

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

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	<b>Payee Tax ID:</b> 850542512 <b>Payee ID:</b> 1770111452 <b>Check/EFT Trace Number:</b> C23290E09976260 <b>Payment Amount:</b> 43,737.04 <b>Check/EFT Date:</b> 10/19/2023 <b>Production End Cycle Date:</b> 10/17/2023	<b>Payee Name:</b> PHYSICIAN OVERSIGHT LLC <b>Payee Address:</b> DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** BECKSTEAD, KIMBERLY**Claim Number:** 0202208250600H70X00**Claim Date:** 08/13/2021-08/13/2021**Claim Status Code:** 22

<b>Patient ID:</b> WMW10029452W	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$-11,452.00
<b>Patient Ctrl Nmbr:</b> 0.2251929	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 03/23/2022	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**Line Details****Results:** 2

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
603874993	08/13/2021 - 08/13/2021				HC:95865 // 1	M127		\$-8,692.00	CO-252	\$-8,692.00	\$0.00
603874994	08/13/2021 - 08/13/2021				HC:95941 // 1	M127		\$-2,760.00	CO-252	\$-2,760.00	\$0.00

**Patient Name:** BECKSTEAD, KIMBERLY**Claim Number:** 0202208250600H70X01**Claim Date:** 08/13/2021-08/13/2021**Claim Status Code:** 1

<b>Patient ID:</b> WMW10029452W00	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$11,452.00
<b>Patient Ctrl Nmbr:</b> 0.2251929	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/15/2023	<b>Patient Resp:</b> \$11,452.00
<b>Original Ref Nmbr:</b> 0202208250600H70X00			

**Line Details****Results:** 2

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
	08/13/2021 - 08/13/2021				HC:95865 // 1		\$8,692.00 (B6)	\$8,692.00	PR-1 PR-45	\$183.51 \$8,508.49	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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Line Details											Results: 2
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
	08/13/2021 - 08/13/2021				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-1 PR-45	\$1,932.00 \$828.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$2,115.51 (AU)

<b>Patient Name:</b> BERNHARDT, SAVANNAH	<b>Claim Number:</b> 0202328254013110X00	<b>Claim Date:</b> 07/19/2023-07/19/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> A9C946W03555	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$19,700.00
<b>Patient Ctrl Nmbr:</b> 0.3077970	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$648.68
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$3,600.00
<b>Original Ref Nmbr:</b>			

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
	07/19/2023 - 07/19/2023				HC:95941 // 1	N830	\$95.57 (B6)	\$2,760.00	CO-45	\$2,664.43	\$95.57
	07/19/2023 - 07/19/2023				HC:95939 / 26 / 1	N830	\$175.37 (B6)	\$3,814.00	CO-45	\$3,638.63	\$175.37
	07/19/2023 - 07/19/2023				HC:95938 / 26 / 1	N830	\$67.10 (B6)	\$3,107.00	CO-45	\$3,039.90	\$67.10
	07/19/2023 - 07/19/2023				HC:95955 / 26 / 1	N830	\$78.80 (B6)	\$1,755.00	CO-45	\$1,676.20	\$78.80
	07/19/2023 - 07/19/2023				HC:95870 / 26 / 4	N830	\$115.92 (B6)	\$2,332.00	CO-45	\$2,216.08	\$115.92
	07/19/2023 - 07/19/2023				HC:95870 / 26,XU / 4	N830	\$115.92 (B6)	\$2,332.00	CO-45	\$2,216.08	\$115.92
	07/19/2023 - 07/19/2023				HC:95999 // 2		\$3,600.00 (B6)	\$3,600.00	PR-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$648.68 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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<b>Patient Name:</b> BISCHOFF, MARY	<b>Claim Number:</b> 0202326350890F10X00	<b>Claim Date:</b> 08/18/2023-08/18/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZKR604463642	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$11,557.00
<b>Patient Ctrl Nbr:</b> 0.3111668	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> RODRIGUES, YVAN T	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/19/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

**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
7304727705Z1	08/18/2023 - 08/18/2023				HC:95941 // 1	M127		\$3,537.00	CO-252	\$3,537.00	\$0.00
7304727705Z2	08/18/2023 - 08/18/2023				HC:95868 / 26 / 1	M127		\$1,310.00	CO-252	\$1,310.00	\$0.00
7304727705Z3	08/18/2023 - 08/18/2023				HC:95868 / 26,XU / 1	M127		\$1,310.00	CO-252	\$1,310.00	\$0.00
7304727705Z4	08/18/2023 - 08/18/2023				HC:95999 // 3	M127		\$5,400.00	CO-252	\$5,400.00	\$0.00

