

Check Summary

Transaction Date: October 13, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23284E08489040 Payment Amount: 22,433.24 Check/EFT Date: 10/13/2023 Production End Cycle Date: 10/11/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: BOLDEN, JACQUELYN

Claim Number: 0202320950869J40X00

Claim Date: 07/07/2023-07/07/2023 Claim Status Code: 22

Patient ID: ZGN925729108

Group / Policy: 0000006310006

Facility Type: 21

Claim Charge: \$-30,353.00

Patient Ctrl Nmbr: 0.3064387

Contract Hdr: HEALTH MAINTENANCE
ORGANIZATION

Claim Frequency: 1

Claim Payment: \$-636.73

Rendering Prvd: NATH, AUDREY R

Rendering Prv ID:

Claim Received Date: 07/28/2023

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
7128099116Z1	07/07/2023 - 07/07/2023				HC:95941 // 2	N830		\$-7,074.00	CO-45	\$-6,792.44	\$-281.56
7128099116Z2	07/07/2023 - 07/07/2023				HC:95939 / 26 / 1	N830		\$-7,500.00	CO-45	\$-7,385.77	\$-114.23
7128099116Z3	07/07/2023 - 07/07/2023				HC:95822 / 26 / 1	N830		\$-2,436.00	CO-45	\$-2,380.99	\$-55.01
7128099116Z4	07/07/2023 - 07/07/2023				HC:95938 / 26 / 1	N830		\$-2,943.00	CO-45	\$-2,899.31	\$-43.69
7128099116Z5	07/07/2023 - 07/07/2023				HC:95861 / 26 / 1	N830		\$-1,200.00	CO-45	\$-1,121.55	\$-78.45
7128099116Z6	07/07/2023 - 07/07/2023				HC:95861 / 26,XU / 1	N830		\$-1,200.00	CO-45	\$-1,136.21	\$-63.79
7128099116Z7	07/07/2023 - 07/07/2023				HC:95999 // 1	N830		\$-8,000.00	CO-45	\$-8,000.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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Patient Name: BOLDEN, JACQUELYN	Claim Number: 0202320950869J40X01	Claim Date: 07/07/2023-07/07/2023	Claim Status Code: 1
Patient ID: ZGN925729108	Group / Policy: 0000006310006	Facility Type: 21	Claim Charge: \$30,353.00
Patient Ctrl Nmbr: 0.3064387	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$1,656.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202320950869J40X00			

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
	07/07/2023 - 07/07/2023				HC:95941 // 2	MA44	\$281.56 (B6)	\$7,074.00	CO-45	\$6,792.44	\$281.56
	07/07/2023 - 07/07/2023				HC:95939 / 26 / 1	MA44	\$1,133.50 (B6)	\$7,500.00	CO-45	\$6,366.50	\$1,133.50
	07/07/2023 - 07/07/2023				HC:95822 / 26 / 1	MA44	\$55.01 (B6)	\$2,436.00	CO-45	\$2,380.99	\$55.01
	07/07/2023 - 07/07/2023				HC:95938 / 26 / 1	MA44	\$43.69 (B6)	\$2,943.00	CO-45	\$2,899.31	\$43.69
	07/07/2023 - 07/07/2023				HC:95861 / 26 / 1	MA44	\$78.45 (B6)	\$1,200.00	CO-45	\$1,121.55	\$78.45
	07/07/2023 - 07/07/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,200.00	CO-45	\$1,136.21	\$63.79
	07/07/2023 - 07/07/2023				HC:95999 // 4	MA44		\$8,000.00	CO-45	\$8,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,656.00 (AU)

