Check Summary **Transaction Date:** October 27, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	**Payee Tax ID:** **Payee ID:** **Check/EFT Trace Number:** **Payment Amount:** **Check/EFT Date:** **Production End Cycle Date:**	850542512 1770111452 C23298E12213380 3,254.85 10/27/2023 10/25/2023	**Payee Name:** **Payee Address:**	PHYSICIAN OVERSIGHT LLC DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650	

Patient Name: DAVIS, BRYAN **Claim Number:** 0202329250C68090X00 **Claim Date:** 09/15/2023-09/15/2023 **Claim Status Code:** 1

Patient ID: TG925707875	**Group / Policy:** 0000008590001	**Facility Type:** 21		**Claim Charge:**	$16,250.00
Patient Ctrl Nmbr: 0.3143255	**Contract Hdr:** HEALTH MAINTENANCE ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$378.06
Rendering Prvd: DE JESUS, MARIA A		**Claim Received Date:**	10/19/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

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
7421516714Z1	09/15/2023 - 09/15/2023				HC:95941 / / 1	N830	$140.78 (B6)	$2,760.00	CO-45	$2,619.22	$140.78
7421516714Z2	09/15/2023 - 09/15/2023				HC:95938 / 26 / 1	N830	$43.69 (B6)	$3,107.00	CO-45	$3,063.31	$43.69
7421516714Z3	09/15/2023 - 09/15/2023				HC:95955 / 26 / 1	N830	$51.35 (B6)	$1,755.00	CO-45	$1,703.65	$51.35
7421516714Z4	09/15/2023 - 09/15/2023				HC:95861 / 26 / 1	N830	$78.45 (B6)	$1,614.00	CO-45	$1,535.55	$78.45
7421516714Z5	09/15/2023 - 09/15/2023				HC:95861 / 26,XU / 1	N830	$63.79 (B6)	$1,614.00	CO-45	$1,550.21	$63.79
7421516714Z6	09/15/2023 - 09/15/2023				HC:95999 / / 1	N830		$5,400.00	CO-45	$5,400.00	$0.00

Supplemental Information - AMT/Payer Codes: $378.06 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213380	Check/EFT Date: 10/27/2023	Total Paid: $3,254.85

Patient Name: GUIMON, BRIAN **Claim Number:** 02023297503U6590X00 **Claim Date:** 06/28/2023-06/28/2023 **Claim Status Code:** 1

Patient ID: XOF849016604	**Group / Policy:** 000ZGCFAP0000	**Facility Type:** 21		**Claim Charge:**	$30,743.00
Patient Ctrl Nmbr: 0.3056466	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$0.00
Rendering Prvd: NATH, AUDREY R		**Claim Received Date:**	10/24/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

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
7436386929Z1	06/28/2023 - 06/28/2023				HC:95941 / / 2	N830		$5,520.00	OA-209	$5,520.00	$0.00
7436386929Z2	06/28/2023 - 06/28/2023				HC:95939 / 26 / 1	N830		$3,814.00	OA-209	$3,814.00	$0.00
7436386929Z3	06/28/2023 - 06/28/2023				HC:95938 / 26 / 1	N830		$3,107.00	OA-209	$3,107.00	$0.00
7436386929Z4	06/28/2023 - 06/28/2023				HC:95955 / 26 / 1	N830		$1,755.00	OA-209	$1,755.00	$0.00
7436386929Z5	06/28/2023 - 06/28/2023				HC:95908 / 26 / 1	N830		$437.00	OA-209	$437.00	$0.00
7436386929Z6	06/28/2023 - 06/28/2023				HC:95886 / 26 / 2	N830		$2,972.00	OA-209	$2,972.00	$0.00
7436386929Z7	06/28/2023 - 06/28/2023				HC:95886 / 26,XU / 2	N830		$2,972.00	OA-209	$2,972.00	$0.00
7436386929Z8	06/28/2023 - 06/28/2023				HC:95887 / 26 / 1	N830		$583.00	OA-209	$583.00	$0.00
7436386929Z9	06/28/2023 - 06/28/2023				HC:95887 / 26,XU / 1	N830		$583.00	OA-209	$583.00	$0.00
7436386929Z10	06/28/2023 - 06/28/2023				HC:95999 / / 5	N830		$9,000.00	OA-209	$9,000.00	$0.00

Patient Name: JACKSON, LONDA **Claim Number:** 0202329250K59940X00 **Claim Date:** 09/26/2023-09/26/2023 **Claim Status Code:** 1

