

Check Summary**Transaction Date:** October 24, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23293E11079070 Payment Amount: 23,282.04 Check/EFT Date: 10/24/2023 Production End Cycle Date: 10/20/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: ALAM, ASGAR**Claim Number:** 0202327754003200X00**Claim Date:** 07/13/2023-07/13/2023 **Claim Status Code:** 22**Patient ID:** MCQM12247626**Group / Policy:** 000ZGCFAP0000**Facility Type:** 22**Claim Charge:** \$-18,870.00**Patient Ctrl Nmbr:** 0.3071393**Contract Hdr:** PREFERRED PROVIDER
ORGANIZATION**Claim Frequency:****Claim Payment:** \$-3,788.03**Rendering Prvd:** MOORE, OMAR J**Claim Received Date:** 09/28/2023**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
	07/13/2023 - 07/13/2023				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,577.43	\$-182.57
	07/13/2023 - 07/13/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-2,974.97	\$-132.03
	07/13/2023 - 07/13/2023				HC:95955 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,599.90	\$-155.10
	07/13/2023 - 07/13/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,376.94	\$-237.06
	07/13/2023 - 07/13/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,500.24	\$-113.76
	07/13/2023 - 07/13/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,128.80	\$-181.20
	07/13/2023 - 07/13/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,223.69	\$-86.31
	07/13/2023 - 07/13/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-2,700.00	\$-2,700.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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Patient Name: ALAM, ASGAR	Claim Number: 0202327754003200X01	Claim Date: 07/13/2023-07/13/2023	Claim Status Code: 1
Patient ID: MCQM12247626	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$18,870.00
Patient Ctrl Nmbr: 0.3071393	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$6,112.30
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/17/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202327754003200X00			

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
	07/13/2023 - 07/13/2023				HC:95941 / / 1	MA44	\$183.00 (B6)	\$2,760.00	CO-45	\$2,577.00	\$183.00
	07/13/2023 - 07/13/2023				HC:95938 / 26 / 1	MA44	\$133.00 (B6)	\$3,107.00	CO-45	\$2,974.00	\$133.00
	07/13/2023 - 07/13/2023				HC:95955 / 26 / 1	MA44	\$156.00 (B6)	\$1,755.00	CO-45	\$1,599.00	\$156.00
	07/13/2023 - 07/13/2023				HC:95861 / 26 / 1	MA44	\$238.00 (B6)	\$1,614.00	CO-45	\$1,376.00	\$238.00
	07/13/2023 - 07/13/2023				HC:95861 / 26,XU / 1	MA44	\$114.00 (B6)	\$1,614.00	CO-45	\$1,500.00	\$114.00
	07/13/2023 - 07/13/2023				HC:95868 / 26 / 1	MA44	\$182.00 (B6)	\$1,310.00	CO-45	\$1,128.00	\$182.00
	07/13/2023 - 07/13/2023				HC:95868 / 26,XU / 1	MA44	\$87.00 (B6)	\$1,310.00	CO-45	\$1,223.00	\$87.00
	07/13/2023 - 07/13/2023				HC:95999 / / 3	MA44	\$5,019.30 (B6)	\$5,400.00	CO-45	\$380.70	\$5,019.30

Supplemental Information - AMT/Payer Codes: \$6,112.30 (AU)

Patient Name: BRASHER, JASON	Claim Number: 0202327654002480X00	Claim Date: 07/10/2023-07/10/2023	Claim Status Code: 22
Patient ID: MTZ824768913	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-21,681.00
Patient Ctrl Nmbr: 0.3065862	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-2,310.64
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/27/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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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
	07/10/2023 - 07/10/2023				HC:95941 // 1	N830		\$-3,537.00	CO-45	\$-3,354.43	\$-182.57
	07/10/2023 - 07/10/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,699.62	\$-55.38
	07/10/2023 - 07/10/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,062.99	\$-44.01
	07/10/2023 - 07/10/2023				HC:95907 / 26 / 1	N830		\$-138.00	CO-45	\$-86.64	\$-51.36
	07/10/2023 - 07/10/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,883.34	\$-88.66
	07/10/2023 - 07/10/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,883.34	\$-88.66
	07/10/2023 - 07/10/2023				HC:95999 // 4	M15		\$-7,200.00	PR-97	\$-5,400.00	\$-1,800.00