<b>Patient Name:</b> CLARK, AUDREY	<b>Claim Number:</b> 0202327150U85880X00	<b>Claim Date:</b> 07/20/2023-07/20/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> YAQ869115995	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$28,429.00
<b>Patient Ctrl Nbr:</b> 0.3079588	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$328.58
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$14,538.42
<b>Original Ref Nbr:</b>			

**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
7348732876Z5	07/20/2023 - 07/20/2023				HC:51785 / 26 / 1	N830		\$1,071.00	CO-45	\$1,071.00	\$0.00
7348732876Z6	07/20/2023 - 07/20/2023				HC:51785 / 26,XU / 1	N830		\$3,694.00	CO-45	\$3,694.00	\$0.00
7348732876Z1	07/20/2023 - 07/20/2023				HC:95941 // 4	N130	\$11,040.00 (B6)	\$11,040.00	PR-96	\$11,040.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
7348732876Z2	07/20/2023 - 07/20/2023				HC:95939 / 26 / 1	N830		\$3,814.00	CO-45	\$3,814.00	\$0.00
7348732876Z3	07/20/2023 - 07/20/2023				HC:95822 / 26,XU / 1	N830		\$1,755.00	CO-45	\$1,755.00	\$0.00
7348732876Z4	07/20/2023 - 07/20/2023				HC:95926 / 26 / 1	N130	\$227.00 (B6)	\$227.00	PR-96	\$227.00	\$0.00
7348732876Z7	07/20/2023 - 07/20/2023				HC:95861 / 26,XU / 1	N640		\$1,614.00	PI-222	\$1,614.00	\$0.00
7348732876Z8	07/20/2023 - 07/20/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	CO-45	\$1,614.00	\$0.00
7348732876Z9	07/20/2023 - 07/20/2023				HC:95999 / / 2		\$3,600.00 (B6)	\$3,600.00	PR-45	\$3,271.42	\$328.58

Supplemental Information - AMT/Payer Codes: \$328.58 (AU)

<b>Patient Name:</b> GIBBS, MARGIE	<b>Claim Number:</b> 0202324854011950X00	<b>Claim Date:</b> 08/16/2023-08/16/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> X7A056W10933	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-16,250.00
<b>Patient Ctrl Nmbr:</b> 0.3108706	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-357.84
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/31/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	08/16/2023 - 08/16/2023				HC:95941 / / 1	N830		\$-2,760.00	CO-45	\$-2,689.92	\$-70.08
	08/16/2023 - 08/16/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,693.12	\$-61.88
	08/16/2023 - 08/16/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,057.80	\$-49.20

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
	08/16/2023 - 08/16/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,525.66	\$-88.34
	08/16/2023 - 08/16/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,525.66	\$-88.34
	08/16/2023 - 08/16/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-5,400.00	\$0.00

<b>Patient Name:</b> GIBBS, MARGIE L	<b>Claim Number:</b> 0202324854011950X01	<b>Claim Date:</b> 08/16/2023-08/16/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> X7A056W10933	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$16,250.00
<b>Patient Ctrl Nmbr:</b> 0.3108706	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$4,991.74
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/03/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202324854011950X00			

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
	08/16/2023 - 08/16/2023				HC:95941 // 1	MA44	\$996.86 (B6)	\$2,760.00	CO-45	\$1,763.14	\$996.86
	08/16/2023 - 08/16/2023				HC:95822 / 26 / 1	MA44	\$988.66 (B6)	\$1,755.00	CO-45	\$766.34	\$988.66
	08/16/2023 - 08/16/2023				HC:95938 / 26 / 1	MA44	\$975.98 (B6)	\$3,107.00	CO-45	\$2,131.02	\$975.98
	08/16/2023 - 08/16/2023				HC:95861 / 26 / 1	MA44	\$1,015.12 (B6)	\$1,614.00	CO-45	\$598.88	\$1,015.12
	08/16/2023 - 08/16/2023				HC:95861 / 26,XU / 1	MA44	\$1,015.12 (B6)	\$1,614.00	CO-45	\$598.88	\$1,015.12
	08/16/2023 - 08/16/2023				HC:95999 // 3			\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$4,991.74 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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<b>Patient Name:</b> HIMES, JERRY	<b>Claim Number:</b> 0202327554010630X00	<b>Claim Date:</b> 09/20/2023-09/20/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XPA616M69306	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$24,484.00
<b>Patient Ctrl Nbr:</b> 0.3148285	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$517.04
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/21/2023	<b>Patient Resp:</b> \$16,766.96
<b>Original Ref Nbr:</b>			