Patient Name: DEAN, WILLIAM	Claim Number: 0202322250F49170X00	Claim Date: 07/27/2023-07/27/2023	Claim Status Code: 22
Patient ID: ZGP826470917	Group / Policy: 0001868750000	Facility Type: 22	Claim Charge: \$-7,712.00
Patient Ctrl Nmbr: 0.3087151	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-293.80
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 08/10/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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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
7171188110Z1	07/27/2023 - 07/27/2023				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,619.22	\$-140.78
7171188110Z2	07/27/2023 - 07/27/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,264.99	\$-45.01
7171188110Z3	07/27/2023 - 07/27/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
7171188110Z4	07/27/2023 - 07/27/2023				HC:95870 / 26,XU / 2	N830		\$-1,166.00	CO-45	\$-1,137.72	\$-28.28
7171188110Z5	07/27/2023 - 07/27/2023				HC:95870 / 26,XU / 2	N830		\$-1,166.00	CO-45	\$-1,135.19	\$-30.81

Patient Name: DEAN, WILLIAM	Claim Number: 0202322250F49170X01	Claim Date: 07/27/2023-07/27/2023	Claim Status Code: 1
Patient ID: ZGP826470917	Group / Policy: 0001868750000	Facility Type: 22	Claim Charge: \$7,712.00
Patient Ctrl Nmbr: 0.3087151	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$725.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202322250F49170X00			

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
	07/27/2023 - 07/27/2023				HC:95941 // 1	MA44	\$571.98 (B6)	\$2,760.00	CO-45	\$2,188.02	\$571.98
	07/27/2023 - 07/27/2023				HC:95868 / 26 / 1	MA44	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
	07/27/2023 - 07/27/2023				HC:95868 / 26,XU / 1	MA44	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	07/27/2023 - 07/27/2023				HC:95870 / 26,XU / 2	MA44	\$28.28 (B6)	\$1,166.00	CO-45	\$1,137.72	\$28.28
	07/27/2023 - 07/27/2023				HC:95870 / 26,XU / 2	MA44	\$30.81 (B6)	\$1,166.00	CO-45	\$1,135.19	\$30.81

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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Supplemental Information - AMT/Payer Codes: \$725.00 (AU)

Patient Name: EARLY, CATHERINE	Claim Number: 0202320550T93620X00	Claim Date: 08/02/2022-08/02/2022	Claim Status Code: 22
Patient ID: ZGZ846454299	Group / Policy: 0003257530000	Facility Type: 21	Claim Charge: \$-24,624.00
Patient Ctrl Nmbr: 0.2658333	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-579.83
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 07/24/2023	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
7111073188Z1	08/02/2022 - 08/02/2022				HC:95941 // 2	N830		\$-5,520.00	CO-45	\$-5,238.44	\$-281.56
7111073188Z2	08/02/2022 - 08/02/2022				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,697.10	\$-116.90
7111073188Z3	08/02/2022 - 08/02/2022				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,698.77	\$-56.23
7111073188Z4	08/02/2022 - 08/02/2022				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,062.22	\$-44.78
7111073188Z5	08/02/2022 - 08/02/2022				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,533.64	\$-80.36
7111073188Z6	08/02/2022 - 08/02/2022				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,614.00	\$0.00
7111073188Z7	08/02/2022 - 08/02/2022				HC:95999 // 1	N830		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

Patient Name: EARLY, CATHERINE	Claim Number: 0202320550T93620X01	Claim Date: 08/02/2022-08/02/2022	Claim Status Code: 1
Patient ID: ZGZ846454299	Group / Policy: 0003257530000	Facility Type: 21	Claim Charge: \$24,624.00
Patient Ctrl Nmbr: 0.2658333	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$1,797.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202320550T93620X00			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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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
	08/02/2022 - 08/02/2022				HC:95941 // 2	MA44	\$1,498.73 (B6)	\$5,520.00	CO-45	\$4,021.27	\$1,498.73
	08/02/2022 - 08/02/2022				HC:95939 / 26 / 1	MA44	\$116.90 (B6)	\$3,814.00	CO-45	\$3,697.10	\$116.90
	08/02/2022 - 08/02/2022				HC:95822 / 26 / 1	MA44	\$56.23 (B6)	\$1,755.00	CO-45	\$1,698.77	\$56.23
	08/02/2022 - 08/02/2022				HC:95938 / 26 / 1	MA44	\$44.78 (B6)	\$3,107.00	CO-45	\$3,062.22	\$44.78
	08/02/2022 - 08/02/2022				HC:95861 / 26 / 1	MA44	\$80.36 (B6)	\$1,614.00	CO-45	\$1,533.64	\$80.36
	08/02/2022 - 08/02/2022				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	08/02/2022 - 08/02/2022				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,797.00 (AU)