Patient ID: OKC846059015	**Group / Policy:** 000ZGCFAP0000	**Facility Type:** 21		**Claim Charge:**	$19,010.00
Patient Ctrl Nmbr: 0.3154783	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$0.00
Rendering Prvd: DE JESUS, MARIA A		**Claim Received Date:**	10/19/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213380	Check/EFT Date: 10/27/2023	Total Paid: $3,254.85

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
7421954663Z1	09/26/2023 - 09/26/2023				HC:95941 / / 2	N394		$5,520.00	CO-A1	$5,520.00	$0.00
7421954663Z2	09/26/2023 - 09/26/2023				HC:95938 / 26 / 1	N394		$3,107.00	CO-A1	$3,107.00	$0.00
7421954663Z3	09/26/2023 - 09/26/2023				HC:95955 / 26 / 1	N394		$1,755.00	CO-A1	$1,755.00	$0.00
7421954663Z4	09/26/2023 - 09/26/2023				HC:95861 / 26 / 1	N394		$1,614.00	CO-A1	$1,614.00	$0.00
7421954663Z5	09/26/2023 - 09/26/2023				HC:95861 / 26,XU / 1	N394		$1,614.00	CO-A1	$1,614.00	$0.00
7421954663Z6	09/26/2023 - 09/26/2023				HC:95999 / / 3	N394		$5,400.00	CO-A1	$5,400.00	$0.00

Patient Name: JACKSON, LONDA **Claim Number:** 0202329350852L20X00 **Claim Date:** 09/30/2023-09/30/2023 **Claim Status Code:** 1

Patient ID: OKC846059015	**Group / Policy:** 000ZGCFAP0000	**Facility Type:** 21		**Claim Charge:**	$16,250.00
Patient Ctrl Nmbr: 0.3160871	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$0.00
Rendering Prvd: NATH, AUDREY R		**Claim Received Date:**	10/20/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

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
7426147274Z1	09/30/2023 - 09/30/2023				HC:95941 / / 1	N394		$2,760.00	CO-A1	$2,760.00	$0.00
7426147274Z2	09/30/2023 - 09/30/2023				HC:95938 / 26 / 1	N394		$3,107.00	CO-A1	$3,107.00	$0.00
7426147274Z3	09/30/2023 - 09/30/2023				HC:95955 / 26 / 1	N394		$1,755.00	CO-A1	$1,755.00	$0.00
7426147274Z4	09/30/2023 - 09/30/2023				HC:95861 / 26 / 1	N394		$1,614.00	CO-A1	$1,614.00	$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213380	Check/EFT Date: 10/27/2023	Total Paid: $3,254.85

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
7426147274Z5	09/30/2023 - 09/30/2023				HC:95861 / 26,XU / 1	N394		$1,614.00	CO-A1	$1,614.00	$0.00
7426147274Z6	09/30/2023 - 09/30/2023				HC:95999 / / 3	N394		$5,400.00	CO-A1	$5,400.00	$0.00

Patient Name: JACKSON, BIRDEL **Claim Number:** 0202329750V58370X00 **Claim Date:** 07/25/2023-07/25/2023 **Claim Status Code:** 1

Patient ID: CHV828519878	**Group / Policy:** 000ZGCFAP0000	**Facility Type:** 22		**Claim Charge:**	$17,027.00
Patient Ctrl Nmbr: 0.3083479	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$1,526.06
Rendering Prvd: LIN, LU		**Claim Received Date:**	10/24/2023	**Patient Resp:**	$4,345.00
Original Ref Nmbr:	**Rendering Prv ID:**				

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
7435097577Z1	07/25/2023 - 07/25/2023				HC:95941 / / 1	N830	$182.57 (B6)	$3,537.00	PR-1 CO-45	$182.57 $3,354.43	$0.00
7435097577Z2	07/25/2023 - 07/25/2023				HC:95938 / 26 / 1	N830	$44.01 (B6)	$3,107.00	PR-1 CO-45	$44.01 $3,062.99	$0.00
7435097577Z3	07/25/2023 - 07/25/2023				HC:95955 / 26 / 1	N830	$51.70 (B6)	$1,755.00	PR-1 CO-45	$51.70 $1,703.30	$0.00
7435097577Z4	07/25/2023 - 07/25/2023				HC:95861 / 26 / 1	N830	$79.02 (B6)	$1,614.00	PR-1 CO-45	$79.02 $1,534.98	$0.00
7435097577Z5	07/25/2023 - 07/25/2023				HC:95861 / 26,XU / 1	N830	$113.76 (B6)	$1,614.00	PR-1 CO-45	$98.93 $1,500.24	$14.83
7435097577Z6	07/25/2023 - 07/25/2023				HC:95999 / / 3		$5,400.00 (B6)	$5,400.00	PR-1 PR-2 PR-45	$541.10 $647.67 $2,700.00	$1,511.23