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
	09/20/2023 - 09/20/2023				HC:95941 / / 1	N362	\$2,760.00 (B6)	\$2,760.00	PR-119	\$2,242.96	\$517.04
	09/20/2023 - 09/20/2023				HC:95939 / 26 / 1	N362	\$3,814.00 (B6)	\$3,814.00	PR-119	\$3,814.00	\$0.00
	09/20/2023 - 09/20/2023				HC:95822 / 26 / 1	N362	\$1,755.00 (B6)	\$1,755.00	PR-119	\$1,755.00	\$0.00
	09/20/2023 - 09/20/2023				HC:95938 / 26 / 1	N362	\$3,107.00 (B6)	\$3,107.00	PR-119	\$3,107.00	\$0.00
	09/20/2023 - 09/20/2023				HC:95861 / 26 / 1	N362	\$1,614.00 (B6)	\$1,614.00	PR-119	\$1,614.00	\$0.00
	09/20/2023 - 09/20/2023				HC:95861 / 26,XU / 1	N362	\$1,614.00 (B6)	\$1,614.00	PR-119	\$1,614.00	\$0.00
	09/20/2023 - 09/20/2023				HC:95868 / 26 / 1	N362	\$1,310.00 (B6)	\$1,310.00	PR-119	\$1,310.00	\$0.00
	09/20/2023 - 09/20/2023				HC:95868 / 26,XU / 1	N362	\$1,310.00 (B6)	\$1,310.00	PR-119	\$1,310.00	\$0.00
	09/20/2023 - 09/20/2023				HC:95999 / / 4	M127		\$7,200.00	CO-252	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$517.04 (AU)

<b>Patient Name:</b> HOWELL, JOSEPH	<b>Claim Number:</b> 0202318754005360X00	<b>Claim Date:</b> 05/26/2023-05/26/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> OSE850759072	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-27,244.00
<b>Patient Ctrl Nbr:</b> 0.3019595	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-657.82
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 06/15/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
	05/26/2023 - 05/26/2023				HC:95941 // 2	N830		\$-5,520.00	CO-45	\$-5,520.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,814.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,755.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,107.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,614.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,614.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,310.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,310.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95999 // 4			\$-7,200.00	PR-45	\$-6,542.18	\$-657.82

<b>Patient Name:</b> HOWELL, JOSEPH	<b>Claim Number:</b> 0202318754005360X01	<b>Claim Date:</b> 05/26/2023-05/26/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> OSE850759072	<b>Group / Policy:</b> 000ZGPP0W0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$27,244.00
<b>Patient Ctrl Nmbr:</b> 0.3019595	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$8,277.07
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/04/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202318754005360X00			

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
	05/26/2023 - 05/26/2023				HC:95941 // 2	MA44		\$5,520.00	CO-45	\$5,520.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
	05/26/2023 - 05/26/2023				HC:95939 / 26 / 1	MA44		\$3,814.00	CO-45	\$3,814.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95868 / 26 / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	05/26/2023 - 05/26/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00			\$1,310.00
	05/26/2023 - 05/26/2023				HC:95999 // 4	MA44	\$6,967.07 (B6)	\$7,200.00	CO-45	\$232.93	\$6,967.07

Supplemental Information - AMT/Payer Codes: \$8,277.07 (AU)

<b>Patient Name:</b> JOHNSON, CHADWICK	<b>Claim Number:</b> 0202326154006180X00	<b>Claim Date:</b> 08/22/2023-08/22/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> QUP445M92749	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$14,450.00
<b>Patient Ctrl Nmbr:</b> 0.3114656	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$455.42
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/07/2023	<b>Patient Resp:</b> \$3,600.00
<b>Original Ref Nmbr:</b>			

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
	08/22/2023 - 08/22/2023				HC:95941 // 1	N830	\$89.19 (B6)	\$2,760.00	CO-45	\$2,670.81	\$89.19