Patient Name: EVANS, ABIGAL	Claim Number: 0202327654004440X00	Claim Date: 07/07/2023-07/07/2023	Claim Status Code: 1
Patient ID: CTY001051100	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$17,496.00
Patient Ctrl Nmbr: 0.3065405	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$37.82
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/27/2023	Patient Resp: \$737.31
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
	07/07/2023 - 07/07/2023				HC:95941 // 3	N830	\$547.71 (B6)	\$8,280.00	PR-1 CO-45	\$547.71 \$7,732.29	\$0.00
	07/07/2023 - 07/07/2023				HC:95867 / 26 / 1	N830	\$58.73 (B6)	\$742.00	PR-1 CO-45	\$42.51 \$683.27	\$16.22

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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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
	07/07/2023 - 07/07/2023				HC:95867 / 26,XU / 1	N830	\$58.73 (B6)	\$742.00	PR-1 CO-45	\$42.51 \$683.27	\$16.22
	07/07/2023 - 07/07/2023				HC:95870 / 26,XU / 2	N830	\$54.98 (B6)	\$1,166.00	CO-45 PR-1	\$1,111.02 \$52.29	\$2.69
	07/07/2023 - 07/07/2023				HC:95870 / 26,XU / 2	N830	\$54.98 (B6)	\$1,166.00	PR-1 CO-45	\$52.29 \$1,111.02	\$2.69
	07/07/2023 - 07/07/2023				HC:95999 // 3			\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$775.13 (AU)

Patient Name: GEARY, JASON	Claim Number: 0202327754009170X00	Claim Date: 07/31/2023-07/31/2023	Claim Status Code: 1
Patient ID: XOF847011115	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$27,244.00
Patient Ctrl Nmbr: 0.3089862	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$2,715.38
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/29/2023	Patient Resp: \$5,400.00
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
	07/31/2023 - 07/31/2023				HC:95941 // 2	N830	\$365.14 (B6)	\$5,520.00	CO-45	\$5,154.86	\$365.14
	07/31/2023 - 07/31/2023				HC:95939 / 26 / 1	N830	\$115.04 (B6)	\$3,814.00	CO-45	\$3,698.96	\$115.04
	07/31/2023 - 07/31/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	07/31/2023 - 07/31/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	07/31/2023 - 07/31/2023				HC:95861 / 26 / 1	N830	\$79.02 (B6)	\$1,614.00	CO-45	\$1,534.98	\$79.02

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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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
	07/31/2023 - 07/31/2023				HC:95861 / 26,XU / 1	N830	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
	07/31/2023 - 07/31/2023				HC:95868 / 26 / 1	N830	\$60.40 (B6)	\$1,310.00	CO-45	\$1,249.60	\$60.40
	07/31/2023 - 07/31/2023				HC:95868 / 26,XU / 1	N830	\$86.31 (B6)	\$1,310.00	CO-45	\$1,223.69	\$86.31
	07/31/2023 - 07/31/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$5,400.00	\$1,800.00

Supplemental Information - AMT/Payer Codes: \$2,715.38 (AU)

Patient Name: HASSERT, JUSTIN	Claim Number: 0202327754002850X00	Claim Date: 08/01/2023-08/01/2023	Claim Status Code: 1
Patient ID: XOF833753693	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$23,963.00
Patient Ctrl Nmbr: 0.3090949	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$2,502.25
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 09/29/2023	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
	08/01/2023 - 08/01/2023				HC:95941 // 2	N830	\$365.14 (B6)	\$5,520.00	CO-45	\$5,154.86	\$365.14
	08/01/2023 - 08/01/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	08/01/2023 - 08/01/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	08/01/2023 - 08/01/2023				HC:95908 / 26 / 1	N830	\$64.08 (B6)	\$437.00	CO-45	\$372.92	\$64.08
	08/01/2023 - 08/01/2023				HC:95886 / 26 / 2	N830	\$88.66 (B6)	\$2,972.00	CO-45	\$2,883.34	\$88.66