Patient Name: BRASHER, JASON	Claim Number: 0202327654002480X01	Claim Date: 07/10/2023-07/10/2023	Claim Status Code: 1
Patient ID: MTZ824768913	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$21,681.00
Patient Ctrl Nmbr: 0.3065862	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$3,900.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/17/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202327654002480X00			

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
	07/10/2023 - 07/10/2023				HC:95941 // 1	MA44	\$558.03 (B6)	\$3,537.00	CO-45	\$2,978.97	\$558.03
	07/10/2023 - 07/10/2023				HC:95822 / 26 / 1	MA44	\$282.43 (B6)	\$1,755.00	CO-45	\$1,472.57	\$282.43
	07/10/2023 - 07/10/2023				HC:95938 / 26 / 1	MA44	\$271.06 (B6)	\$3,107.00	CO-45	\$2,835.94	\$271.06

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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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
	07/10/2023 - 07/10/2023				HC:95907 / 26 / 1	MA44	\$130.00 (B6)	\$138.00	CO-45	\$8.00	\$130.00
	07/10/2023 - 07/10/2023				HC:95886 / 26 / 2	MA44	\$315.71 (B6)	\$2,972.00	CO-45	\$2,656.29	\$315.71
	07/10/2023 - 07/10/2023				HC:95886 / 26,XU / 2	MA44	\$315.72 (B6)	\$2,972.00	CO-45	\$2,656.28	\$315.72
	07/10/2023 - 07/10/2023				HC:95999 / / 4	MA44	\$2,027.05 (B6)	\$7,200.00	CO-45	\$5,172.95	\$2,027.05

Supplemental Information - AMT/Payer Codes: \$3,900.00 (AU)

Patient Name: COOPER, SKYE	Claim Number: 0202327754003230X00	Claim Date: 07/18/2023-07/18/2023	Claim Status Code: 22
Patient ID: RYD823728757	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$-25,444.00
Patient Ctrl Nmbr: 0.3076177	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-3,615.38
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 09/28/2023	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
	07/18/2023 - 07/18/2023				HC:95941 / / 2	N830		\$-5,520.00	CO-45	\$-5,154.86	\$-365.14
	07/18/2023 - 07/18/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,698.96	\$-115.04
	07/18/2023 - 07/18/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,062.99	\$-44.01
	07/18/2023 - 07/18/2023				HC:95955 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,703.30	\$-51.70
	07/18/2023 - 07/18/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,534.98	\$-79.02

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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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
	07/18/2023 - 07/18/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,500.24	\$-113.76
	07/18/2023 - 07/18/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,249.60	\$-60.40
	07/18/2023 - 07/18/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,223.69	\$-86.31
	07/18/2023 - 07/18/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-2,700.00	\$-2,700.00

Patient Name: COOPER, SKYE	Claim Number: 0202327754003230X01	Claim Date: 07/18/2023-07/18/2023	Claim Status Code: 1
Patient ID: RYD823728757	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$25,444.00
Patient Ctrl Nmbr: 0.3076177	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$6,462.31
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/17/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202327754003230X00			