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
	08/22/2023 - 08/22/2023				HC:95822 / 26 / 1	N830	\$78.75 (B6)	\$1,755.00	CO-45	\$1,676.25	\$78.75
	08/22/2023 - 08/22/2023				HC:95938 / 26 / 1	N830	\$62.62 (B6)	\$3,107.00	CO-45	\$3,044.38	\$62.62
	08/22/2023 - 08/22/2023				HC:95861 / 26 / 1	N830	\$112.43 (B6)	\$1,614.00	CO-45	\$1,501.57	\$112.43
	08/22/2023 - 08/22/2023				HC:95861 / 26,XU / 1	N830	\$112.43 (B6)	\$1,614.00	CO-45	\$1,501.57	\$112.43
	08/22/2023 - 08/22/2023				HC:95999 // 2		\$3,600.00 (B6)	\$3,600.00	PR-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$455.42 (AU)

<b>Patient Name:</b> JONES, GWENDOLYN	<b>Claim Number:</b> 0202325054008060X00	<b>Claim Date:</b> 03/02/2023-03/02/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> K7A155A76955	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,010.00
<b>Patient Ctrl Nmbr:</b> 0.2914911	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$8,473.11
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 04/26/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	03/02/2023 - 03/02/2023				HC:95941 // 2	N830	\$4,674.40 (B6)	\$5,520.00	CO-45	\$845.60	\$4,674.40
	03/02/2023 - 03/02/2023				HC:95822 / 26 / 1	N830	\$166.14 (B6)	\$1,755.00	CO-45	\$1,588.86	\$166.14
	03/02/2023 - 03/02/2023				HC:95938 / 26 / 1	N830	\$899.07 (B6)	\$3,107.00	CO-45	\$2,207.93	\$899.07
	03/02/2023 - 03/02/2023				HC:95861 / 26 / 1	N830	\$1,366.75 (B6)	\$1,614.00	CO-45	\$247.25	\$1,366.75

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
	03/02/2023 - 03/02/2023				HC:95861 / 26,XU / 1	N830	\$1,366.75 (B6)	\$1,614.00	CO-45	\$247.25	\$1,366.75
	03/02/2023 - 03/02/2023				HC:95999 // 3			\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$8,473.11 (AU)

<b>Patient Name:</b> JOYCE, SARAH	<b>Claim Number:</b> 0202328254000110X00	<b>Claim Date:</b> 05/24/2023-05/24/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MTN989077287	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$10,382.00
<b>Patient Ctrl Nmbr:</b> 0.3015039	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$79.74
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/06/2023	<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
	05/24/2023 - 05/24/2023				HC:95941 // 2			\$5,520.00	CO-45	\$5,520.00	\$0.00
	05/24/2023 - 05/24/2023				HC:95822 / 26 / 1	N830	\$79.74 (B6)	\$1,755.00	CO-45	\$1,675.26	\$79.74
	05/24/2023 - 05/24/2023				HC:95938 / 26 / 1			\$3,107.00	CO-45	\$3,107.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$79.74 (AU)

<b>Patient Name:</b> KOWALSKI, GREG	<b>Claim Number:</b> 0202326154009840X01	<b>Claim Date:</b> 06/02/2023-06/02/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> YZD458M68624	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$16,026.00
<b>Patient Ctrl Nmbr:</b> 0.3026282	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$5,220.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/06/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202326154009840X00			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
	06/02/2023 - 06/02/2023				HC:95941 // 1	MA44	\$141.00 (B6)	\$2,760.00	CO-45	\$2,619.00	\$141.00
	06/02/2023 - 06/02/2023				HC:95822 / 26 / 1	MA44	\$42.00 (B6)	\$1,755.00	CO-45	\$1,713.00	\$42.00
	06/02/2023 - 06/02/2023				HC:95938 / 26 / 1	MA44	\$33.00 (B6)	\$3,107.00	CO-45	\$3,074.00	\$33.00
	06/02/2023 - 06/02/2023				HC:95865 / 26 / 1	MA44	\$60.00 (B6)	\$1,502.00	CO-45	\$1,442.00	\$60.00
	06/02/2023 - 06/02/2023				HC:95865 / 26,XU / 1	MA44	\$65.00 (B6)	\$1,502.00	CO-45	\$1,437.00	\$65.00
	06/02/2023 - 06/02/2023				HC:95999 // 3	MA44	\$4,879.00 (B6)	\$5,400.00	CO-45	\$521.00	\$4,879.00

Supplemental Information - AMT/Payer Codes: \$5,220.00 (AU)

