

Check Summary

Transaction Date: November 07, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23307E14815360 Payment Amount: 2,727.57 Check/EFT Date: 11/07/2023 Production End Cycle Date: 11/03/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: BACH, MARYELLEN

Claim Number: 0202330550810X10X00

Claim Date: 10/09/2023-10/09/2023 Claim Status Code: 1

Patient ID: ZPK848055780

Group / Policy: 000ZGCFAP0000

Facility Type: 22

Claim Charge: \$24,484.00

Patient Ctrl Nmbr: 0.3170601

Contract Hdr: PREFERRED PROVIDER
ORGANIZATION

Claim Frequency: 1

Claim Payment: \$0.00

Rendering Prvd: NATH, AUDREY R

Rendering Prv ID:

Claim Received Date: 11/01/2023

Patient Resp: \$0.00

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
7465033769Z1	10/09/2023 - 10/09/2023				HC:95941 / / 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7465033769Z2	10/09/2023 - 10/09/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7465033769Z3	10/09/2023 - 10/09/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7465033769Z4	10/09/2023 - 10/09/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7465033769Z5	10/09/2023 - 10/09/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7465033769Z6	10/09/2023 - 10/09/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7465033769Z7	10/09/2023 - 10/09/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7465033769Z8	10/09/2023 - 10/09/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815360	Check/EFT Date: 11/07/2023	Total Paid: \$2,727.57
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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
7465033769Z9	10/09/2023 - 10/09/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Patient Name: DUDLEY, JONI	Claim Number: 0202330550612D40X00	Claim Date: 10/09/2023-10/09/2023	Claim Status Code: 1
Patient ID: QMF921357700	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$35,545.00
Patient Ctrl Nmbr: 0.3170776	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 11/01/2023	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
7464887797Z1	10/09/2023 - 10/09/2023				HC:95941 // 4	N830		\$11,040.00	OA-209	\$11,040.00	\$0.00
7464887797Z2	10/09/2023 - 10/09/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7464887797Z3	10/09/2023 - 10/09/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7464887797Z4	10/09/2023 - 10/09/2023				HC:95909 / 26 / 1	N830		\$555.00	OA-209	\$555.00	\$0.00
7464887797Z5	10/09/2023 - 10/09/2023				HC:95886 / 26 / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7464887797Z6	10/09/2023 - 10/09/2023				HC:95886 / 26,XU / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7464887797Z7	10/09/2023 - 10/09/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815360	Check/EFT Date: 11/07/2023	Total Paid: \$2,727.57
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Patient Name: GARCIA, BERNICE	Claim Number: 020233065048B860X00	Claim Date: 10/12/2023-10/12/2023	Claim Status Code: 1
Patient ID: XOF835109866	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$26,404.00
Patient Ctrl Nbr: 0.3175277	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 11/02/2023	Patient Resp: \$26,404.00
Original Ref Nbr:			

Line Details **Results:** 9

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
7469919853Z1	10/12/2023 - 10/12/2023				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-1 PR-45	\$547.71 \$7,732.29	\$0.00
7469919853Z2	10/12/2023 - 10/12/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-45	\$115.04 \$3,698.96	\$0.00
7469919853Z3	10/12/2023 - 10/12/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$44.01 \$3,062.99	\$0.00
7469919853Z4	10/12/2023 - 10/12/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$51.70 \$1,703.30	\$0.00
7469919853Z5	10/12/2023 - 10/12/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$79.02 \$1,534.98	\$0.00
7469919853Z6	10/12/2023 - 10/12/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$113.76 \$1,500.24	\$0.00
7469919853Z7	10/12/2023 - 10/12/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$60.40 \$1,249.60	\$0.00
7469919853Z8	10/12/2023 - 10/12/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$86.31 \$1,223.69	\$0.00
7469919853Z9	10/12/2023 - 10/12/2023				HC:95999 // 2	N362	\$3,600.00 (B6)	\$3,600.00	PR-1 PR-96	\$900.00 \$2,700.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,997.95 (AU)

Patient Name: GORDY, NANCY	Claim Number: 0202329954010300X00	Claim Date: 08/08/2023-08/08/2023	Claim Status Code: 1
Patient ID: YIE849020041	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$23,963.00
Patient Ctrl Nbr: 0.3099236	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$532.63
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/25/2023	Patient Resp: \$0.00
Original Ref Nbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815360	Check/EFT Date: 11/07/2023	Total Paid: \$2,727.57
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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
	08/08/2023 - 08/08/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
	08/08/2023 - 08/08/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	08/08/2023 - 08/08/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
	08/08/2023 - 08/08/2023				HC:95908 / 26 / 1	N830	\$47.75 (B6)	\$437.00	CO-45	\$389.25	\$47.75
	08/08/2023 - 08/08/2023				HC:95886 / 26 / 2	N830	\$66.02 (B6)	\$2,972.00	CO-45	\$2,905.98	\$66.02
	08/08/2023 - 08/08/2023				HC:95886 / 26,XU / 2	N830	\$66.02 (B6)	\$2,972.00	CO-45	\$2,905.98	\$66.02
	08/08/2023 - 08/08/2023				HC:95999 // 1	N830		\$7,200.00	CO-45	\$7,200.00	\$0.00