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
	07/18/2023 - 07/18/2023				HC:95941 // 2	MA44	\$400.00 (B6)	\$5,520.00	CO-45	\$5,120.00	\$400.00
	07/18/2023 - 07/18/2023				HC:95939 / 26 / 1	MA44	\$200.00 (B6)	\$3,814.00	CO-45	\$3,614.00	\$200.00
	07/18/2023 - 07/18/2023				HC:95938 / 26 / 1	MA44	\$50.00 (B6)	\$3,107.00	CO-45	\$3,057.00	\$50.00
	07/18/2023 - 07/18/2023				HC:95955 / 26 / 1	MA44	\$60.00 (B6)	\$1,755.00	CO-45	\$1,695.00	\$60.00
	07/18/2023 - 07/18/2023				HC:95861 / 26 / 1	MA44	\$90.00 (B6)	\$1,614.00	CO-45	\$1,524.00	\$90.00
	07/18/2023 - 07/18/2023				HC:95861 / 26,XU / 1	MA44	\$150.00 (B6)	\$1,614.00	CO-45	\$1,464.00	\$150.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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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
	07/18/2023 - 07/18/2023				HC:95868 / 26 / 1	MA44	\$80.00 (B6)	\$1,310.00	CO-45	\$1,230.00	\$80.00
	07/18/2023 - 07/18/2023				HC:95868 / 26,XU / 1	MA44	\$100.00 (B6)	\$1,310.00	CO-45	\$1,210.00	\$100.00
	07/18/2023 - 07/18/2023				HC:95999 // 3	MA44	\$5,332.31 (B6)	\$5,400.00	CO-45	\$67.69	\$5,332.31

Supplemental Information - AMT/Payer Codes: \$6,462.31 (AU)

Patient Name: HANNO, DIANE	Claim Number: 0202328954004550X00	Claim Date: 10/27/2022-10/27/2022	Claim Status Code: 1
Patient ID: NTM844929064	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$27,997.00
Patient Ctrl Nmbr: 0.2765668	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$2,885.63
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/07/2023	Patient Resp: \$5,400.00
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
	10/27/2022 - 10/27/2022				HC:95941 // 4	N830	\$782.80 (B6)	\$11,040.00	CO-45	\$10,257.20	\$782.80
	10/27/2022 - 10/27/2022				HC:95822 / 26 / 1	N830	\$56.63 (B6)	\$1,755.00	CO-45	\$1,698.37	\$56.63
	10/27/2022 - 10/27/2022				HC:95938 / 26 / 1	N830	\$45.10 (B6)	\$3,107.00	CO-45	\$3,061.90	\$45.10
	10/27/2022 - 10/27/2022				HC:95908 / 26 / 1	N830	\$65.80 (B6)	\$437.00	CO-45	\$371.20	\$65.80
	10/27/2022 - 10/27/2022				HC:95886 / 26 / 1	N830	\$45.10 (B6)	\$1,486.00	CO-45	\$1,440.90	\$45.10
	10/27/2022 - 10/27/2022				HC:95886 / 26,XU / 2	N830	\$90.20 (B6)	\$2,972.00	CO-45	\$2,881.80	\$90.20

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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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
	10/27/2022 - 10/27/2022				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$5,400.00	\$1,800.00

Supplemental Information - AMT/Payer Codes: \$2,885.63 (AU)

Patient Name: KLEIN, GERALD	Claim Number: 0202325854004720X00	Claim Date: 06/05/2023-06/05/2023	Claim Status Code: 1
Patient ID: MOE868806592	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$21,630.00
Patient Ctrl Nmbr: 0.3027681	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$572.15
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/13/2023	Patient Resp: \$5,400.00
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
	06/05/2023 - 06/05/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
	06/05/2023 - 06/05/2023				HC:95822 / 26 / 1	N830	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26
	06/05/2023 - 06/05/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	06/05/2023 - 06/05/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	06/05/2023 - 06/05/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	06/05/2023 - 06/05/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
	06/05/2023 - 06/05/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	06/05/2023 - 06/05/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$572.15 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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Patient Name: MORGAN, COLLEEN	Claim Number: 0202218054004630X01	Claim Date: 03/08/2022-03/08/2022	Claim Status Code: 1
Patient ID: YDD840168169	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$35,588.00
Patient Ctrl Nmbr: 0.2488845	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$99.73
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/07/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202218054004630X00			