<b>Patient Name:</b> KOWALSKI, GREG	<b>Claim Number:</b> 0202326154009840X00	<b>Claim Date:</b> 06/02/2023-06/02/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> YZD458M68624	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-16,026.00
<b>Patient Ctrl Nmbr:</b> 0.3026282	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-338.79
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/13/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	06/02/2023 - 06/02/2023				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,619.22	\$-140.78
	06/02/2023 - 06/02/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
	06/02/2023 - 06/02/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
	06/02/2023 - 06/02/2023				HC:95865 / 26 / 1	N830		\$-1,502.00	CO-45	\$-1,442.35	\$-59.65
	06/02/2023 - 06/02/2023				HC:95865 / 26,XU / 1	N830		\$-1,502.00	CO-45	\$-1,437.67	\$-64.33
	06/02/2023 - 06/02/2023				HC:95999 // 3			\$-5,400.00	CO-45	\$-5,400.00	\$0.00

<b>Patient Name:</b> MARABLE, QUINTIN	<b>Claim Number:</b> 02023257504F2190X00	<b>Claim Date:</b> 09/01/2023-09/01/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PPA886343957	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$25,535.00
<b>Patient Ctrl Nmbr:</b> 0.3128616	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/14/2023	<b>Patient Resp:</b> \$25,535.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 5
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
7284486964Z1	09/01/2023 - 09/01/2023				HC:95941 // 5		\$13,800.00 (B6)	\$13,800.00	PR-1 PR-45	\$703.90 \$13,096.10	\$0.00
7284486964Z2	09/01/2023 - 09/01/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
7284486964Z3	09/01/2023 - 09/01/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00
7284486964Z4	09/01/2023 - 09/01/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$63.79 \$1,550.21	\$0.00
7284486964Z5	09/01/2023 - 09/01/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$859.30 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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<b>Patient Name:</b> MOBBS, DUSTIN	<b>Claim Number:</b> 02023285504Z6110X00	<b>Claim Date:</b> 09/19/2023-09/19/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XKT301A16545	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$16,592.00
<b>Patient Ctrl Nmbr:</b> 0.3146029	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> CARROLL, CRAIG G	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/12/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7398079167Z4	09/19/2023 - 09/19/2023				HC:51785 / 26 / 1	N830		\$1,071.00	OA-209	\$1,071.00	\$0.00
7398079167Z5	09/19/2023 - 09/19/2023				HC:51785 / 26,XU / 1	N830		\$1,071.00	OA-209	\$1,071.00	\$0.00
7398079167Z1	09/19/2023 - 09/19/2023				HC:95941 // 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7398079167Z2	09/19/2023 - 09/19/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7398079167Z3	09/19/2023 - 09/19/2023				HC:95955 / 26,XU / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7398079167Z6	09/19/2023 - 09/19/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7398079167Z7	09/19/2023 - 09/19/2023				HC:95861 / 26,XU / 1	N830		\$1,614.00	OA-209	\$1,614.00	\$0.00
7398079167Z8	09/19/2023 - 09/19/2023				HC:95999 // 2	N830		\$3,600.00	OA-209	\$3,600.00	\$0.00

<b>Patient Name:</b> ONSTOTT, AMY	<b>Claim Number:</b> 0202325154002960X00	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PSV7000141BS	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$20,622.00
<b>Patient Ctrl Nmbr:</b> 0.2996441	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/05/2023	<b>Patient Resp:</b> \$20,622.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
	05/10/2023 - 05/10/2023				HC:95941 // 1	N366	\$2,760.00 (B6)	\$2,760.00	PR-227	\$2,760.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95939 / 26 / 1	N366	\$3,814.00 (B6)	\$3,814.00	PR-227	\$3,814.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95822 / 26 / 1	N366	\$1,755.00 (B6)	\$1,755.00	PR-227	\$1,755.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95938 / 26 / 1	N366	\$3,107.00 (B6)	\$3,107.00	PR-227	\$3,107.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95868 / 26 / 1	N366	\$1,310.00 (B6)	\$1,310.00	PR-227	\$1,310.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95868 / 26,XU / 1	N366	\$1,310.00 (B6)	\$1,310.00	PR-227	\$1,310.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95870 / 26,XU / 1	N366	\$583.00 (B6)	\$583.00	PR-227	\$583.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95870 / 26,XU / 1	N366	\$583.00 (B6)	\$583.00	PR-227	\$583.00	\$0.00
	05/10/2023 - 05/10/2023				HC:95999 // 3	N366	\$5,400.00 (B6)	\$5,400.00	PR-227	\$5,400.00	\$0.00

<b>Patient Name:</b> OVERSTREET, MARLANA	<b>Claim Number:</b> 0202326854010920X00	<b>Claim Date:</b> 07/27/2023-07/27/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> STHA213W5864	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$23,461.00
<b>Patient Ctrl Nmbr:</b> 0.3086348	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$517.04
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/20/2023	<b>Patient Resp:</b> \$5,400.00
<b>Original Ref Nmbr:</b>			