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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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
	08/01/2023 - 08/01/2023				HC:95886 / 26,XU / 2	N830	\$88.66 (B6)	\$2,972.00	CO-45	\$2,883.34	\$88.66
	08/01/2023 - 08/01/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$5,400.00	\$1,800.00

Supplemental Information - AMT/Payer Codes: \$2,502.25 (AU)

Patient Name: HILL, JOSHUA	Claim Number: 0202327654002640X00	Claim Date: 07/21/2023-07/21/2023	Claim Status Code: 1
Patient ID: KKH821057899	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$25,261.00
Patient Ctrl Nmbr: 0.3080966	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$2,532.81
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$5,400.00
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
	07/21/2023 - 07/21/2023				HC:95941 // 1	N830	\$182.57 (B6)	\$3,537.00	CO-45	\$3,354.43	\$182.57
	07/21/2023 - 07/21/2023				HC:95939 / 26 / 1	N830	\$115.04 (B6)	\$3,814.00	CO-45	\$3,698.96	\$115.04
	07/21/2023 - 07/21/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	07/21/2023 - 07/21/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	07/21/2023 - 07/21/2023				HC:95861 / 26 / 1	N830	\$79.02 (B6)	\$1,614.00	CO-45	\$1,534.98	\$79.02
	07/21/2023 - 07/21/2023				HC:95861 / 26,XU / 1	N830	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
	07/21/2023 - 07/21/2023				HC:95868 / 26 / 1	N830	\$60.40 (B6)	\$1,310.00	CO-45	\$1,249.60	\$60.40

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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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
	07/21/2023 - 07/21/2023				HC:95868 / 26,XU / 1	N830	\$86.31 (B6)	\$1,310.00	CO-45	\$1,223.69	\$86.31
	07/21/2023 - 07/21/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$5,400.00	\$1,800.00

Supplemental Information - AMT/Payer Codes: \$2,532.81 (AU)

Patient Name: LUKSA, RENEE	Claim Number: 0202324854016060X00	Claim Date: 05/03/2023-05/03/2023	Claim Status Code: 1
Patient ID: LSD903100875	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$12,650.00
Patient Ctrl Nmbr: 0.2989194	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$616.53
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/01/2023	Patient Resp: \$12,033.47
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
	05/03/2023 - 05/03/2023				HC:95941 // 1	N362	\$2,760.00 (B6)	\$2,760.00	PR-119	\$2,143.47	\$616.53
	05/03/2023 - 05/03/2023				HC:95822 / 26 / 1	N362	\$1,755.00 (B6)	\$1,755.00	PR-119	\$1,755.00	\$0.00
	05/03/2023 - 05/03/2023				HC:95938 / 26 / 1	N362	\$3,107.00 (B6)	\$3,107.00	PR-119	\$3,107.00	\$0.00
	05/03/2023 - 05/03/2023				HC:95861 / 26 / 1	N362	\$1,614.00 (B6)	\$1,614.00	PR-119	\$1,614.00	\$0.00
	05/03/2023 - 05/03/2023				HC:95861 / 26,XU / 1	N362	\$1,614.00 (B6)	\$1,614.00	PR-119	\$1,614.00	\$0.00
	05/03/2023 - 05/03/2023				HC:95999 // 1	N362	\$1,800.00 (B6)	\$1,800.00	PR-119	\$1,800.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$616.53 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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Patient Name: LUNN, PATTI	Claim Number: 02023275501468B0X00	Claim Date: 09/27/2023-09/27/2023	Claim Status Code: 1
Patient ID: XOF843517118	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$49,525.00
Patient Ctrl Nmbr: 0.3157586	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$1,318.83
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp: \$48,206.17
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
7361276374Z1	09/27/2023 - 09/27/2023				HC:95941 // 4		\$11,040.00 (B6)	\$11,040.00	PR-1 PR-45	\$730.28 \$10,309.72	\$0.00
7361276374Z2	09/27/2023 - 09/27/2023				HC:95822 / 26 / 1		\$6,979.00 (B6)	\$6,979.00	PR-1 PR-45	\$55.38 \$6,923.62	\$0.00
7361276374Z3	09/27/2023 - 09/27/2023				HC:95938 / 26 / 1		\$7,270.00 (B6)	\$7,270.00	PR-1 PR-45	\$44.01 \$7,225.99	\$0.00
7361276374Z4	09/27/2023 - 09/27/2023				HC:95909 / 26 / 1		\$992.00 (B6)	\$992.00	PR-1 PR-45	\$77.04 \$914.96	\$0.00
7361276374Z5	09/27/2023 - 09/27/2023				HC:95886 / 26 / 2		\$8,022.00 (B6)	\$8,022.00	PR-1 PR-45	\$88.66 \$7,933.34	\$0.00
7361276374Z6	09/27/2023 - 09/27/2023				HC:95886 / 26,XU / 2		\$8,022.00 (B6)	\$8,022.00	PR-1 PR-2 PR-45	\$4.63 \$25.20 \$7,933.34	\$58.83
7361276374Z7	09/27/2023 - 09/27/2023				HC:95999 // 4	N362	\$7,200.00 (B6)	\$7,200.00	PR-2 PR-96	\$540.00 \$5,400.00	\$1,260.00

