

Check Summary**Transaction Date:** October 16, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23285E08852750 Payment Amount: 11,556.40 Check/EFT Date: 10/16/2023 Production End Cycle Date: 10/12/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: CALBALLERO, JESSICA**Claim Number:** 020232565053P930X00**Claim Date:** 08/30/2023-08/30/2023 **Claim Status Code:** 1

Patient ID: LSD903202989	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$24,624.00
Patient Ctrl Nmbr: 0.3124878	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/13/2023	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
7279985361Z1	08/30/2023 - 08/30/2023				HC:95941 // 2			\$5,520.00	OA-216	\$5,520.00	\$0.00
7279985361Z2	08/30/2023 - 08/30/2023				HC:95939 / 26 / 1			\$3,814.00	OA-216	\$3,814.00	\$0.00
7279985361Z3	08/30/2023 - 08/30/2023				HC:95822 / 26 / 1			\$1,755.00	OA-216	\$1,755.00	\$0.00
7279985361Z4	08/30/2023 - 08/30/2023				HC:95938 / 26 / 1			\$3,107.00	OA-216	\$3,107.00	\$0.00
7279985361Z5	08/30/2023 - 08/30/2023				HC:95861 / 26 / 1			\$1,614.00	OA-216	\$1,614.00	\$0.00
7279985361Z6	08/30/2023 - 08/30/2023				HC:95861 / 26,XU / 1			\$1,614.00	OA-216	\$1,614.00	\$0.00
7279985361Z7	08/30/2023 - 08/30/2023				HC:95999 // 4			\$7,200.00	OA-216	\$7,200.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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Patient Name: ESPINAL, TERESA	Claim Number: 02023277509K7960X00	Claim Date: 09/11/2023-09/11/2023	Claim Status Code: 1
Patient ID: ZGN925825181	Group / Policy: 0000006370001	Facility Type: 21	Claim Charge: \$17,027.00
Patient Ctrl Nmbr: 0.3136839	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$378.06
Rendering Prvd: ADAMS, DAVID N	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
7370919538Z1	09/11/2023 - 09/11/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$3,537.00	CO-45	\$3,396.22	\$140.78
7370919538Z2	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1	N830	\$43.69 (B6)	\$3,107.00	CO-45	\$3,063.31	\$43.69
7370919538Z3	09/11/2023 - 09/11/2023				HC:95955 / 26 / 1	N830	\$51.35 (B6)	\$1,755.00	CO-45	\$1,703.65	\$51.35
7370919538Z4	09/11/2023 - 09/11/2023				HC:95861 / 26 / 1	N830	\$78.45 (B6)	\$1,614.00	CO-45	\$1,535.55	\$78.45
7370919538Z5	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
7370919538Z6	09/11/2023 - 09/11/2023				HC:95999 // 1	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

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

Patient Name: HANTAK, CARRIE	Claim Number: 0202324854014320X00	Claim Date: 08/15/2023-08/15/2023	Claim Status Code: 22
Patient ID: SHN826859223	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-29,601.00
Patient Ctrl Nmbr: 0.3107332	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-4,684.03
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 08/31/2023	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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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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
	08/15/2023 - 08/15/2023				HC:95941 // 4	N830		\$-11,040.00	CO-45	\$-10,309.72	\$-730.28
	08/15/2023 - 08/15/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,699.62	\$-55.38
	08/15/2023 - 08/15/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,062.99	\$-44.01
	08/15/2023 - 08/15/2023				HC:95909 / 26 / 1	N830		\$-555.00	CO-45	\$-477.96	\$-77.04
	08/15/2023 - 08/15/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,883.34	\$-88.66
	08/15/2023 - 08/15/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,883.34	\$-88.66
	08/15/2023 - 08/15/2023				HC:95999 // 4			\$-7,200.00	PR-45	\$-3,600.00	\$-3,600.00

Patient Name: HANTAK, CARRIE	Claim Number: 0202324854014320X01	Claim Date: 08/15/2023-08/15/2023	Claim Status Code: 1
Patient ID: SHN826859223	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$29,601.00
Patient Ctrl Nmbr: 0.3107332	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$7,550.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/06/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202324854014320X00			

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
	08/15/2023 - 08/15/2023				HC:95941 / / 4	MA44	\$7,550.00 (B6)	\$11,040.00	CO-45	\$3,490.00	\$7,550.00
	08/15/2023 - 08/15/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	08/15/2023 - 08/15/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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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
	08/15/2023 - 08/15/2023				HC:95909 / 26 / 1	MA44		\$555.00	CO-45	\$555.00	\$0.00
	08/15/2023 - 08/15/2023				HC:95886 / 26 / 2	MA44		\$2,972.00	CO-45	\$2,972.00	\$0.00
	08/15/2023 - 08/15/2023				HC:95886 / 26,XU / 2	MA44		\$2,972.00	CO-45	\$2,972.00	\$0.00
	08/15/2023 - 08/15/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$7,550.00 (AU)