Supplemental Information - AMT/Payer Codes: $3,171.06 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213380	Check/EFT Date: 10/27/2023	Total Paid: $3,254.85

Patient Name: JAMES, CARL **Claim Number:** 0202329650442L20X00 **Claim Date:** 07/05/2023-07/05/2023 **Claim Status Code:** 1

Patient ID: QMF921637994	**Group / Policy:** 000ZGCFAP0000	**Facility Type:** 22		**Claim Charge:**	$11,388.00
Patient Ctrl Nmbr: 0.3062151	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$0.00
Rendering Prvd: MOORE, OMAR J		**Claim Received Date:**	10/23/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

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
7432064983Z1	07/05/2023 - 07/05/2023				HC:95941 / / 1	N830		$2,760.00	OA-209	$2,760.00	$0.00
7432064983Z2	07/05/2023 - 07/05/2023				HC:95861 / 26 / 1	N830		$1,614.00	OA-209	$1,614.00	$0.00
7432064983Z3	07/05/2023 - 07/05/2023				HC:95861 / 26,XU / 1	N830		$1,614.00	OA-209	$1,614.00	$0.00
7432064983Z4	07/05/2023 - 07/05/2023				HC:95999 / / 3	N830		$5,400.00	OA-209	$5,400.00	$0.00

Patient Name: JANKOVSKI, PETERIS **Claim Number:** 02023297509U9270X00 **Claim Date:** 06/28/2023-06/28/2023 **Claim Status Code:** 1

Patient ID: QMG845696509	**Group / Policy:** 000ZGCFAP0000	**Facility Type:** 21		**Claim Charge:**	$22,684.00
Patient Ctrl Nmbr: 0.3056243	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$0.00
Rendering Prvd: MOORE, OMAR J		**Claim Received Date:**	10/24/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

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
7436389570Z1	06/28/2023 - 06/28/2023				HC:95941 / / 1	N830		$2,760.00	OA-209	$2,760.00	$0.00
7436389570Z2	06/28/2023 - 06/28/2023				HC:95939 / 26 / 1	N830		$3,814.00	OA-209	$3,814.00	$0.00
7436389570Z3	06/28/2023 - 06/28/2023				HC:95938 / 26 / 1	N830		$3,107.00	OA-209	$3,107.00	$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213380	Check/EFT Date: 10/27/2023	Total Paid: $3,254.85

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
7436389570Z4	06/28/2023 - 06/28/2023				HC:95955 / 26 / 1	N830		$1,755.00	OA-209	$1,755.00	$0.00
7436389570Z5	06/28/2023 - 06/28/2023				HC:95861 / 26 / 1	N830		$1,614.00	OA-209	$1,614.00	$0.00
7436389570Z6	06/28/2023 - 06/28/2023				HC:95861 / 26,XU / 1	N830		$1,614.00	OA-209	$1,614.00	$0.00
7436389570Z7	06/28/2023 - 06/28/2023				HC:95868 / 26 / 1	N830		$1,310.00	OA-209	$1,310.00	$0.00
7436389570Z8	06/28/2023 - 06/28/2023				HC:95868 / 26,XU / 1	N830		$1,310.00	OA-209	$1,310.00	$0.00
7436389570Z9	06/28/2023 - 06/28/2023				HC:95999 / / 3	N830		$5,400.00	OA-209	$5,400.00	$0.00

Patient Name: NAKANISHI, WILLIAM **Claim Number:** 02023272502816L0X00 **Claim Date:** 08/03/2023-08/03/2023 **Claim Status Code:** 1

Patient ID: ZGP833277975	**Group / Policy:** 0001813120000	**Facility Type:** 21		**Claim Charge:**	$43,720.00
Patient Ctrl Nmbr: 0.3094412	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$1,350.73
Rendering Prvd: DE JESUS, MARIA A		**Claim Received Date:**	09/29/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