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

Patient Name: HART, ERIC	Claim Number: 02023306509Q5580X00	Claim Date: 10/11/2023-10/11/2023	Claim Status Code: 1
Patient ID: CYL831668745	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$30,025.00
Patient Ctrl Nmbr: 0.3173465	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 11/02/2023	Patient Resp: \$30,025.00
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
7469650412Z1	10/11/2023 - 10/11/2023				HC:95941 // 2	N584	\$5,520.00 (B6)	\$5,520.00	PR-272	\$5,520.00	\$0.00
7469650412Z2	10/11/2023 - 10/11/2023				HC:95938 / 26 / 1	N584	\$3,107.00 (B6)	\$3,107.00	PR-272	\$3,107.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815360	Check/EFT Date: 11/07/2023	Total Paid: \$2,727.57
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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
7469650412Z3	10/11/2023 - 10/11/2023				HC:95955 / 26 / 1	N584	\$1,755.00 (B6)	\$1,755.00	PR-272	\$1,755.00	\$0.00
7469650412Z4	10/11/2023 - 10/11/2023				HC:95909 / 26 / 1	N584	\$555.00 (B6)	\$555.00	PR-272	\$555.00	\$0.00
7469650412Z5	10/11/2023 - 10/11/2023				HC:95886 / 26 / 2	N584	\$5,944.00 (B6)	\$5,944.00	PR-272	\$5,944.00	\$0.00
7469650412Z6	10/11/2023 - 10/11/2023				HC:95886 / 26,XU / 2	N584	\$5,944.00 (B6)	\$5,944.00	PR-272	\$5,944.00	\$0.00
7469650412Z7	10/11/2023 - 10/11/2023				HC:95999 / / 4	N584	\$7,200.00 (B6)	\$7,200.00	PR-272	\$7,200.00	\$0.00

Patient Name: LEGG, CHARLES	Claim Number: 0202330550415X50X00	Claim Date: 10/10/2023-10/10/2023	Claim Status Code: 1
Patient ID: ZPK848371584	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$32,366.00
Patient Ctrl Nmbr: 0.3171278	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 11/01/2023	Patient Resp: \$0.00
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
7465596461Z1	10/10/2023 - 10/10/2023				HC:95941 / / 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7465596461Z2	10/10/2023 - 10/10/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7465596461Z3	10/10/2023 - 10/10/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7465596461Z4	10/10/2023 - 10/10/2023				HC:95929 / 26 / 1	N830		\$2,459.00	OA-209	\$2,459.00	\$0.00
7465596461Z5	10/10/2023 - 10/10/2023				HC:95908 / 26 / 1	N830		\$437.00	OA-209	\$437.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815360	Check/EFT Date: 11/07/2023	Total Paid: \$2,727.57
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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
7465596461Z6	10/10/2023 - 10/10/2023				HC:95886 / 26 / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7465596461Z7	10/10/2023 - 10/10/2023				HC:95886 / 26,XU / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7465596461Z8	10/10/2023 - 10/10/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Patient Name: LOVERO, GAIL	Claim Number: 0202330550642X70X00	Claim Date: 10/09/2023-10/09/2023	Claim Status Code: 1
Patient ID: XOF844057499	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$25,444.00
Patient Ctrl Nmbr: 0.3170924	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 11/01/2023	Patient Resp: \$0.00
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
7464983247Z1	10/09/2023 - 10/09/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7464983247Z2	10/09/2023 - 10/09/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7464983247Z3	10/09/2023 - 10/09/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7464983247Z4	10/09/2023 - 10/09/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7464983247Z5	10/09/2023 - 10/09/2023				HC:95861 / 26 / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7464983247Z6	10/09/2023 - 10/09/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7464983247Z7	10/09/2023 - 10/09/2023				HC:95868 / 26 / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815360	Check/EFT Date: 11/07/2023	Total Paid: \$2,727.57
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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
7464983247Z8	10/09/2023 - 10/09/2023				HC:95868 / 26,XU / 1	N830		\$1,310.00	OA-209	\$1,310.00	\$0.00
7464983247Z9	10/09/2023 - 10/09/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