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
	03/08/2022 - 03/08/2022				HC:95939 / 26,59 / 1			\$10,303.00	CO-45	\$10,303.00	\$0.00
	03/08/2022 - 03/08/2022				HC:95938 / 26,59 / 1			\$7,270.00	CO-45	\$7,270.00	\$0.00
	03/08/2022 - 03/08/2022				HC:95955 / 26,59 / 1	N830	\$39.46 (B6)	\$6,979.00	CO-45	\$6,939.54	\$39.46
	03/08/2022 - 03/08/2022				HC:95861 / 26,59 / 1	N830	\$60.27 (B6)	\$4,753.00	CO-45	\$4,692.73	\$60.27
	03/08/2022 - 03/08/2022				HC:95927 / 26,59 / 1			\$763.00	CO-45	\$763.00	\$0.00
	03/08/2022 - 03/08/2022				HC:95941 // 2			\$5,520.00	CO-45	\$5,520.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$99.73 (AU)

Patient Name: MORGAN, COLLEEN	Claim Number: 0202218054004630X00	Claim Date: 03/08/2022-03/08/2022	Claim Status Code: 22
Patient ID: YDD840168169	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$-35,588.00
Patient Ctrl Nmbr: 0.2488845	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-99.73
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 06/29/2022	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
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Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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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
	03/08/2022 - 03/08/2022				HC:95939 / 26,59 / 1			\$-10,303.00	CO-45	\$-10,303.00	\$0.00
	03/08/2022 - 03/08/2022				HC:95938 / 26,59 / 1			\$-7,270.00	CO-45	\$-7,270.00	\$0.00
	03/08/2022 - 03/08/2022				HC:95955 / 26,59 / 1	N830		\$-6,979.00	CO-45	\$-6,939.54	\$-39.46
	03/08/2022 - 03/08/2022				HC:95861 / 26,59 / 1	N830		\$-4,753.00	CO-45	\$-4,692.73	\$-60.27
	03/08/2022 - 03/08/2022				HC:95927 / 26,59 / 1			\$-763.00	CO-45	\$-763.00	\$0.00
	03/08/2022 - 03/08/2022				HC:95941 // 2			\$-5,520.00	CO-45	\$-5,520.00	\$0.00

Patient Name: NUBANI, SAMAR	Claim Number: 0202327654007290X00	Claim Date: 01/20/2023-01/20/2023	Claim Status Code: 22
Patient ID: QMG825489092	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$-22,684.00
Patient Ctrl Nmbr: 0.2866687	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-2,130.81
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/27/2023	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
	01/20/2023 - 01/20/2023				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,564.30	\$-195.70
	01/20/2023 - 01/20/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,693.21	\$-120.79
	01/20/2023 - 01/20/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,696.85	\$-58.15
	01/20/2023 - 01/20/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,060.79	\$-46.21

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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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
	01/20/2023 - 01/20/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,531.03	\$-82.97
	01/20/2023 - 01/20/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,492.79	\$-121.21
	01/20/2023 - 01/20/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,246.58	\$-63.42
	01/20/2023 - 01/20/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,217.64	\$-92.36
	01/20/2023 - 01/20/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-4,050.00	\$-1,350.00

Patient Name: NUBANI, SAMAR	Claim Number: 0202327654007290X01	Claim Date: 01/20/2023-01/20/2023	Claim Status Code: 1
Patient ID: QMG825489092	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$22,684.00
Patient Ctrl Nmbr: 0.2866687	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$6,289.88
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/17/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202327654007290X00			