Supplemental Information - AMT/Payer Codes: \$2,884.03 (AU)

Patient Name: NGUYEN, LEONARDO	Claim Number: 020231785069H340X00	Claim Date: 06/12/2023-06/12/2023	Claim Status Code: 22
Patient ID: VER924175800	Group / Policy: 0000006430001	Facility Type: 21	Claim Charge: \$-40,298.00
Patient Ctrl Nmbr: 0.3036735	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-636.73
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 06/27/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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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
7030533305Z1	06/12/2023 - 06/12/2023				HC:95941 // 2	N830		\$-21,222.00	CO-45	\$-20,940.44	\$-281.56
7030533305Z2	06/12/2023 - 06/12/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,699.77	\$-114.23
7030533305Z3	06/12/2023 - 06/12/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,699.99	\$-55.01
7030533305Z4	06/12/2023 - 06/12/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,063.31	\$-43.69
7030533305Z5	06/12/2023 - 06/12/2023				HC:95861 / 26 / 1	N830		\$-1,200.00	CO-45	\$-1,121.55	\$-78.45
7030533305Z6	06/12/2023 - 06/12/2023				HC:95861 / 26,XU / 1	N830		\$-1,200.00	CO-45	\$-1,136.21	\$-63.79
7030533305Z7	06/12/2023 - 06/12/2023				HC:95999 // 1	N830		\$-8,000.00	CO-45	\$-8,000.00	\$0.00

Patient Name: NGUYEN, LEONARDO	Claim Number: 020231785069H340X01	Claim Date: 06/12/2023-06/12/2023	Claim Status Code: 1
Patient ID: VER924175800	Group / Policy: 0000006430001	Facility Type: 21	Claim Charge: \$40,298.00
Patient Ctrl Nmbr: 0.3036735	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$6,000.00
Rendering Prvd: GAVVALA, JAY R	Rendering Prv ID:	Claim Received Date: 10/07/2023	Patient Resp: \$0.00
Original Ref Nmbr: 020231785069H340X00			

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
	06/12/2023 - 06/12/2023				HC:95941 // 6	MA44	\$5,644.83 (B6)	\$21,222.00	CO-45	\$15,577.17	\$5,644.83
	06/12/2023 - 06/12/2023				HC:95939 / 26 / 1	MA44	\$114.23 (B6)	\$3,814.00	CO-45	\$3,699.77	\$114.23
	06/12/2023 - 06/12/2023				HC:95822 / 26 / 1	MA44	\$55.01 (B6)	\$1,755.00	CO-45	\$1,699.99	\$55.01