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
	07/27/2023 - 07/27/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$3,537.00	CO-45	\$3,396.22	\$140.78

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
	07/27/2023 - 07/27/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
	07/27/2023 - 07/27/2023				HC:95822 / 26 / 1	N830	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26
	07/27/2023 - 07/27/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	07/27/2023 - 07/27/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	07/27/2023 - 07/27/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	07/27/2023 - 07/27/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
	07/27/2023 - 07/27/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	07/27/2023 - 07/27/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$517.04 (AU)

<b>Patient Name:</b> PARKER, ERICA	<b>Claim Number:</b> 0202326150028K50X00	<b>Claim Date:</b> 11/15/2022-11/15/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> ZGP903249229	<b>Group / Policy:</b> 000094531A100	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-28,964.00
<b>Patient Ctrl Nmbr:</b> 0.2790055	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$-853.56
<b>Rendering Prvd:</b> TANTILLO SEPULVEDA, GABRIELA	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/18/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7299074399Z1	11/15/2022 - 11/15/2022				HC:95941 // 4	N830		\$-11,040.00	CO-45	\$-10,476.88	\$-563.12

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
7299074399Z2	11/15/2022 - 11/15/2022				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,726.32	\$-87.68
7299074399Z3	11/15/2022 - 11/15/2022				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,712.83	\$-42.17
7299074399Z4	11/15/2022 - 11/15/2022				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,073.41	\$-33.59
7299074399Z5	11/15/2022 - 11/15/2022				HC:95867 / 26 / 1	N830		\$-742.00	CO-45	\$-711.22	\$-30.78
7299074399Z6	11/15/2022 - 11/15/2022				HC:95867 / 26,XU / 1	N830		\$-742.00	CO-45	\$-709.29	\$-32.71
7299074399Z7	11/15/2022 - 11/15/2022				HC:92653 // 1	N830		\$-564.00	CO-45	\$-500.49	\$-63.51
7299074399Z8	11/15/2022 - 11/15/2022				HC:95999 // 1	N830		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

<b>Patient Name:</b> PARKER, ERICA R	<b>Claim Number:</b> 0202326150028K50X01	<b>Claim Date:</b> 11/15/2022-11/15/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZGP903249229	<b>Group / Policy:</b> 000094531A100	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$28,964.00
<b>Patient Ctrl Nmbr:</b> 0.2790055	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$8,340.33
<b>Rendering Prvd:</b> TANTILLO SEPULVEDA, GABRIELA	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/13/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202326150028K50X00			

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
	11/15/2022 - 11/15/2022				HC:95941 // 4	MA44	\$8,340.33 (B6)	\$11,040.00	CO-45	\$2,699.67	\$8,340.33
	11/15/2022 - 11/15/2022				HC:95939 / 26 / 1	MA44		\$3,814.00	CO-45	\$3,814.00	\$0.00
	11/15/2022 - 11/15/2022				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
	11/15/2022 - 11/15/2022				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	11/15/2022 - 11/15/2022				HC:95867 / 26 / 1	MA44		\$742.00	CO-45	\$742.00	\$0.00
	11/15/2022 - 11/15/2022				HC:95867 / 26,XU / 1	MA44		\$742.00	CO-45	\$742.00	\$0.00
	11/15/2022 - 11/15/2022				HC:92653 // 1	MA44		\$564.00	CO-45	\$564.00	\$0.00
	11/15/2022 - 11/15/2022				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$8,340.33 (AU)

<b>Patient Name:</b> POWELL, KENNETH	<b>Claim Number:</b> 0202325750U95090X00	<b>Claim Date:</b> 06/14/2023-06/14/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> JPY246M77974	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-26,424.00
<b>Patient Ctrl Nmbr:</b> 0.3040311	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$-488.83
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/14/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7283807779Z1	06/14/2023 - 06/14/2023				HC:95941 // 3	N830		\$-8,280.00	CO-45	\$-8,035.50	\$-244.50
7283807779Z2	06/14/2023 - 06/14/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
7283807779Z3	06/14/2023 - 06/14/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
7283807779Z4	06/14/2023 - 06/14/2023				HC:95907 / 26 / 1	N830		\$-138.00	CO-45	\$-99.74	\$-38.26

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
7283807779Z5	06/14/2023 - 06/14/2023				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,905.98	\$-66.02
7283807779Z6	06/14/2023 - 06/14/2023				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,905.98	\$-66.02
7283807779Z7	06/14/2023 - 06/14/2023				HC:95999 // 4			\$-7,200.00	CO-45	\$-7,200.00	\$0.00