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
	01/20/2023 - 01/20/2023				HC:95941 // 1	MA44	\$300.00 (B6)	\$2,760.00	CO-45	\$2,460.00	\$300.00
	01/20/2023 - 01/20/2023				HC:95939 / 26 / 1	MA44	\$300.00 (B6)	\$3,814.00	CO-45	\$3,514.00	\$300.00
	01/20/2023 - 01/20/2023				HC:95822 / 26 / 1	MA44	\$300.00 (B6)	\$1,755.00	CO-45	\$1,455.00	\$300.00
	01/20/2023 - 01/20/2023				HC:95938 / 26 / 1	MA44	\$300.00 (B6)	\$3,107.00	CO-45	\$2,807.00	\$300.00
	01/20/2023 - 01/20/2023				HC:95861 / 26 / 1	MA44	\$300.00 (B6)	\$1,614.00	CO-45	\$1,314.00	\$300.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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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
	01/20/2023 - 01/20/2023				HC:95861 / 26,XU / 1	MA44	\$300.00 (B6)	\$1,614.00	CO-45	\$1,314.00	\$300.00
	01/20/2023 - 01/20/2023				HC:95868 / 26 / 1	MA44	\$300.00 (B6)	\$1,310.00	CO-45	\$1,010.00	\$300.00
	01/20/2023 - 01/20/2023				HC:95868 / 26,XU / 1	MA44	\$300.00 (B6)	\$1,310.00	CO-45	\$1,010.00	\$300.00
	01/20/2023 - 01/20/2023				HC:95999 // 3	MA44	\$3,889.88 (B6)	\$5,400.00	CO-45	\$1,510.12	\$3,889.88

Supplemental Information - AMT/Payer Codes: \$6,289.88 (AU)

Patient Name: PASCHALL, TROY	Claim Number: 020232705051W900X00	Claim Date: 09/25/2023-09/25/2023	Claim Status Code: 1
Patient ID: ZGP820942777	Group / Policy: 0001951800001	Facility Type: 21	Claim Charge: \$19,073.00
Patient Ctrl Nmbr: 0.3154097	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 09/27/2023	Patient Resp: \$496.37
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
7344214837Z1	09/25/2023 - 09/25/2023				HC:95941 // 3	N830	\$422.34 (B6)	\$10,611.00	PR-1 CO-45	\$422.34 \$10,188.66	\$0.00
7344214837Z2	09/25/2023 - 09/25/2023				HC:95822 / 26 / 1	N830	\$41.26 (B6)	\$1,755.00	PR-1 CO-45	\$41.26 \$1,713.74	\$0.00
7344214837Z3	09/25/2023 - 09/25/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	PR-1 CO-45	\$32.77 \$3,074.23	\$0.00
7344214837Z4	09/25/2023 - 09/25/2023				HC:95999 // 1	N830		\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$496.37 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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Patient Name: SHERMAN, KAREN	Claim Number: 02023277505K9390X00	Claim Date: 09/12/2023-09/12/2023	Claim Status Code: 1
Patient ID: ZGP903703513	Group / Policy: 0000626960002	Facility Type: 21	Claim Charge: \$23,665.00
Patient Ctrl Nmbr: 0.3137619	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/04/2023	Patient Resp: \$401.49
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
7370936423Z1	09/12/2023 - 09/12/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	PR-1 CO-45	\$140.78 \$2,619.22	\$0.00
7370936423Z2	09/12/2023 - 09/12/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	PR-1 CO-45	\$32.77 \$3,074.23	\$0.00
7370936423Z3	09/12/2023 - 09/12/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	PR-1 CO-45	\$38.51 \$1,716.49	\$0.00
7370936423Z4	09/12/2023 - 09/12/2023				HC:95909 / 26 / 1	N830	\$57.39 (B6)	\$555.00	PR-1 CO-45	\$57.39 \$497.61	\$0.00
7370936423Z5	09/12/2023 - 09/12/2023				HC:95886 / 26 / 2	N830	\$66.02 (B6)	\$5,944.00	PR-1 CO-45	\$66.02 \$5,877.98	\$0.00
7370936423Z6	09/12/2023 - 09/12/2023				HC:95886 / 26,XU / 2	N830	\$66.02 (B6)	\$5,944.00	PR-1 CO-45	\$66.02 \$5,877.98	\$0.00
7370936423Z7	09/12/2023 - 09/12/2023				HC:95999 // 1	N830		\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$401.49 (AU)

