

Check Summary**Transaction Date:** October 12, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23285N36308420 Payment Amount: 0.00 Check/EFT Date: 10/12/2023 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: MCKEE, JIM**Claim Number:** 02023158504805D0X00**Claim Date:** 10/13/2021-10/13/2021 **Claim Status Code:** 1**Patient ID:** R59115645**Group / Policy:****Facility Type:** 21**Claim Charge:** \$24,484.00**Patient Ctrl Nmbr:** 0.2320150**Contract Hdr:****Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** NATH, AUDREY R**Rendering Prv ID:****Claim Received Date:** 06/07/2023**Patient Resp:** \$24,484.00**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
6968249285Z1	10/13/2021 - 10/13/2021				HC:95941 / / 1			\$2,760.00	PR-29	\$2,760.00	\$0.00
6968249285Z2	10/13/2021 - 10/13/2021				HC:95939 / 26 / 1			\$3,814.00	PR-29	\$3,814.00	\$0.00
6968249285Z3	10/13/2021 - 10/13/2021				HC:95822 / 26 / 1			\$1,755.00	PR-29	\$1,755.00	\$0.00
6968249285Z4	10/13/2021 - 10/13/2021				HC:95938 / 26 / 1			\$3,107.00	PR-29	\$3,107.00	\$0.00
6968249285Z5	10/13/2021 - 10/13/2021				HC:95861 / 26 / 1			\$1,614.00	PR-29	\$1,614.00	\$0.00
6968249285Z6	10/13/2021 - 10/13/2021				HC:95861 / 26,XU / 1			\$1,614.00	PR-29	\$1,614.00	\$0.00
6968249285Z7	10/13/2021 - 10/13/2021				HC:95868 / 26 / 1			\$1,310.00	PR-29	\$1,310.00	\$0.00
6968249285Z8	10/13/2021 - 10/13/2021				HC:95868 / 26,XU / 1			\$1,310.00	PR-29	\$1,310.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285N36308420	Check/EFT Date: 10/12/2023	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
6968249285Z9	10/13/2021 - 10/13/2021				HC:95999 // 1			\$7,200.00	PR-29	\$7,200.00	\$0.00

Code Descriptions

GROUP CODE(S):

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

29=The time limit for filing has expired.

CLAIM STATUS CODE(S):

1=Processed as Primary