<b>Patient Name:</b> POWELL, KENNETH	<b>Claim Number:</b> 0202325750U95090X01	<b>Claim Date:</b> 06/14/2023-06/14/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> JPY246M77974	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$26,424.00
<b>Patient Ctrl Nmbr:</b> 0.3040311	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$526.15
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/04/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202325750U95090X00			

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
	06/14/2023 - 06/14/2023				HC:95941 // 3	MA44	\$244.50 (B6)	\$8,280.00	CO-45	\$8,035.50	\$244.50
	06/14/2023 - 06/14/2023				HC:95822 / 26 / 1	MA44	\$44.50 (B6)	\$1,755.00	CO-45	\$1,710.50	\$44.50
	06/14/2023 - 06/14/2023				HC:95938 / 26 / 1	MA44	\$36.97 (B6)	\$3,107.00	CO-45	\$3,070.03	\$36.97
	06/14/2023 - 06/14/2023				HC:95907 / 26 / 1	MA44	\$39.58 (B6)	\$138.00	CO-45	\$98.42	\$39.58
	06/14/2023 - 06/14/2023				HC:95886 / 26 / 2	MA44	\$80.30 (B6)	\$2,972.00	CO-45	\$2,891.70	\$80.30
	06/14/2023 - 06/14/2023				HC:95886 / 26,XU / 2	MA44	\$80.30 (B6)	\$2,972.00	CO-45	\$2,891.70	\$80.30
	06/14/2023 - 06/14/2023				HC:95999 // 4			\$7,200.00	CO-45	\$7,200.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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Supplemental Information - AMT/Payer Codes: \$526.15 (AU)

<b>Patient Name:</b> SHATTUCK, NATHAN	<b>Claim Number:</b> 0202323650D26850X00	<b>Claim Date:</b> 08/07/2023-08/07/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MTN984030937	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$20,841.00
<b>Patient Ctrl Nmbr:</b> 0.3097037	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$6,949.80
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/24/2023	<b>Patient Resp:</b> \$13,891.20
<b>Original Ref Nmbr:</b>			

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
7214692813Z1	08/07/2023 - 08/07/2023				HC:95941 / / 1		\$3,537.00 (B6)	\$3,537.00	PR-45	\$1,237.95	\$2,299.05
7214692813Z2	08/07/2023 - 08/07/2023				HC:95939 / 26 / 1	N130	\$3,814.00 (B6)	\$3,814.00	PR-96	\$3,814.00	\$0.00
7214692813Z3	08/07/2023 - 08/07/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$614.25	\$1,140.75
7214692813Z4	08/07/2023 - 08/07/2023				HC:95938 / 26 / 1	N130	\$3,107.00 (B6)	\$3,107.00	PR-96	\$3,107.00	\$0.00
7214692813Z5	08/07/2023 - 08/07/2023				HC:95861 / 26 / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
7214692813Z6	08/07/2023 - 08/07/2023				HC:95861 / 26,XU / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
7214692813Z7	08/07/2023 - 08/07/2023				HC:95999 / / 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$1,890.00	\$3,510.00

Supplemental Information - AMT/Payer Codes: \$6,949.80 (AU)

<b>Patient Name:</b> TANNER, ZACHARY	<b>Claim Number:</b> 0202326254010490X00	<b>Claim Date:</b> 06/13/2023-06/13/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> CCV707W01733	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$22,163.00
<b>Patient Ctrl Nmbr:</b> 0.3038223	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$535.38
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/14/2023	<b>Patient Resp:</b> \$5,400.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
	06/13/2023 - 06/13/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
	06/13/2023 - 06/13/2023				HC:95822 / 26 / 1	N830	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26
	06/13/2023 - 06/13/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	06/13/2023 - 06/13/2023				HC:95908 / 26 / 1	N830	\$47.75 (B6)	\$437.00	CO-45	\$389.25	\$47.75
	06/13/2023 - 06/13/2023				HC:95886 / 26 / 2	N830	\$66.02 (B6)	\$2,972.00	CO-45	\$2,905.98	\$66.02
	06/13/2023 - 06/13/2023				HC:95886 / 26,XU / 2	N830	\$66.02 (B6)	\$2,972.00	CO-45	\$2,905.98	\$66.02
	06/13/2023 - 06/13/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$535.38 (AU)

<b>Patient Name:</b> TINGEY, NATALIE	<b>Claim Number:</b> 02023255500616V0X00	<b>Claim Date:</b> 08/29/2023-08/29/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XSB833000159	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$23,963.00
<b>Patient Ctrl Nmbr:</b> 0.3123140	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/12/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7274886334Z1	08/29/2023 - 08/29/2023				HC:95941 // 2	M127		\$5,520.00	PI-252	\$5,520.00	\$0.00
7274886334Z2	08/29/2023 - 08/29/2023				HC:95822 / 26 / 1	M127		\$1,755.00	PI-252	\$1,755.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
7274886334Z3	08/29/2023 - 08/29/2023				HC:95938 / 26 / 1	M127		\$3,107.00	PI-252	\$3,107.00	\$0.00
7274886334Z4	08/29/2023 - 08/29/2023				HC:95908 / 26 / 1	M127		\$437.00	PI-252	\$437.00	\$0.00
7274886334Z5	08/29/2023 - 08/29/2023				HC:95886 / 26 / 2	M127		\$2,972.00	PI-252	\$2,972.00	\$0.00
7274886334Z6	08/29/2023 - 08/29/2023				HC:95886 / 26,XU / 2	M127		\$2,972.00	PI-252	\$2,972.00	\$0.00
7274886334Z7	08/29/2023 - 08/29/2023				HC:95999 // 4	M127		\$7,200.00	PI-252	\$7,200.00	\$0.00

<b>Patient Name:</b> WHITE, JESSIKA	<b>Claim Number:</b> 0202323654000010X00	<b>Claim Date:</b> 09/14/2022-09/14/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> E4L413W05047	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$20,810.00
<b>Patient Ctrl Nmbr:</b> 0.2710065	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$481.38
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/17/2023	<b>Patient Resp:</b> \$7,200.00
<b>Original Ref Nmbr:</b>			

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
	09/14/2022 - 09/14/2022				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
	09/14/2022 - 09/14/2022				HC:95822 / 26 / 1	N830	\$42.17 (B6)	\$1,755.00	CO-45	\$1,712.83	\$42.17
	09/14/2022 - 09/14/2022				HC:95938 / 26 / 1	N830	\$33.59 (B6)	\$3,107.00	CO-45	\$3,073.41	\$33.59
	09/14/2022 - 09/14/2022				HC:95861 / 26 / 1	N830	\$60.27 (B6)	\$1,614.00	CO-45	\$1,553.73	\$60.27
	09/14/2022 - 09/14/2022				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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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
	09/14/2022 - 09/14/2022				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$481.38 (AU)

<b>Patient Name:</b> WOOD LYONS, BRITTNEY	<b>Claim Number:</b> 0202327254008940X00	<b>Claim Date:</b> 09/20/2023-09/20/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> GSH310M96757	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$11,164.00
<b>Patient Ctrl Nmbr:</b> 0.3149003	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$92.42
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/21/2023	<b>Patient Resp:</b> \$5,477.36
<b>Original Ref Nmbr:</b>			

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
	09/20/2023 - 09/20/2023				HC:95941 // 1	N830	\$47.78 (B6)	\$2,760.00	PR-2 CO-45	\$37.44 \$2,712.22	\$10.34
	09/20/2023 - 09/20/2023				HC:95865 / 26 / 1	N830	\$61.00 (B6)	\$1,502.00	PR-2 CO-45	\$19.96 \$1,441.00	\$41.04
	09/20/2023 - 09/20/2023				HC:95865 / 26,XU / 1	N830	\$61.00 (B6)	\$1,502.00	PR-2 CO-45	\$19.96 \$1,441.00	\$41.04
	09/20/2023 - 09/20/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$169.78 (AU)

#### Code Descriptions

##### REMARK CODE(S):

M127=Missing patient medical record for this service.

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

N130=Consult plan benefit documents/guidelines for information about restrictions for this service.

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

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23290E09976260	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$43,737.04
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**REMARK CODE(S):**

N366=Requested information not provided. The claim will be reopened if the information previously requested is submitted within one year after the date of this denial notice.

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

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

PI=Payor Initiated Reductions

OA=Other Adjustments

**CLAIM ADJUSTMENT REASON CODE(S):**

252=An attachment/other documentation is required to adjudicate this claim/service. 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).

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)

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.

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.

119=Benefit maximum for this time period or occurrence has been reached.

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)

227=Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete. 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.)

2=Coinsurance Amount

**CLAIM STATUS CODE(S):**

22=Reversal of Previous Payment

1=Processed as Primary