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
7354206184Z1	08/03/2023 - 08/03/2023				HC:95941 / / 7	N830	$985.46 (B6)	$19,320.00	CO-45	$18,334.54	$985.46
7354206184Z2	08/03/2023 - 08/03/2023				HC:95939 / 26 / 1	N830	$85.67 (B6)	$3,814.00	CO-45	$3,728.33	$85.67
7354206184Z3	08/03/2023 - 08/03/2023				HC:95938 / 26 / 1	N830	$32.77 (B6)	$3,107.00	CO-45	$3,074.23	$32.77
7354206184Z4	08/03/2023 - 08/03/2023				HC:95955 / 26 / 1	N830	$38.51 (B6)	$1,755.00	CO-45	$1,716.49	$38.51

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213380	Check/EFT Date: 10/27/2023	Total Paid: $3,254.85

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
7354206184Z5	08/03/2023 - 08/03/2023				HC:95910 / 26 / 1	N830	$76.28 (B6)	$780.00	CO-45	$703.72	$76.28
7354206184Z6	08/03/2023 - 08/03/2023				HC:95886 / 26 / 2	N830	$66.02 (B6)	$2,972.00	CO-45	$2,905.98	$66.02
7354206184Z7	08/03/2023 - 08/03/2023				HC:95886 / 26,XU / 2	N830	$66.02 (B6)	$2,972.00	CO-45	$2,905.98	$66.02
7354206184Z8	08/03/2023 - 08/03/2023				HC:95999 / / 1	N830		$9,000.00	CO-45	$9,000.00	$0.00

Supplemental Information - AMT/Payer Codes: $1,350.73 (AU)

Patient Name: POOLE, JAMI **Claim Number:** 02023297505D4830X00 **Claim Date:** 05/30/2023-05/30/2023 **Claim Status Code:** 1

Patient ID: YDD880076058	**Group / Policy:** 000ZGCFAP0000	**Facility Type:** 21		**Claim Charge:**	$16,250.00
Patient Ctrl Nmbr: 0.3022432	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B		**Claim Received Date:**	10/24/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

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
7435893743Z1	05/30/2023 - 05/30/2023				HC:95941 / / 1	N830		$2,760.00	OA-209	$2,760.00	$0.00
7435893743Z2	05/30/2023 - 05/30/2023				HC:95938 / 26 / 1	N830		$3,107.00	OA-209	$3,107.00	$0.00
7435893743Z3	05/30/2023 - 05/30/2023				HC:95955 / 26 / 1	N830		$1,755.00	OA-209	$1,755.00	$0.00
7435893743Z4	05/30/2023 - 05/30/2023				HC:95861 / 26 / 1	N830		$1,614.00	OA-209	$1,614.00	$0.00
7435893743Z5	05/30/2023 - 05/30/2023				HC:95861 / 26,XU / 1	N830		$1,614.00	OA-209	$1,614.00	$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213380	Check/EFT Date: 10/27/2023	Total Paid: $3,254.85

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
7435893743Z6	05/30/2023 - 05/30/2023				HC:95999 / / 3	N830		$5,400.00	OA-209	$5,400.00	$0.00

Patient Name: RAMIREZ, EFRAIN **Claim Number:** 02023297506D6540X00 **Claim Date:** 06/21/2023-06/21/2023 **Claim Status Code:** 1

Patient ID: XOF820272653	**Group / Policy:** 000ZGCFAP0000	**Facility Type:** 21		**Claim Charge:**	$20,062.00
Patient Ctrl Nmbr: 0.3046710	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$0.00
Rendering Prvd: MOORE, OMAR J		**Claim Received Date:**	10/24/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

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
7435994948Z1	06/21/2023 - 06/21/2023				HC:95941 / / 1	N830		$2,760.00	OA-209	$2,760.00	$0.00
7435994948Z2	06/21/2023 - 06/21/2023				HC:95938 / 26 / 1	N830		$3,107.00	OA-209	$3,107.00	$0.00
7435994948Z3	06/21/2023 - 06/21/2023				HC:95955 / 26 / 1	N830		$1,755.00	OA-209	$1,755.00	$0.00
7435994948Z4	06/21/2023 - 06/21/2023				HC:95929 / 26 / 1	N830		$2,459.00	OA-209	$2,459.00	$0.00
7435994948Z5	06/21/2023 - 06/21/2023				HC:95908 / 26 / 1	N830		$437.00	OA-209	$437.00	$0.00
7435994948Z6	06/21/2023 - 06/21/2023				HC:95886 / 26 / 2	N830		$2,972.00	OA-209	$2,972.00	$0.00
7435994948Z7	06/21/2023 - 06/21/2023				HC:95886 / 26,XU / 2	N830		$2,972.00	OA-209	$2,972.00	$0.00
7435994948Z8	06/21/2023 - 06/21/2023				HC:95999 / / 2	N830		$3,600.00	OA-209	$3,600.00	$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213380	Check/EFT Date: 10/27/2023	Total Paid: $3,254.85

