

**Check Summary****Transaction Date:** October 19, 2023

BLUECROSS BLUESHIELD OF TENNESSEE 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402	<b>Payee Tax ID:</b> 800407518 <b>Payee ID:</b> 1871723353 <b>Check/EFT Trace Number:</b> 23292B100049851800 <b>Payment Amount:</b> 31.57 <b>Check/EFT Date:</b> 10/19/2023 <b>Production End Cycle Date:</b> 10/19/2023	<b>Payee Name:</b> C AND C NEUROLOGICAL ASSOCIATES <b>Payee Address:</b> 353 NEW SHACKLE ISLAND RD STE 128B HENDERSONVILLE, TN 370752329
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**Patient Name:** DUNKLEY, REBECCA E**Claim Number:** EXTH5LK1LQ00**Claim Date:** 11/18/2022-11/18/2022 **Claim Status Code:** 2

<b>Patient ID:</b> 903624554	<b>Group / Policy:</b> 83091	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$2,710.00
<b>Patient Ctrl Nmbr:</b> 2671514.2940013	<b>Contract Hdr:</b> OTHER	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$31.57
<b>Rendering Prvd:</b> CRUZ, MARCOS	<b>Rendering Prv ID:</b> 432766148	<b>Claim Received Date:</b> 10/11/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
7304769705Z1	11/18/2022 - 11/18/2022				HC:95939 / 26 / 1		\$22.83 (B6)	\$1,230.00	OA-23	\$1,207.17	\$22.83
7304769705Z2	11/18/2022 - 11/18/2022				HC:95938 / 26 / 1		\$8.74 (B6)	\$480.00	OA-23	\$471.26	\$8.74
7304769705Z3	11/18/2022 - 11/18/2022				HC:95999 // 0			\$1,000.00	CO-45	\$1,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$31.57 (AU)

**Code Descriptions****AMT CODE(S):**B6=Allowed - Actual  
AU=Coverage Amount**GROUP CODE(S):**OA=Other Adjustments  
CO=Contractual Obligations**CLAIM ADJUSTMENT REASON CODE(S):**

<b>Payer:</b> BLUECROSS BLUESHIELD OF TENNESSEE	<b>Check/EFT Trace Number:</b> 23292B100049851800	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$31.57
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**CLAIM ADJUSTMENT REASON CODE(S):**

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

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)

**CLAIM STATUS CODE(S):**

2=Processed as Secondary