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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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
	06/12/2023 - 06/12/2023				HC:95938 / 26 / 1	MA44	\$43.69 (B6)	\$3,107.00	CO-45	\$3,063.31	\$43.69
	06/12/2023 - 06/12/2023				HC:95861 / 26 / 1	MA44	\$78.45 (B6)	\$1,200.00	CO-45	\$1,121.55	\$78.45
	06/12/2023 - 06/12/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,200.00	CO-45	\$1,136.21	\$63.79
	06/12/2023 - 06/12/2023				HC:95999 // 4	MA44		\$8,000.00	CO-45	\$8,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$6,000.00 (AU)

Patient Name: PATTON, HOWARD	Claim Number: 0202308254011150X00	Claim Date: 12/12/2022-12/12/2022	Claim Status Code: 22
Patient ID: XOF836028439	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$-29,601.00
Patient Ctrl Nmbr: 0.2822329	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-2,552.53
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 03/13/2023	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
	12/12/2022 - 12/12/2022				HC:95941 // 4	N830		\$-11,040.00	CO-45	\$-10,648.60	\$-391.40
	12/12/2022 - 12/12/2022				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,698.37	\$-56.63
	12/12/2022 - 12/12/2022				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,061.90	\$-45.10
	12/12/2022 - 12/12/2022				HC:95909 / 26 / 1	N830		\$-555.00	CO-45	\$-476.00	\$-79.00
	12/12/2022 - 12/12/2022				HC:95886 / 26 / 2	N830		\$-2,972.00	CO-45	\$-2,881.80	\$-90.20

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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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
	12/12/2022 - 12/12/2022				HC:95886 / 26,XU / 2	N830		\$-2,972.00	CO-45	\$-2,881.80	\$-90.20
	12/12/2022 - 12/12/2022				HC:95999 // 4			\$-7,200.00	PR-45	\$-5,400.00	\$-1,800.00

Patient Name: PATTON, HOWARD	Claim Number: 0202308254011150X01	Claim Date: 12/12/2022-12/12/2022	Claim Status Code: 1
Patient ID: XOF836028439	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$29,601.00
Patient Ctrl Nmbr: 0.2822329	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$5,761.13
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202308254011150X00			

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
	12/12/2022 - 12/12/2022				HC:95941 // 4	N830	\$3,600.00 (B6)	\$11,040.00	CO-45	\$7,440.00	\$3,600.00
	12/12/2022 - 12/12/2022				HC:95822 / 26 / 1	N830	\$56.63 (B6)	\$1,755.00	CO-45	\$1,698.37	\$56.63
	12/12/2022 - 12/12/2022				HC:95938 / 26 / 1	N830	\$45.10 (B6)	\$3,107.00	CO-45	\$3,061.90	\$45.10
	12/12/2022 - 12/12/2022				HC:95909 / 26 / 1	N830	\$79.00 (B6)	\$555.00	CO-45	\$476.00	\$79.00
	12/12/2022 - 12/12/2022				HC:95886 / 26 / 2	N830	\$90.20 (B6)	\$2,972.00	CO-45	\$2,881.80	\$90.20
	12/12/2022 - 12/12/2022				HC:95886 / 26,XU / 2	N830	\$90.20 (B6)	\$2,972.00	CO-45	\$2,881.80	\$90.20
	12/12/2022 - 12/12/2022				HC:95999 // 4	N830	\$1,800.00 (B6)	\$7,200.00	CO-45	\$5,400.00	\$1,800.00

Supplemental Information - AMT/Payer Codes: \$5,761.13 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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Patient Name: POPE, JUNE	Claim Number: 0202317950E42340X00	Claim Date: 06/13/2023-06/13/2023	Claim Status Code: 22
Patient ID: ZGP842327004	Group / Policy: 0001680200000	Facility Type: 21	Claim Charge: \$-22,824.00
Patient Ctrl Nbr: 0.3038684	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 06/28/2023	Patient Resp: \$0.00
Original Ref Nbr:			