Patient Name: ROBERTS, DONNA **Claim Number:** 0202329650439L60X00 **Claim Date:** 07/10/2023-07/10/2023 **Claim Status Code:** 1

Patient ID: XOF843178617	**Group / Policy:** 000ZGCFAP0000	**Facility Type:** 21		**Claim Charge:**	$27,244.00
Patient Ctrl Nmbr: 0.3066809	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$0.00
Rendering Prvd: MOORE, OMAR J		**Claim Received Date:**	10/23/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

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
7432117229Z1	07/10/2023 - 07/10/2023				HC:95941 / / 2	N830		$5,520.00	OA-209	$5,520.00	$0.00
7432117229Z2	07/10/2023 - 07/10/2023				HC:95939 / 26 / 1	N830		$3,814.00	OA-209	$3,814.00	$0.00
7432117229Z3	07/10/2023 - 07/10/2023				HC:95938 / 26 / 1	N830		$3,107.00	OA-209	$3,107.00	$0.00
7432117229Z4	07/10/2023 - 07/10/2023				HC:95955 / 26 / 1	N830		$1,755.00	OA-209	$1,755.00	$0.00
7432117229Z5	07/10/2023 - 07/10/2023				HC:95861 / 26 / 1	N830		$1,614.00	OA-209	$1,614.00	$0.00
7432117229Z6	07/10/2023 - 07/10/2023				HC:95861 / 26,XU / 1	N830		$1,614.00	OA-209	$1,614.00	$0.00
7432117229Z7	07/10/2023 - 07/10/2023				HC:95868 / 26 / 1	N830		$1,310.00	OA-209	$1,310.00	$0.00
7432117229Z8	07/10/2023 - 07/10/2023				HC:95868 / 26,XU / 1	N830		$1,310.00	OA-209	$1,310.00	$0.00
7432117229Z9	07/10/2023 - 07/10/2023				HC:95999 / / 4	N830		$7,200.00	OA-209	$7,200.00	$0.00

Patient Name: ROSS, MICHAEL **Claim Number:** 02023297500D2620X00 **Claim Date:** 06/21/2023-06/21/2023 **Claim Status Code:** 1

Patient ID: XOF842728152	**Group / Policy:** 000ZGCFAP0000	**Facility Type:** 21		**Claim Charge:**	$23,664.00
Patient Ctrl Nmbr: 0.3046879	**Contract Hdr:** PREFERRED PROVIDER ORGANIZATION	**Claim Frequency:** 1		**Claim Payment:**	$0.00
Rendering Prvd: THOMAS, GEORGE P		**Claim Received Date:**	10/24/2023	**Patient Resp:**	$0.00
Original Ref Nmbr:	**Rendering Prv ID:**				

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213380	Check/EFT Date: 10/27/2023	Total Paid: $3,254.85

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
7435998898Z1	06/21/2023 - 06/21/2023				HC:95941 / / 2	N830		$5,520.00	OA-209	$5,520.00	$0.00
7435998898Z2	06/21/2023 - 06/21/2023				HC:95938 / 26 / 1	N830		$3,107.00	OA-209	$3,107.00	$0.00
7435998898Z3	06/21/2023 - 06/21/2023				HC:95955 / 26 / 1	N830		$1,755.00	OA-209	$1,755.00	$0.00
7435998898Z4	06/21/2023 - 06/21/2023				HC:95907 / 26 / 1	N830		$138.00	OA-209	$138.00	$0.00
7435998898Z5	06/21/2023 - 06/21/2023				HC:95886 / 26 / 2	N830		$2,972.00	OA-209	$2,972.00	$0.00
7435998898Z6	06/21/2023 - 06/21/2023				HC:95886 / 26,XU / 2	N830		$2,972.00	OA-209	$2,972.00	$0.00
7435998898Z7	06/21/2023 - 06/21/2023				HC:95999 / / 4	N830		$7,200.00	OA-209	$7,200.00	$0.00

Code Descriptions

REMARK CODE(S):

N394=Incomplete/invalid progress notes/report.
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
OA=Other Adjustments
PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

Payer: BLUECROSS BLUESHIELD OF TEXAS	**Check/EFT Trace Number:** C23298E12213380	**Check/EFT Date:** 10/27/2023	**Total Paid:** $3,254.85

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)
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)
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.
1=Deductible Amount
2=Coinsurance Amount

CLAIM STATUS CODE(S):

1=Processed as Primary