Patient Name: JANSEN, ALAN	Claim Number: 0202326450555Y50X00	Claim Date: 09/20/2023-09/20/2023	Claim Status Code: 22
Patient ID: XOF826171468	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$-19,010.00
Patient Ctrl Nmbr: 0.3148269	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-535.53
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/21/2023	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
7315745940Z1	09/20/2023 - 09/20/2023				HC:95941 // 2			\$-5,520.00	PR-1 PR-45	\$-365.14 \$-5,154.86	\$0.00
7315745940Z2	09/20/2023 - 09/20/2023				HC:95822 / 26 / 1			\$-1,755.00	PR-1 PR-45	\$-221.52 \$-1,533.48	\$0.00
7315745940Z3	09/20/2023 - 09/20/2023				HC:95938 / 26 / 1			\$-3,107.00	PR-1 PR-45	\$-176.04 \$-2,930.96	\$0.00
7315745940Z4	09/20/2023 - 09/20/2023				HC:95861 / 26 / 1			\$-1,614.00	PR-1 PR-45	\$-316.08 \$-1,297.92	\$0.00
7315745940Z5	09/20/2023 - 09/20/2023				HC:95861 / 26,XU / 1			\$-1,614.00	PR-1 PR-45	\$-113.76 \$-1,500.24	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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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
7315745940Z6	09/20/2023 - 09/20/2023				HC:95999 // 3	N362		\$-5,400.00	PR-1 PR-2 PR-96	\$-1,807.46 \$-357.01 \$-2,700.00	\$-535.53

Patient Name: JANSEN, ALAN	Claim Number: 0202326450555Y50X01	Claim Date: 09/20/2023-09/20/2023	Claim Status Code: 1
Patient ID: XOF826171468	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$19,010.00
Patient Ctrl Nmbr: 0.3148269	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$3,892.54
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$15,117.46
Original Ref Nmbr: 0202326450555Y50X00			

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
	09/20/2023 - 09/20/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-45	\$5,154.86	\$365.14
	09/20/2023 - 09/20/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,533.48	\$221.52
	09/20/2023 - 09/20/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$2,930.96	\$176.04
	09/20/2023 - 09/20/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,297.92	\$316.08
	09/20/2023 - 09/20/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,500.24	\$113.76
	09/20/2023 - 09/20/2023				HC:95999 // 1		\$5,400.00 (B6)	\$5,400.00	PR-45	\$2,700.00	\$2,700.00

Supplemental Information - AMT/Payer Codes: \$3,892.54 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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Patient Name: LEWIS, BRETT	Claim Number: 0202328254007650X00	Claim Date: 07/04/2023-07/04/2023	Claim Status Code: 1
Patient ID: ADE825877341	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$11,936.00
Patient Ctrl Nmbr: 0.3060755	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/26/2023	Patient Resp: \$11,936.00
Original Ref Nmbr:			

Line Details **Results:** 3

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
	07/04/2023 - 07/04/2023				HC:95941 // 2	N130	\$7,074.00 (B6)	\$7,074.00	PR-96	\$7,074.00	\$0.00
	07/04/2023 - 07/04/2023				HC:95822 / 26 / 1	N130	\$1,755.00 (B6)	\$1,755.00	PR-96	\$1,755.00	\$0.00
	07/04/2023 - 07/04/2023				HC:95938 / 26 / 1	N130	\$3,107.00 (B6)	\$3,107.00	PR-96	\$3,107.00	\$0.00

Patient Name: LOPEZ MADRID, JORGE	Claim Number: 02023272505913D0X00	Claim Date: 07/31/2023-07/31/2023	Claim Status Code: 1
Patient ID: ZGP807394310	Group / Policy: 0002748910001	Facility Type: 21	Claim Charge: \$23,963.00
Patient Ctrl Nmbr: 0.3089424	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/29/2023	Patient Resp: \$532.63
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
7353809180Z1	07/31/2023 - 07/31/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45 PR-1	\$5,238.44 \$281.56	\$0.00
7353809180Z2	07/31/2023 - 07/31/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45 PR-1	\$3,074.23 \$32.77	\$0.00
7353809180Z3	07/31/2023 - 07/31/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45 PR-1	\$1,716.49 \$38.51	\$0.00
7353809180Z4	07/31/2023 - 07/31/2023				HC:95908 / 26 / 1	N830	\$47.75 (B6)	\$437.00	PR-1 CO-45	\$47.75 \$389.25	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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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
7353809180Z5	07/31/2023 - 07/31/2023				HC:95886 / 26 / 2	N830	\$66.02 (B6)	\$2,972.00	PR-1 CO-45	\$66.02 \$2,905.98	\$0.00
7353809180Z6	07/31/2023 - 07/31/2023				HC:95886 / 26,XU / 2	N830	\$66.02 (B6)	\$2,972.00	PR-1 CO-45	\$66.02 \$2,905.98	\$0.00
7353809180Z7	07/31/2023 - 07/31/2023				HC:95999 // 1	N830		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$532.63 (AU)

Patient Name: MAKNOJIA, ALYMUHAMMAD	Claim Number: 0202214650G73950X01	Claim Date: 03/15/2022-03/15/2022	Claim Status Code: 1
Patient ID: ZGZ834432963	Group / Policy: 0002368690000	Facility Type: 22	Claim Charge: \$10,034.00
Patient Ctrl Nmbr: 0.2496474	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MONDAY, KIMBERLY E	Rendering Prv ID:	Claim Received Date: 08/28/2023	Patient Resp: \$10,034.00
Original Ref Nmbr: 0202214650G73950X00			

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
	03/15/2022 - 03/15/2022				HC:95867 / 59 / 1		\$8,068.00 (B6)	\$8,068.00	PR-197	\$8,068.00	\$0.00
	03/15/2022 - 03/15/2022				HC:G0453 / 59 / 2		\$1,966.00 (B6)	\$1,966.00	PR-197	\$1,966.00	\$0.00

Patient Name: MAKNOJIA, ALYMUHAMMAD	Claim Number: 0202214650G73950X00	Claim Date: 03/15/2022-03/15/2022	Claim Status Code: 22
Patient ID: ZGZ834432963	Group / Policy: 0002368690000	Facility Type: 22	Claim Charge: \$-10,034.00
Patient Ctrl Nmbr: 0.2496474	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MONDAY, KIMBERLY E	Rendering Prv ID:	Claim Received Date: 05/26/2022	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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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
629407212	03/15/2022 - 03/15/2022				HC:95867 / 59 / 1			\$-8,068.00	PR-197	\$-8,068.00	\$0.00
629407213	03/15/2022 - 03/15/2022				HC:G0453 / 59 / 2			\$-1,966.00	PR-197	\$-1,966.00	\$0.00

Patient Name: MARTIN JR., WILLIAM	Claim Number: 0202326350207G00X00	Claim Date: 09/21/2022-09/21/2022	Claim Status Code: 1
Patient ID: ZGP834263723	Group / Policy: 0000544440017	Facility Type: 21	Claim Charge: \$28,588.00
Patient Ctrl Nmbr: 0.2719463	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 09/19/2023	Patient Resp: \$863.01
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
7304884982Z1	09/21/2022 - 09/21/2022				HC:95941 // 4	N830	\$563.12 (B6)	\$11,040.00	PR-1 CO-45	\$563.12 \$10,476.88	\$0.00
7304884982Z2	09/21/2022 - 09/21/2022				HC:95822 / 26 / 1	N830	\$42.17 (B6)	\$1,755.00	PR-1 CO-45	\$42.17 \$1,712.83	\$0.00
7304884982Z3	09/21/2022 - 09/21/2022				HC:95938 / 26 / 1	N830	\$33.59 (B6)	\$3,107.00	PR-1 CO-45	\$33.59 \$3,073.41	\$0.00
7304884982Z4	09/21/2022 - 09/21/2022				HC:95864 / 26 / 1	N830	\$78.20 (B6)	\$2,901.00	PR-1 CO-45	\$78.20 \$2,822.80	\$0.00
7304884982Z5	09/21/2022 - 09/21/2022				HC:95864 / 26,XU / 1	N830	\$82.44 (B6)	\$2,901.00	PR-1 CO-45	\$82.44 \$2,818.56	\$0.00
7304884982Z6	09/21/2022 - 09/21/2022				HC:95867 / 26 / 1	N830	\$30.78 (B6)	\$742.00	PR-1 CO-45	\$30.78 \$711.22	\$0.00
7304884982Z7	09/21/2022 - 09/21/2022				HC:95867 / 26,XU / 1	N830	\$32.71 (B6)	\$742.00	PR-1 CO-45	\$32.71 \$709.29	\$0.00
7304884982Z8	09/21/2022 - 09/21/2022				HC:95999 // 1	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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Supplemental Information - AMT/Payer Codes: \$863.01 (AU)

Patient Name: RIVAS, ENRIQUE	Claim Number: 02023283507P3620X00	Claim Date: 09/13/2023-09/13/2023	Claim Status Code: 1
Patient ID: XOF821544858	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$12,650.00
Patient Ctrl Nmbr: 0.3140054	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/10/2023	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
7390054564Z1	09/13/2023 - 09/13/2023				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7390054564Z2	09/13/2023 - 09/13/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7390054564Z3	09/13/2023 - 09/13/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7390054564Z4	09/13/2023 - 09/13/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7390054564Z5	09/13/2023 - 09/13/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7390054564Z6	09/13/2023 - 09/13/2023				HC:95999 // 1	N830		\$1,800.00	OA-209	\$1,800.00	\$0.00

Patient Name: URGO, ROBIN	Claim Number: 0202324154008140X00	Claim Date: 08/09/2023-08/09/2023	Claim Status Code: 22
Patient ID: CEP830450522	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-29,184.00
Patient Ctrl Nmbr: 0.3101544	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-2,858.35
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 08/28/2023	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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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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
	08/09/2023 - 08/09/2023				HC:95941 // 4	N830		\$-11,040.00	CO-45	\$-10,309.72	\$-730.28
	08/09/2023 - 08/09/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,699.62	\$-55.38
	08/09/2023 - 08/09/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,062.99	\$-44.01
	08/09/2023 - 08/09/2023				HC:95907 / 26 / 1	N830		\$-138.00	CO-45	\$-86.64	\$-51.36
	08/09/2023 - 08/09/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,883.34	\$-88.66
	08/09/2023 - 08/09/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,883.34	\$-88.66
	08/09/2023 - 08/09/2023				HC:95999 // 1	N830		\$-7,200.00	CO-45	\$-5,400.00	\$-1,800.00

Patient Name: URGO, ROBIN	Claim Number: 0202324154008140X01	Claim Date: 08/09/2023-08/09/2023	Claim Status Code: 1
Patient ID: CEP830450522	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$29,184.00
Patient Ctrl Nmbr: 0.3101544	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$7,400.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/08/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202324154008140X00			

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
	08/09/2023 - 08/09/2023				HC:95941 // 4	MA44	\$7,400.00 (B6)	\$11,040.00	CO-45	\$3,640.00	\$7,400.00
	08/09/2023 - 08/09/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	08/09/2023 - 08/09/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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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
	08/09/2023 - 08/09/2023				HC:95907 / 26 / 1	MA44		\$138.00	CO-45	\$138.00	\$0.00
	08/09/2023 - 08/09/2023				HC:95886 / 26 / 2	MA44		\$2,972.00	CO-45	\$2,972.00	\$0.00
	08/09/2023 - 08/09/2023				HC:95886 / 26,XU / 2	MA44		\$2,972.00	CO-45	\$2,972.00	\$0.00
	08/09/2023 - 08/09/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$7,400.00 (AU)

Patient Name: VAISMAN, DAVID	Claim Number: 0202327150Y46380X00	Claim Date: 07/17/2023-07/17/2023	Claim Status Code: 1
Patient ID: YDG928088941	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$24,006.00
Patient Ctrl Nmbr: 0.3074905	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$380.94
Rendering Prvd: ADAMS, DAVID N	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$7,890.06
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
7348460939Z5	07/17/2023 - 07/17/2023				HC:51785 / 26 / 1		\$1,071.00 (B6)	\$1,071.00	PR-45	\$999.10	\$71.90
7348460939Z6	07/17/2023 - 07/17/2023				HC:51785 / 26,XU / 1		\$1,071.00 (B6)	\$1,071.00	PR-45	\$1,005.04	\$65.96
7348460939Z1	07/17/2023 - 07/17/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-45	\$2,619.22	\$140.78
7348460939Z2	07/17/2023 - 07/17/2023				HC:95939 / 26 / 1	N394		\$3,814.00	CO-A1	\$3,814.00	\$0.00
7348460939Z3	07/17/2023 - 07/17/2023				HC:95938 / 26 / 1	N394		\$3,107.00	CO-A1	\$3,107.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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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
7348460939Z4	07/17/2023 - 07/17/2023				HC:95955 / 26,XU / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,716.49	\$38.51
7348460939Z7	07/17/2023 - 07/17/2023				HC:95861 / 26,XU / 1	N640		\$1,614.00	PI-222	\$1,614.00	\$0.00
7348460939Z8	07/17/2023 - 07/17/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,550.21	\$63.79
7348460939Z9	07/17/2023 - 07/17/2023				HC:95999 // 4	N394		\$7,200.00	CO-A1	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$380.94 (AU)

Patient Name: VANATTA, KAMERON	Claim Number: 0202317154017460X00	Claim Date: 04/03/2023-04/03/2023	Claim Status Code: 22
Patient ID: YDD810674022	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-33,452.00
Patient Ctrl Nmbr: 0.2952272	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-980.09
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 05/25/2023	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
	04/03/2023 - 04/03/2023				HC:51785 / 26,XU / 1	N830		\$-1,071.00	CO-45	\$-999.10	\$-71.90
	04/03/2023 - 04/03/2023				HC:51785 / 26 / 1	N830		\$-1,071.00	CO-45	\$-1,005.04	\$-65.96
	04/03/2023 - 04/03/2023				HC:95941 // 4	N830		\$-11,040.00	CO-45	\$-10,476.88	\$-563.12
	04/03/2023 - 04/03/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,728.33	\$-85.67
	04/03/2023 - 04/03/2023				HC:95822 / 26,XU / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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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
	04/03/2023 - 04/03/2023				HC:95938 / 26 / 1			\$-3,107.00	CO-45	\$-3,107.00	\$0.00
	04/03/2023 - 04/03/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
	04/03/2023 - 04/03/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
	04/03/2023 - 04/03/2023				HC:95870 / 26,XU / 1	N830		\$-583.00	CO-45	\$-568.86	\$-14.14
	04/03/2023 - 04/03/2023				HC:95870 / 26,XU / 1	N830		\$-583.00	CO-45	\$-567.59	\$-15.41
	04/03/2023 - 04/03/2023				HC:95999 // 4			\$-7,200.00	CO-45	\$-7,200.00	\$0.00

Patient Name: VANATTA, KAMERON	Claim Number: 0202317154017460X01	Claim Date: 04/03/2023-04/03/2023	Claim Status Code: 1
Patient ID: YDD810674022	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$33,452.00
Patient Ctrl Nmbr: 0.2952272	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,012.86
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202317154017460X00			

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
	04/03/2023 - 04/03/2023				HC:51785 / 26 / 1	N830		\$1,071.00	CO-45	\$1,071.00	\$0.00
	04/03/2023 - 04/03/2023				HC:51785 / 26,XU / 1	N830		\$1,071.00	CO-45	\$1,071.00	\$0.00
	04/03/2023 - 04/03/2023				HC:95941 // 4	N830		\$11,040.00	CO-45	\$11,040.00	\$0.00
	04/03/2023 - 04/03/2023				HC:95939 / 26 / 1	N830		\$3,814.00	CO-45	\$3,814.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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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
	04/03/2023 - 04/03/2023				HC:95822 / 26,XU / 1	N830		\$1,755.00	CO-45	\$1,755.00	\$0.00
	04/03/2023 - 04/03/2023				HC:95938 / 26 / 1	N830		\$3,107.00	CO-45	\$3,107.00	\$0.00
	04/03/2023 - 04/03/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	CO-45	\$1,614.00	\$0.00
	04/03/2023 - 04/03/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	CO-45	\$1,614.00	\$0.00
	04/03/2023 - 04/03/2023				HC:95870 / 26,XU / 1	N830		\$583.00	CO-45	\$583.00	\$0.00
	04/03/2023 - 04/03/2023				HC:95870 / 26,XU / 1	N830		\$583.00	CO-45	\$583.00	\$0.00
	04/03/2023 - 04/03/2023				HC:95999 // 4	N830	\$1,012.86 (B6)	\$7,200.00	CO-45	\$6,187.14	\$1,012.86

Supplemental Information - AMT/Payer Codes: \$1,012.86 (AU)

Code Descriptions

REMARK CODE(S):

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

N130=Consult plan benefit documents/guidelines for information about restrictions for this service.

N362=The number of Days or Units of Service exceeds our acceptable maximum.

N394=Incomplete/invalid progress notes/report.

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285E08852750	Check/EFT Date: 10/16/2023	Total Paid: \$11,556.40
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GROUP CODE(S):

OA=Other Adjustments
CO=Contractual Obligations
PR=Patient Responsibility
PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

216=Based on the findings of a review organization
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
2=Coinsurance Amount
96=Non-covered charge(s). 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: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
197=Precertification/authorization/notification/pre-treatment absent.
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.
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.

CLAIM STATUS CODE(S):

1=Processed as Primary
22=Reversal of Previous Payment