Patient Name: MCNEAL, THU	Claim Number: 02023297507Q5320X00	Claim Date: 06/28/2023-06/28/2023	Claim Status Code: 1
Patient ID: ZGP893701976	Group / Policy: 0000003010005	Facility Type: 22	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.3056141	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/24/2023	Patient Resp: \$514.29
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
7436362139Z1	06/28/2023 - 06/28/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45 PR-1	\$2,619.22 \$140.78	\$0.00
7436362139Z2	06/28/2023 - 06/28/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	PR-1 CO-45	\$85.67 \$3,728.33	\$0.00
7436362139Z3	06/28/2023 - 06/28/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	PR-1 CO-45	\$32.77 \$3,074.23	\$0.00
7436362139Z4	06/28/2023 - 06/28/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	PR-1 CO-45	\$38.51 \$1,716.49	\$0.00
7436362139Z5	06/28/2023 - 06/28/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	PR-1 CO-45	\$58.84 \$1,555.16	\$0.00
7436362139Z6	06/28/2023 - 06/28/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00
7436362139Z7	06/28/2023 - 06/28/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	PR-1 CO-45	\$45.01 \$1,264.99	\$0.00
7436362139Z8	06/28/2023 - 06/28/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	PR-1 CO-45	\$48.92 \$1,261.08	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815360	Check/EFT Date: 11/07/2023	Total Paid: \$2,727.57
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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
7436362139Z9	06/28/2023 - 06/28/2023				HC:95999 // 1	N830		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$514.29 (AU)

Patient Name: MCQUILLEN, WADE	Claim Number: 0202329750Y28530X00	Claim Date: 05/25/2023-05/25/2023	Claim Status Code: 1
Patient ID: ZGP807973151	Group / Policy: 0003281243002	Facility Type: 22	Claim Charge: \$14,450.00
Patient Ctrl Nmbr: 0.3017318	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/24/2023	Patient Resp: \$334.69
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
7435786602Z1	05/25/2023 - 05/25/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	PR-1 CO-45	\$140.78 \$2,619.22	\$0.00
7435786602Z2	05/25/2023 - 05/25/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	PR-1 CO-45	\$32.77 \$3,074.23	\$0.00
7435786602Z3	05/25/2023 - 05/25/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	PR-1 CO-45	\$38.51 \$1,716.49	\$0.00
7435786602Z4	05/25/2023 - 05/25/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	PR-1 CO-45	\$58.84 \$1,555.16	\$0.00
7435786602Z5	05/25/2023 - 05/25/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00
7435786602Z6	05/25/2023 - 05/25/2023				HC:95999 // 1	N830		\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$334.69 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815360	Check/EFT Date: 11/07/2023	Total Paid: \$2,727.57
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Patient Name: PAUSCHER, JANET	Claim Number: 0202330450D41390X00	Claim Date: 10/27/2023-10/27/2023	Claim Status Code: 1
Patient ID: XOX921357324	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$21,770.00
Patient Ctrl Nmbr: 0.3193014	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$2,194.94
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/31/2023	Patient Resp: \$19,575.06
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
7460498687Z1	10/27/2023 - 10/27/2023				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-45	\$7,732.29	\$547.71
7460498687Z2	10/27/2023 - 10/27/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,060.79	\$46.21
7460498687Z3	10/27/2023 - 10/27/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,700.71	\$54.29
7460498687Z4	10/27/2023 - 10/27/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,531.03	\$82.97
7460498687Z5	10/27/2023 - 10/27/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,500.24	\$113.76
7460498687Z6	10/27/2023 - 10/27/2023				HC:95999 // 3	N362	\$5,400.00 (B6)	\$5,400.00	PR-96	\$4,050.00	\$1,350.00

Supplemental Information - AMT/Payer Codes: \$2,194.94 (AU)

Patient Name: TRIGGS, SAMANTHA	Claim Number: 0202329750Z02950X00	Claim Date: 05/23/2023-05/23/2023	Claim Status Code: 1
Patient ID: BCS844286554	Group / Policy: 0000400200000	Facility Type: 22	Claim Charge: \$11,164.00
Patient Ctrl Nmbr: 0.3013553	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/24/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815360	Check/EFT Date: 11/07/2023	Total Paid: \$2,727.57
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Line Details											Results: 4
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
7435637241Z1	05/23/2023 - 05/23/2023				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7435637241Z2	05/23/2023 - 05/23/2023				HC:95865 / 26 / 1	N830		\$1,502.00	OA-209	\$1,502.00	\$0.00
7435637241Z3	05/23/2023 - 05/23/2023				HC:95865 / 26,XU / 1	N830		\$1,502.00	OA-209	\$1,502.00	\$0.00
7435637241Z4	05/23/2023 - 05/23/2023				HC:95999 // 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

Code Descriptions

REMARK CODE(S):

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

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

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

PR=Patient Responsibility

CO=Contractual Obligations

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)

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)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23307E14815360	Check/EFT Date: 11/07/2023	Total Paid: \$2,727.57
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CLAIM ADJUSTMENT REASON CODE(S):

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.

272=Coverage/program guidelines were not met.

CLAIM STATUS CODE(S):

1=Processed as Primary