Patient Name: VARGAS, MARIA	Claim Number: 0202327754009590X00	Claim Date: 07/17/2023-07/17/2023	Claim Status Code: 22
Patient ID: FPC822991563	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-16,250.00
Patient Ctrl Nmbr: 0.3074378	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-1,821.06
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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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
	07/17/2023 - 07/17/2023				HC:95941 / / 1	N830		\$-2,760.00	CO-45	\$-2,577.43	\$-182.57
	07/17/2023 - 07/17/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,062.99	\$-44.01
	07/17/2023 - 07/17/2023				HC:95955 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,703.30	\$-51.70
	07/17/2023 - 07/17/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,534.98	\$-79.02
	07/17/2023 - 07/17/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,500.24	\$-113.76
	07/17/2023 - 07/17/2023				HC:95999 / / 3			\$-5,400.00	PR-45	\$-4,050.00	\$-1,350.00

Patient Name: VARGAS, MARIA	Claim Number: 0202327754009590X01	Claim Date: 07/17/2023-07/17/2023	Claim Status Code: 1
Patient ID: FPC822991563	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$16,250.00
Patient Ctrl Nmbr: 0.3074378	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$5,903.76
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/17/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202327754009590X00			

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
	07/17/2023 - 07/17/2023				HC:95941 // 1	MA44	\$182.76 (B6)	\$2,760.00	CO-45	\$2,577.24	\$182.76
	07/17/2023 - 07/17/2023				HC:95938 / 26 / 1	MA44	\$144.01 (B6)	\$3,107.00	CO-45	\$2,962.99	\$144.01
	07/17/2023 - 07/17/2023				HC:95955 / 26 / 1	MA44	\$151.70 (B6)	\$1,755.00	CO-45	\$1,603.30	\$151.70
	07/17/2023 - 07/17/2023				HC:95861 / 26 / 1	MA44	\$179.02 (B6)	\$1,614.00	CO-45	\$1,434.98	\$179.02

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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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
	07/17/2023 - 07/17/2023				HC:95861 / 26,XU / 1	MA44	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
	07/17/2023 - 07/17/2023				HC:95999 // 3	MA44	\$5,132.51 (B6)	\$5,400.00	CO-45	\$267.49	\$5,132.51

Supplemental Information - AMT/Payer Codes: \$5,903.76 (AU)

Patient Name: YOUNG, DAWN	Claim Number: 0202328354007980X00	Claim Date: 09/13/2023-09/13/2023	Claim Status Code: 1
Patient ID: VUE836223452	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$32,667.00
Patient Ctrl Nmbr: 0.3140333	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$4,821.93
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$3,600.00
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
	09/13/2023 - 09/13/2023				HC:95941 // 3	N830	\$547.71 (B6)	\$8,280.00	CO-45	\$7,732.29	\$547.71
	09/13/2023 - 09/13/2023				HC:95938 / 26 / 1	N830	\$88.02 (B6)	\$3,107.00	CO-45	\$3,018.98	\$88.02
	09/13/2023 - 09/13/2023				HC:95955 / 26 / 1	N830	\$103.40 (B6)	\$1,755.00	CO-45	\$1,651.60	\$103.40
	09/13/2023 - 09/13/2023				HC:95908 / 26 / 1	N830	\$128.16 (B6)	\$437.00	CO-45	\$308.84	\$128.16
	09/13/2023 - 09/13/2023				HC:95886 / 26 / 2	N830	\$177.32 (B6)	\$5,944.00	CO-45	\$5,766.68	\$177.32
	09/13/2023 - 09/13/2023				HC:95886 / 26,XU / 2	N830	\$177.32 (B6)	\$5,944.00	CO-45	\$5,766.68	\$177.32
	09/13/2023 - 09/13/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$3,600.00	\$3,600.00

Supplemental Information - AMT/Payer Codes: \$4,821.93 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23293E11079070	Check/EFT Date: 10/24/2023	Total Paid: \$23,282.04
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Code Descriptions

REMARK CODE(S):

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

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

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

PR=Patient Responsibility

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)

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

1=Deductible Amount

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary