

Check Summary

Transaction Date: October 13, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23286N36429160 Payment Amount: 0.00 Check/EFT Date: 10/13/2023 Production End Cycle Date: 10/13/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: CARDOSO, JOHN

Claim Number: 0202327150W31510X00

Claim Date: 07/20/2023-07/20/2023 Claim Status Code: 1

Patient ID: AJL827747423	Group / Policy: 0000895241046	Facility Type: 21	Claim Charge: \$63,834.00
Patient Ctrl Nmbr: 0.3079473	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$63,834.00
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
7348765683Z1	07/20/2023 - 07/20/2023				HC:95941 / / 4		\$14,148.00 (B6)	\$14,148.00	PR-1 PR-45	\$563.12 \$13,584.88	\$0.00
7348765683Z2	07/20/2023 - 07/20/2023				HC:95939 / 26 / 1		\$10,303.00 (B6)	\$10,303.00	PR-1 PR-45	\$85.67 \$10,217.33	\$0.00
7348765683Z3	07/20/2023 - 07/20/2023				HC:95938 / 26 / 1		\$7,270.00 (B6)	\$7,270.00	PR-45 PR-1	\$7,237.23 \$32.77	\$0.00
7348765683Z4	07/20/2023 - 07/20/2023				HC:95955 / 26 / 1		\$6,979.00 (B6)	\$6,979.00	PR-1 PR-45	\$38.51 \$6,940.49	\$0.00
7348765683Z5	07/20/2023 - 07/20/2023				HC:95861 / 26 / 1		\$4,753.00 (B6)	\$4,753.00	PR-1 PR-45	\$58.84 \$4,694.16	\$0.00
7348765683Z6	07/20/2023 - 07/20/2023				HC:95861 / 26,XU / 1		\$4,753.00 (B6)	\$4,753.00	PR-1 PR-45	\$63.79 \$4,689.21	\$0.00
7348765683Z7	07/20/2023 - 07/20/2023				HC:95868 / 26 / 1		\$4,214.00 (B6)	\$4,214.00	PR-1 PR-45	\$45.01 \$4,168.99	\$0.00
7348765683Z8	07/20/2023 - 07/20/2023				HC:95868 / 26,XU / 1		\$4,214.00 (B6)	\$4,214.00	PR-1 PR-45	\$48.92 \$4,165.08	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286N36429160	Check/EFT Date: 10/13/2023	Total Paid: \$0.00
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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
7348765683Z9	07/20/2023 - 07/20/2023				HC:95999 // 1	N640	\$7,200.00 (B6)	\$7,200.00	PR-222	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$936.63 (AU)

Code Descriptions

REMARK CODE(S):

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

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

1=Deductible Amount

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)

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