2023				HC:95868 / 26,XU / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	04/26/2023 - 04/26/2023				HC:95999 // 2	MA44		\$3,600.00	CO-45	\$3,600.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23293E11079060	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$10,355.60
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Supplemental Information - AMT/Payer Codes: \$4,489.87 (AU)

## Code Descriptions

### REMARK CODE(S):

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

N394=Incomplete/invalid progress notes/report.

N584=Not covered based on the insured's noncompliance with policy or statutory conditions.

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):

OA=Other Adjustments

CO=Contractual Obligations

PR=Patient Responsibility

PI=Payor Initiated Reductions

### CLAIM ADJUSTMENT REASON CODE(S):

209=Per regulatory or other agreement. The provider cannot collect this amount from the patient. However, this amount may be billed to subsequent payer. Refund to patient if collected. (Use only with Group code OA)

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)

B13=Previously paid. Payment for this claim/service may have been provided in a previous payment.

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.

A1=Claim/Service denied. 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.) Usage: Use this code only when a more specific Claim Adjustment Reason Code is not available.

272=Coverage/program guidelines were not met.

### CLAIM STATUS CODE(S):

1=Processed as Primary

22=Reversal of Previous Payment