Line Details											Results: 7
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
7035497637Z1	06/13/2023 - 06/13/2023				HC:95941 // 2	N830		\$-5,520.00	PR-1 CO-45	\$-281.56 \$-5,238.44	\$0.00
7035497637Z2	06/13/2023 - 06/13/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	PR-1 CO-45	\$-85.67 \$-3,728.33	\$0.00
7035497637Z3	06/13/2023 - 06/13/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-41.26 \$-1,713.74	\$0.00
7035497637Z4	06/13/2023 - 06/13/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 CO-45	\$-32.77 \$-3,074.23	\$0.00
7035497637Z5	06/13/2023 - 06/13/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-1 CO-45	\$-58.84 \$-1,555.16	\$0.00
7035497637Z6	06/13/2023 - 06/13/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-1 CO-45	\$-63.79 \$-1,550.21	\$0.00
7035497637Z7	06/13/2023 - 06/13/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Patient Name: POPE, JUNE	Claim Number: 0202317950E42340X01	Claim Date: 06/13/2023-06/13/2023	Claim Status Code: 1
Patient ID: ZGP842327004	Group / Policy: 0001680200000	Facility Type: 21	Claim Charge: \$22,824.00
Patient Ctrl Nbr: 0.3038684	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,470.11
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$563.89
Original Ref Nbr: 0202317950E42340X00			

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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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	MA44	\$1,751.67 (B6)	\$5,520.00	PR-1 CO-45	\$281.56 \$3,768.33	\$1,470.11
	06/13/2023 - 06/13/2023				HC:95939 / 26 / 1	MA44	\$85.67 (B6)	\$3,814.00	PR-1 CO-45	\$85.67 \$3,728.33	\$0.00
	06/13/2023 - 06/13/2023				HC:95822 / 26 / 1	MA44	\$41.26 (B6)	\$1,755.00	PR-1 CO-45	\$41.26 \$1,713.74	\$0.00
	06/13/2023 - 06/13/2023				HC:95938 / 26 / 1	MA44	\$32.77 (B6)	\$3,107.00	PR-1 CO-45	\$32.77 \$3,074.23	\$0.00
	06/13/2023 - 06/13/2023				HC:95861 / 26 / 1	MA44	\$58.84 (B6)	\$1,614.00	PR-1 CO-45	\$58.84 \$1,555.16	\$0.00
	06/13/2023 - 06/13/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00
	06/13/2023 - 06/13/2023				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$2,034.00 (AU)

Patient Name: STEINER, KIMBERLY	Claim Number: 02023271507L7290X00	Claim Date: 07/25/2023-07/25/2023	Claim Status Code: 1
Patient ID: ZGP839306065	Group / Policy: 0002985470010	Facility Type: 21	Claim Charge: \$27,290.00
Patient Ctrl Nmbr: 0.3084265	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$897.81
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
7349208749Z1	07/25/2023 - 07/25/2023				HC:95941 // 5	N830	\$703.90 (B6)	\$13,800.00	PR-1 CO-45	\$703.90 \$13,096.10	\$0.00
7349208749Z2	07/25/2023 - 07/25/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	PR-1 CO-45	\$32.77 \$3,074.23	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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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
7349208749Z3	07/25/2023 - 07/25/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	PR-1 CO-45	\$38.51 \$1,716.49	\$0.00
7349208749Z4	07/25/2023 - 07/25/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	PR-1 CO-45	\$58.84 \$1,555.16	\$0.00
7349208749Z5	07/25/2023 - 07/25/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00
7349208749Z6	07/25/2023 - 07/25/2023				HC:95999 // 1	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$897.81 (AU)

Code Descriptions

REMARK CODE(S):

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

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

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)

1=Deductible Amount

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23284E08489040	Check/EFT Date: 10/13/2023	Total Paid: \$22,433.24
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CLAIM ADJUSTMENT REASON CODE(S):

2=Coinsurance Amount

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.

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary