

**Check Summary****Transaction Date:** October 20, 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> C23291E10355580 <b>Payment Amount:</b> 19,337.85 <b>Check/EFT Date:</b> 10/20/2023 <b>Production End Cycle Date:</b> 10/18/2023	<b>Payee Name:</b> PHYSICIAN OVERSIGHT LLC <b>Payee Address:</b> DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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**Provider Adjustments**

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
C5	0202236350193X60X00.0.2719314	\$4.19

**Patient Name:** AMERICA, MARIA**Claim Number:** 0202321950D40430X00**Claim Date:** 06/23/2023-06/23/2023**Claim Status Code:** 22**Patient ID:** TRZ128887231**Group / Policy:** 000ZGPPOW0000**Facility Type:** 21**Claim Charge:** \$-21,203.00**Patient Ctrl Nmbr:** 0.3050972**Contract Hdr:** PREFERRED PROVIDER  
ORGANIZATION**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** NATH, AUDREY R**Rendering Prv ID:****Claim Received Date:** 08/07/2023**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
7157194714Z1	06/23/2023 - 06/23/2023				HC:95941 // 1	N661		\$-2,760.00	PR-50	\$-2,760.00	\$0.00
7157194714Z2	06/23/2023 - 06/23/2023				HC:95822 / 26 / 1	N661		\$-1,755.00	PR-50	\$-1,755.00	\$0.00
7157194714Z3	06/23/2023 - 06/23/2023				HC:95938 / 26 / 1	N661		\$-3,107.00	PR-50	\$-3,107.00	\$0.00
7157194714Z4	06/23/2023 - 06/23/2023				HC:95908 / 26 / 1	N661		\$-437.00	PR-50	\$-437.00	\$0.00
7157194714Z5	06/23/2023 - 06/23/2023				HC:95886 / 26 / 2	N661		\$-2,972.00	PR-50	\$-2,972.00	\$0.00
7157194714Z6	06/23/2023 - 06/23/2023				HC:95886 / 26,XU / 2	N661		\$-2,972.00	PR-50	\$-2,972.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
7157194714Z7	06/23/2023 - 06/23/2023				HC:95999 // 4	N661		\$-7,200.00	PR-50	\$-7,200.00	\$0.00

<b>Patient Name:</b> AMERICA, MARIA	<b>Claim Number:</b> 0202321950D40430X01	<b>Claim Date:</b> 06/23/2023-06/23/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> TRZ128887231001	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$21,203.00
<b>Patient Ctrl Nmbr:</b> 0.3050972	<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> \$21,203.00
<b>Original Ref Nmbr:</b> 0202321950D40430X00			

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
	06/23/2023 - 06/23/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-1 PR-45	\$140.78 \$2,619.22	\$0.00
	06/23/2023 - 06/23/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$41.26 \$1,713.74	\$0.00
	06/23/2023 - 06/23/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
	06/23/2023 - 06/23/2023				HC:95908 / 26 / 1		\$437.00 (B6)	\$437.00	PR-1 PR-45	\$47.75 \$389.25	\$0.00
	06/23/2023 - 06/23/2023				HC:95886 / 26 / 2		\$2,972.00 (B6)	\$2,972.00	PR-1 PR-45	\$66.02 \$2,905.98	\$0.00
	06/23/2023 - 06/23/2023				HC:95886 / 26,XU / 2		\$2,972.00 (B6)	\$2,972.00	PR-1 PR-45	\$66.02 \$2,905.98	\$0.00
	06/23/2023 - 06/23/2023				HC:95999 // 1	N130	\$7,200.00 (B6)	\$7,200.00	PR-96	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$394.60 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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<b>Patient Name:</b> BOLIN, TERRY	<b>Claim Number:</b> 020232855051A410X00	<b>Claim Date:</b> 09/15/2023-09/15/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> BEG879364335	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$24,484.00
<b>Patient Ctrl Nbr:</b> 0.3142967	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/12/2023	<b>Patient Resp:</b> \$24,484.00
<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
7397754395Z1	09/15/2023 - 09/15/2023				HC:95941 / / 1		\$2,760.00 (B6)	\$2,760.00	PR-1 PR-45	\$140.78 \$2,619.22	\$0.00
7397754395Z2	09/15/2023 - 09/15/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-45	\$85.67 \$3,728.33	\$0.00
7397754395Z3	09/15/2023 - 09/15/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
7397754395Z4	09/15/2023 - 09/15/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$38.51 \$1,716.49	\$0.00
7397754395Z5	09/15/2023 - 09/15/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00
7397754395Z6	09/15/2023 - 09/15/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$63.79 \$1,550.21	\$0.00
7397754395Z7	09/15/2023 - 09/15/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$45.01 \$1,264.99	\$0.00
7397754395Z8	09/15/2023 - 09/15/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$48.92 \$1,261.08	\$0.00
7397754395Z9	09/15/2023 - 09/15/2023				HC:95999 / / 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

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

<b>Patient Name:</b> DOUGHERTY, EDMUND	<b>Claim Number:</b> 0202236350193X60X00	<b>Claim Date:</b> 09/21/2022-09/21/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> SCY813737502	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-23,123.00
<b>Patient Ctrl Nbr:</b> 0.2719314	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$-685.69
<b>Rendering Prvd:</b> SCHAUBLIN, GREG A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 12/29/2022	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
6477688913Z1	09/21/2022 - 09/21/2022				HC:95941 // 3			\$-8,280.00	PR-45	\$-7,857.66	\$-422.34
6477688913Z2	09/21/2022 - 09/21/2022				HC:95822 / 26 / 1			\$-1,755.00	PR-45	\$-1,712.83	\$-42.17
6477688913Z3	09/21/2022 - 09/21/2022				HC:95938 / 26 / 1			\$-3,107.00	PR-45	\$-3,073.41	\$-33.59
6477688913Z4	09/21/2022 - 09/21/2022				HC:95908 / 26 / 1			\$-437.00	PR-45	\$-387.94	\$-49.06
6477688913Z5	09/21/2022 - 09/21/2022				HC:95886 / 26 / 2			\$-2,972.00	PR-45	\$-2,904.83	\$-67.17
6477688913Z6	09/21/2022 - 09/21/2022				HC:95886 / 26,XU / 2			\$-2,972.00	PR-45	\$-2,900.64	\$-71.36
6477688913Z7	09/21/2022 - 09/21/2022				HC:95999 // 1	N640		\$-3,600.00	PR-222	\$-3,600.00	\$0.00

<b>Patient Name:</b> DOUGHERTY, EDMUND	<b>Claim Number:</b> 0202236350193X60X01	<b>Claim Date:</b> 09/21/2022-09/21/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> SCY813737502	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$23,123.00
<b>Patient Ctrl Nmbr:</b> 0.2719314	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$681.50
<b>Rendering Prvd:</b> SCHAUBLIN, GREG A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 03/20/2023	<b>Patient Resp:</b> \$22,441.50
<b>Original Ref Nmbr:</b> 0202236350193X60X00			

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
	09/21/2022 - 09/21/2022				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-45	\$7,857.66	\$422.34
	09/21/2022 - 09/21/2022				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,712.83	\$42.17
	09/21/2022 - 09/21/2022				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,073.41	\$33.59

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
	09/21/2022 - 09/21/2022				HC:95908 / 26 / 1		\$437.00 (B6)	\$437.00	PR-45	\$387.94	\$49.06
	09/21/2022 - 09/21/2022				HC:95886 / 26 / 2		\$2,972.00 (B6)	\$2,972.00	PR-45	\$2,904.83	\$67.17
	09/21/2022 - 09/21/2022				HC:95886 / 26,XU / 2		\$2,972.00 (B6)	\$2,972.00	PR-45	\$2,904.83	\$67.17
	09/21/2022 - 09/21/2022				HC:95999 // 2	M15	\$3,600.00 (B6)	\$3,600.00	PR-97	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$681.50 (AU)

<b>Patient Name:</b> HADDAK, ALYSSA	<b>Claim Number:</b> 020222215024Z460X00	<b>Claim Date:</b> 06/15/2022-06/15/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> EQU825295863	<b>Group / Policy:</b> 0002172330002	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-46,628.00
<b>Patient Ctrl Nmbr:</b> 0.2604021	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/09/2022	<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
649235601	06/15/2022 - 06/15/2022				HC:95939 / 26,59 / 1	M127		\$-10,303.00	CO-252	\$-10,303.00	\$0.00
649235602	06/15/2022 - 06/15/2022				HC:95938 / 26,59 / 1	M127		\$-7,270.00	CO-252	\$-7,270.00	\$0.00
649235603	06/15/2022 - 06/15/2022				HC:95955 / 26,59 / 1	M127		\$-6,979.00	CO-252	\$-6,979.00	\$0.00
649235604	06/15/2022 - 06/15/2022				HC:95861 / 26,59 / 1	M127		\$-4,753.00	CO-252	\$-4,753.00	\$0.00
649235605	06/15/2022 - 06/15/2022				HC:95927 / 26,59 / 1	M127		\$-763.00	CO-252	\$-763.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
649235606	06/15/2022 - 06/15/2022				HC:95941 // 6	M127		\$-16,560.00	CO-252	\$-16,560.00	\$0.00

<b>Patient Name:</b> HADDAK, ALYSSA K	<b>Claim Number:</b> 020222215024Z460X01	<b>Claim Date:</b> 06/15/2022-06/15/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> EQU825295863	<b>Group / Policy:</b> 0002172330002	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$46,628.00
<b>Patient Ctrl Nmbr:</b> 0.2604021	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$240.77
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/18/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 020222215024Z460X00			

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
	06/15/2022 - 06/15/2022				HC:95939 / 26,59 / 1	N830	\$87.68 (B6)	\$10,303.00	CO-45	\$10,215.32	\$87.68
	06/15/2022 - 06/15/2022				HC:95938 / 26,59 / 1	N830	\$33.59 (B6)	\$7,270.00	CO-45	\$7,236.41	\$33.59
	06/15/2022 - 06/15/2022				HC:95955 / 26,59 / 1	N830	\$39.46 (B6)	\$6,979.00	CO-45	\$6,939.54	\$39.46
	06/15/2022 - 06/15/2022				HC:95861 / 26,59 / 1	N830	\$60.27 (B6)	\$4,753.00	CO-45	\$4,692.73	\$60.27
	06/15/2022 - 06/15/2022				HC:95927 / 26,59 / 1	N830	\$19.77 (B6)	\$763.00	CO-45	\$743.23	\$19.77
	06/15/2022 - 06/15/2022				HC:95941 // 6			\$16,560.00	CO-45	\$16,560.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$240.77 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E1035580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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<b>Patient Name:</b> HERNANDEZ, AMYRA	<b>Claim Number:</b> 02023272509084K0X00	<b>Claim Date:</b> 08/03/2023-08/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> ZGP841815812	<b>Group / Policy:</b> 0003416420033	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$22,086.00
<b>Patient Ctrl Nmbr:</b> 0.3093931	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$602.44
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/29/2023	<b>Patient Resp:</b> \$0.00
<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
7354257170Z5	08/03/2023 - 08/03/2023				HC:51785 / 26 / 1	N830	\$71.90 (B6)	\$1,071.00	CO-45	\$999.10	\$71.90
7354257170Z6	08/03/2023 - 08/03/2023				HC:51785 / 26,XU / 1	N830	\$65.96 (B6)	\$1,071.00	CO-45	\$1,005.04	\$65.96
7354257170Z1	08/03/2023 - 08/03/2023				HC:95941 / / 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
7354257170Z2	08/03/2023 - 08/03/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
7354257170Z3	08/03/2023 - 08/03/2023				HC:95926 / 26 / 1	N19		\$227.00	PI-97	\$227.00	\$0.00
7354257170Z4	08/03/2023 - 08/03/2023				HC:95955 / 26,XU / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
7354257170Z7	08/03/2023 - 08/03/2023				HC:95861 / 26,XU / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
7354257170Z8	08/03/2023 - 08/03/2023				HC:95861 / 26,XU / 1	N640		\$1,614.00	PI-222	\$1,614.00	\$0.00
7354257170Z9	08/03/2023 - 08/03/2023				HC:95999 / / 1	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$602.44 (AU)

<b>Patient Name:</b> KEASLER, KENDRA	<b>Claim Number:</b> 0202327854007270X00	<b>Claim Date:</b> 08/15/2023-08/15/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> TJP920376414	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$25,688.00
<b>Patient Ctrl Nmbr:</b> 0.3106949	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$428.60
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/30/2023	<b>Patient Resp:</b> \$25,259.40
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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Line Details										Results: 11	
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
	08/15/2023 - 08/15/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-45	\$2,619.25	\$140.75
	08/15/2023 - 08/15/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-45	\$3,728.33	\$85.67
	08/15/2023 - 08/15/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,713.74	\$41.26
	08/15/2023 - 08/15/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,074.23	\$32.77
	08/15/2023 - 08/15/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,613.99	\$0.01
	08/15/2023 - 08/15/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,550.21	\$63.79
	08/15/2023 - 08/15/2023				HC:95865 / 26 / 1		\$1,502.00 (B6)	\$1,502.00	PR-45	\$1,501.99	\$0.01
	08/15/2023 - 08/15/2023				HC:95865 / 26,XU / 1		\$1,502.00 (B6)	\$1,502.00	PR-45	\$1,437.67	\$64.33
	08/15/2023 - 08/15/2023				HC:95868 / 26,XU / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
	08/15/2023 - 08/15/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-45	\$1,309.99	\$0.01
	08/15/2023 - 08/15/2023				HC:95999 // 3	N130	\$5,400.00 (B6)	\$5,400.00	PR-96	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$428.60 (AU)

<b>Patient Name:</b> LAM, TRUNG	<b>Claim Number:</b> 0202326254004410X00	<b>Claim Date:</b> 06/12/2023-06/12/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> NGO969A24369	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$12,695.00
<b>Patient Ctrl Nmbr:</b> 0.3036231	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$7,761.72
<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>			



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
	06/12/2023 - 06/12/2023				HC:95941 // 1	N830	\$2,355.40 (B6)	\$2,760.00	CO-45	\$404.60	\$2,355.40
	06/12/2023 - 06/12/2023				HC:95938 / 26 / 1	N830	\$2,651.52 (B6)	\$3,107.00	CO-45	\$455.48	\$2,651.52
	06/12/2023 - 06/12/2023				HC:95861 / 26 / 1	N830	\$1,377.40 (B6)	\$1,614.00	CO-45	\$236.60	\$1,377.40
	06/12/2023 - 06/12/2023				HC:95861 / 26,XU / 1	N830	\$1,377.40 (B6)	\$1,614.00	CO-45	\$236.60	\$1,377.40
	06/12/2023 - 06/12/2023				HC:95999 // 2			\$3,600.00	CO-45	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$7,761.72 (AU)

<b>Patient Name:</b> LONG, RONALD	<b>Claim Number:</b> 0202318454003360X00	<b>Claim Date:</b> 06/13/2023-06/13/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> R2H564W00953	<b>Group / Policy:</b> 000ZGPP0W0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-19,010.00
<b>Patient Ctrl Nmbr:</b> 0.3037495	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-478.22
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 06/28/2023	<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
	06/13/2023 - 06/13/2023				HC:95941 // 2	N362		\$-5,520.00	PR-119	\$-5,041.78	\$-478.22
	06/13/2023 - 06/13/2023				HC:95822 / 26 / 1	N362		\$-1,755.00	PR-119	\$-1,755.00	\$0.00
	06/13/2023 - 06/13/2023				HC:95938 / 26 / 1	N362		\$-3,107.00	PR-119	\$-3,107.00	\$0.00
	06/13/2023 - 06/13/2023				HC:95861 / 26 / 1	N362		\$-1,614.00	PR-119	\$-1,614.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
	06/13/2023 - 06/13/2023				HC:95861 / 26,XU / 1	N362		\$-1,614.00	PR-119	\$-1,614.00	\$0.00
	06/13/2023 - 06/13/2023				HC:95999 // 3	M127		\$-5,400.00	CO-252	\$-5,400.00	\$0.00

<b>Patient Name:</b> LONG, RONALD	<b>Claim Number:</b> 0202318454003360X01	<b>Claim Date:</b> 06/13/2023-06/13/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> R2H564W00953	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,010.00
<b>Patient Ctrl Nmbr:</b> 0.3037495	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$478.22
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/15/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202318454003360X00			

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
	06/13/2023 - 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:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	06/13/2023 - 06/13/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	06/13/2023 - 06/13/2023				HC:95999 // 1	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$478.22 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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<b>Patient Name:</b> MOFFETT, JANET	<b>Claim Number:</b> 0202326354004230X00	<b>Claim Date:</b> 08/22/2023-08/22/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> NGG476A23900	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$30,004.00
<b>Patient Ctrl Nmbr:</b> 0.3115122	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$798.60
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/11/2023	<b>Patient Resp:</b> \$7,200.00
<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
	08/22/2023 - 08/22/2023				HC:95941 / / 3	N830	\$422.34 (B6)	\$8,280.00	CO-45	\$7,857.66	\$422.34
	08/22/2023 - 08/22/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
	08/22/2023 - 08/22/2023				HC:95822 / 26 / 1	N830	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26
	08/22/2023 - 08/22/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	08/22/2023 - 08/22/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	08/22/2023 - 08/22/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	08/22/2023 - 08/22/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
	08/22/2023 - 08/22/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	08/22/2023 - 08/22/2023				HC:95999 / / 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$798.60 (AU)

<b>Patient Name:</b> NAVARRO, CHRISTINA	<b>Claim Number:</b> 0202315254003930X02	<b>Claim Date:</b> 04/04/2023-04/04/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> F6A616M56005	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$24,484.00
<b>Patient Ctrl Nmbr:</b> 0.2953187	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$666.79
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/16/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202315254003930X01			

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
	04/04/2023 - 04/04/2023				HC:95941 // 1	MA44	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
	04/04/2023 - 04/04/2023				HC:95939 / 26 / 1	MA44	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
	04/04/2023 - 04/04/2023				HC:95822 / 26 / 1	MA44	\$41.26 (B6)	\$1,755.00	CO-45	\$1,713.74	\$41.26
	04/04/2023 - 04/04/2023				HC:95938 / 26 / 1	MA44	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	04/04/2023 - 04/04/2023				HC:95861 / 26 / 1	MA44	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	04/04/2023 - 04/04/2023				HC:95861 / 26,XU / 1	MA44	\$98.93 (B6)	\$1,614.00	CO-45	\$1,515.07	\$98.93
	04/04/2023 - 04/04/2023				HC:95868 / 26 / 1	MA44	\$104.27 (B6)	\$1,310.00	CO-45	\$1,205.73	\$104.27
	04/04/2023 - 04/04/2023				HC:95868 / 26,XU / 1	MA44	\$104.27 (B6)	\$1,310.00	CO-45	\$1,205.73	\$104.27
	04/04/2023 - 04/04/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$666.79 (AU)

<b>Patient Name:</b> NAVARRO, CHRISTINA	<b>Claim Number:</b> 0202315254003930X01	<b>Claim Date:</b> 04/04/2023-04/04/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> F6A616M56005	<b>Group / Policy:</b> 000ZGPP0W0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$-24,484.00
<b>Patient Ctrl Nmbr:</b> 0.2953187	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-376.25
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/16/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 0202315254003930X00			

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

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
	04/04/2023 - 04/04/2023				HC:95941 // 1	MA44		\$-2,760.00	CO-45	\$-2,760.00	\$0.00
	04/04/2023 - 04/04/2023				HC:95939 / 26 / 1	MA44		\$-3,814.00	CO-45	\$-3,728.33	\$-85.67
	04/04/2023 - 04/04/2023				HC:95822 / 26 / 1	MA44		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
	04/04/2023 - 04/04/2023				HC:95938 / 26 / 1	MA44		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
	04/04/2023 - 04/04/2023				HC:95861 / 26 / 1	MA44		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
	04/04/2023 - 04/04/2023				HC:95861 / 26,XU / 1	MA44		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
	04/04/2023 - 04/04/2023				HC:95868 / 26 / 1	MA44		\$-1,310.00	CO-45	\$-1,265.00	\$-45.00
	04/04/2023 - 04/04/2023				HC:95868 / 26,XU / 1	MA44		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
	04/04/2023 - 04/04/2023				HC:95999 // 4			\$-7,200.00	CO-45	\$-7,200.00	\$0.00

<b>Patient Name:</b> RAPP, LAURA	<b>Claim Number:</b> 0202321250064D10X00	<b>Claim Date:</b> 07/17/2023-07/17/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> PPM114208987	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$-27,244.00
<b>Patient Ctrl Nmbr:</b> 0.3074382	<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> 07/31/2023	<b>Patient Resp:</b> \$0.00
<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
7133894890Z1	07/17/2023 - 07/17/2023				HC:95941 // 2	N661		\$-5,520.00	PR-50	\$-5,520.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
7133894890Z2	07/17/2023 - 07/17/2023				HC:95939 / 26 / 1	N661		\$-3,814.00	PR-50	\$-3,814.00	\$0.00
7133894890Z3	07/17/2023 - 07/17/2023				HC:95822 / 26 / 1	N661		\$-1,755.00	PR-50	\$-1,755.00	\$0.00
7133894890Z4	07/17/2023 - 07/17/2023				HC:95938 / 26 / 1	N661		\$-3,107.00	PR-50	\$-3,107.00	\$0.00
7133894890Z5	07/17/2023 - 07/17/2023				HC:95861 / 26 / 1	N661		\$-1,614.00	PR-50	\$-1,614.00	\$0.00
7133894890Z6	07/17/2023 - 07/17/2023				HC:95861 / 26,XU / 1	N661		\$-1,614.00	PR-50	\$-1,614.00	\$0.00
7133894890Z7	07/17/2023 - 07/17/2023				HC:95868 / 26 / 1	N661		\$-1,310.00	PR-50	\$-1,310.00	\$0.00
7133894890Z8	07/17/2023 - 07/17/2023				HC:95868 / 26,XU / 1	N661		\$-1,310.00	PR-50	\$-1,310.00	\$0.00
7133894890Z9	07/17/2023 - 07/17/2023				HC:95999 // 4	N661		\$-7,200.00	PR-50	\$-7,200.00	\$0.00

<b>Patient Name:</b> RAPP, LAURA	<b>Claim Number:</b> 0202321250064D10X01	<b>Claim Date:</b> 07/17/2023-07/17/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> PPM114208987001	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$27,244.00
<b>Patient Ctrl Nmbr:</b> 0.3074382	<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> \$27,244.00
<b>Original Ref Nmbr:</b> 0202321250064D10X00			

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
	07/17/2023 - 07/17/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-1 PR-45	\$281.56 \$5,238.44	\$0.00
	07/17/2023 - 07/17/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-1 PR-45	\$85.67 \$3,728.33	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
	07/17/2023 - 07/17/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$41.26 \$1,713.74	\$0.00
	07/17/2023 - 07/17/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
	07/17/2023 - 07/17/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00
	07/17/2023 - 07/17/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$63.79 \$1,550.21	\$0.00
	07/17/2023 - 07/17/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$45.01 \$1,264.99	\$0.00
	07/17/2023 - 07/17/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$48.92 \$1,261.08	\$0.00
	07/17/2023 - 07/17/2023				HC:95999 // 1	N130	\$7,200.00 (B6)	\$7,200.00	PR-96	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$657.82 (AU)

<b>Patient Name:</b> RECABO, ABIGAIL	<b>Claim Number:</b> 0202326854000090X00	<b>Claim Date:</b> 08/03/2023-08/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> TOA802W07904	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$26,766.00
<b>Patient Ctrl Nmbr:</b> 0.3093507	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$537.86
<b>Rendering Prvd:</b> THOMAS, GEORGE P	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/22/2023	<b>Patient Resp:</b> \$0.00
<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
	08/03/2023 - 08/03/2023				HC:51785 / 26 / 1	N830	\$71.90 (B6)	\$1,071.00	CO-45	\$999.10	\$71.90
	08/03/2023 - 08/03/2023				HC:51785 / 26,XU / 1	N830	\$65.96 (B6)	\$1,071.00	CO-45	\$1,005.04	\$65.96

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
	08/03/2023 - 08/03/2023				HC:95941 // 2	N830	\$281.56 (B6)	\$5,520.00	CO-45	\$5,238.44	\$281.56
	08/03/2023 - 08/03/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
	08/03/2023 - 08/03/2023				HC:95822 / 26,XU / 1	M127		\$1,755.00	PI-252	\$1,755.00	\$0.00
	08/03/2023 - 08/03/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	08/03/2023 - 08/03/2023				HC:95861 / 26,XU / 1	N640		\$1,614.00	PI-222	\$1,614.00	\$0.00
	08/03/2023 - 08/03/2023				HC:95861 / 26,XU / 1	M127		\$1,614.00	PI-252	\$1,614.00	\$0.00
	08/03/2023 - 08/03/2023				HC:95999 // 4	N830		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$537.86 (AU)

<b>Patient Name:</b> RISNER, KRISTOPHER	<b>Claim Number:</b> 0202327905003180C00	<b>Claim Date:</b> 09/22/2023-09/22/2023	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> PPA821822104	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$13,490.00
<b>Patient Ctrl Nmbr:</b> 03150876	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$153.37
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/06/2023	<b>Patient Resp:</b> \$13,336.63
<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
	09/22/2023 - 09/22/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$8.25 \$1,713.74	\$33.01
	09/22/2023 - 09/22/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$6.55 \$3,074.23	\$26.22



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
	09/22/2023 - 09/22/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$11.77 \$1,555.16	\$47.07
	09/22/2023 - 09/22/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$11.77 \$1,555.16	\$47.07
	09/22/2023 - 09/22/2023				HC:95999 // 3	N640	\$5,400.00 (B6)	\$5,400.00	PR-222	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$191.71 (AU)

<b>Patient Name:</b> RUCKER, SANDRA	<b>Claim Number:</b> 02023262507W1680X00	<b>Claim Date:</b> 06/29/2023-06/29/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> MTN984107384	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$35,872.00
<b>Patient Ctrl Nmbr:</b> 0.3056412	<b>Contract Hdr:</b>	<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> 09/19/2023	<b>Patient Resp:</b> \$35,872.00
<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
7305183451Z1	06/29/2023 - 06/29/2023				HC:95941 // 4		\$14,148.00 (B6)	\$14,148.00	PR-242	\$14,148.00	\$0.00
7305183451Z2	06/29/2023 - 06/29/2023				HC:95939 / 26 / 1	N130	\$3,814.00 (B6)	\$3,814.00	PR-96	\$3,814.00	\$0.00
7305183451Z3	06/29/2023 - 06/29/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-242	\$1,755.00	\$0.00
7305183451Z4	06/29/2023 - 06/29/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-242	\$3,107.00	\$0.00
7305183451Z5	06/29/2023 - 06/29/2023				HC:95861 / 26 / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
7305183451Z6	06/29/2023 - 06/29/2023				HC:95861 / 26,XU / 1	N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
7305183451Z7	06/29/2023 - 06/29/2023				HC:95868 / 26 / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
7305183451Z8	06/29/2023 - 06/29/2023				HC:95868 / 26,XU / 1	N130	\$1,310.00 (B6)	\$1,310.00	PR-96	\$1,310.00	\$0.00
7305183451Z9	06/29/2023 - 06/29/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-242	\$7,200.00	\$0.00

<b>Patient Name:</b> SALVAT, MYONA	<b>Claim Number:</b> 02023272500798L0X00	<b>Claim Date:</b> 08/04/2023-08/04/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> RET805646359	<b>Group / Policy:</b> 0003020480002	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$-27,244.00
<b>Patient Ctrl Nbr:</b> 0.3094827	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$-655.07
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/29/2023	<b>Patient Resp:</b> \$0.00
<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
7354305369Z1	08/04/2023 - 08/04/2023				HC:95941 // 2	N830		\$-5,520.00	CO-45	\$-5,238.44	\$-281.56
7354305369Z2	08/04/2023 - 08/04/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,728.33	\$-85.67
7354305369Z3	08/04/2023 - 08/04/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
7354305369Z4	08/04/2023 - 08/04/2023				HC:95955 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,716.49	\$-38.51
7354305369Z5	08/04/2023 - 08/04/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
7354305369Z6	08/04/2023 - 08/04/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
7354305369Z7	08/04/2023 - 08/04/2023				HC:95868 / 26 / 1	N830		\$-1,310.00	CO-45	\$-1,264.99	\$-45.01

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
7354305369Z8	08/04/2023 - 08/04/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,261.08	\$-48.92
7354305369Z9	08/04/2023 - 08/04/2023				HC:95999 // 1	N830		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

<b>Patient Name:</b> SALVAT, MYONA	<b>Claim Number:</b> 02023272500798L0X01	<b>Claim Date:</b> 08/04/2023-08/04/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> RET805646359	<b>Group / Policy:</b> 0003020480002	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$27,244.00
<b>Patient Ctrl Nmbr:</b> 0.3094827	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$8,262.31
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/16/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b> 02023272500798L0X00			

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
	08/04/2023 - 08/04/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00			\$5,520.00
	08/04/2023 - 08/04/2023				HC:95939 / 26 / 1	MA44	\$2,742.31 (B6)	\$3,814.00	CO-45	\$1,071.69	\$2,742.31
	08/04/2023 - 08/04/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	08/04/2023 - 08/04/2023				HC:95955 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	08/04/2023 - 08/04/2023				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	08/04/2023 - 08/04/2023				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	08/04/2023 - 08/04/2023				HC:95868 / 26 / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	08/04/2023 - 08/04/2023				HC:95868 / 26,XU / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
	08/04/2023 - 08/04/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$8,262.31 (AU)

<b>Patient Name:</b> SCHAFFER, JULIE	<b>Claim Number:</b> 0202326350T06910X00	<b>Claim Date:</b> 09/18/2023-09/18/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XYQ893032142	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$21,770.00
<b>Patient Ctrl Nmbr:</b> 0.3145204	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/20/2023	<b>Patient Resp:</b> \$21,770.00
<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
7310797720Z1	09/18/2023 - 09/18/2023				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-1 PR-45	\$422.33 \$7,857.67	\$0.00
7310797720Z2	09/18/2023 - 09/18/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$41.26 \$1,713.74	\$0.00
7310797720Z3	09/18/2023 - 09/18/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
7310797720Z4	09/18/2023 - 09/18/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$0.01 \$1,613.99	\$0.00
7310797720Z5	09/18/2023 - 09/18/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$63.79 \$1,550.21	\$0.00
7310797720Z6	09/18/2023 - 09/18/2023				HC:95999 // 3	N130	\$5,400.00 (B6)	\$5,400.00	PR-96	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$560.16 (AU)

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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<b>Patient Name:</b> SCHLOESSER, GAYLE	<b>Claim Number:</b> 0202319254007340X00	<b>Claim Date:</b> 06/16/2023-06/16/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> NIQAN2801106	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$-21,864.00
<b>Patient Ctrl Nbr:</b> 0.3041901	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-423.11
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 06/30/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</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
	06/16/2023 - 06/16/2023				HC:95941 / / 1	N830		\$-2,760.00	CO-45	\$-2,619.22	\$-140.78
	06/16/2023 - 06/16/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,728.33	\$-85.67
	06/16/2023 - 06/16/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,713.74	\$-41.26
	06/16/2023 - 06/16/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
	06/16/2023 - 06/16/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
	06/16/2023 - 06/16/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
	06/16/2023 - 06/16/2023				HC:95999 / / 4			\$-7,200.00	PR-45	\$-7,200.00	\$0.00

<b>Patient Name:</b> SCHLOESSER, GAYLE	<b>Claim Number:</b> 0202319254007340X01	<b>Claim Date:</b> 06/16/2023-06/16/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> NIQAN2801106	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$21,864.00
<b>Patient Ctrl Nbr:</b> 0.3041901	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$835.00
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/22/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b> 0202319254007340X00			

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

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
	06/16/2023 - 06/16/2023				HC:95941 / / 1	MA44	\$500.00 (B6)	\$2,760.00	CO-45	\$2,260.00	\$500.00
	06/16/2023 - 06/16/2023				HC:95939 / 26 / 1	MA44	\$100.00 (B6)	\$3,814.00	CO-45	\$3,714.00	\$100.00
	06/16/2023 - 06/16/2023				HC:95822 / 26 / 1	MA44	\$50.00 (B6)	\$1,755.00	CO-45	\$1,705.00	\$50.00
	06/16/2023 - 06/16/2023				HC:95938 / 26 / 1	MA44	\$40.00 (B6)	\$3,107.00	CO-45	\$3,067.00	\$40.00
	06/16/2023 - 06/16/2023				HC:95861 / 26 / 1	MA44	\$65.00 (B6)	\$1,614.00	CO-45	\$1,549.00	\$65.00
	06/16/2023 - 06/16/2023				HC:95861 / 26,XU / 1	MA44	\$80.00 (B6)	\$1,614.00	CO-45	\$1,534.00	\$80.00
	06/16/2023 - 06/16/2023				HC:95999 / / 4			\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$835.00 (AU)

<b>Patient Name:</b> SOUSA, VICTOR	<b>Claim Number:</b> 0202327950A43580X00	<b>Claim Date:</b> 09/08/2023-09/08/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> XXE984064921	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$27,244.00
<b>Patient Ctrl Nmbr:</b> 0.3134345	<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> 10/06/2023	<b>Patient Resp:</b> \$27,244.00
<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
7375270320Z1	09/08/2023 - 09/08/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-272	\$5,520.00	\$0.00
7375270320Z2	09/08/2023 - 09/08/2023				HC:95939 / 26 / 1	N130	\$3,814.00 (B6)	\$3,814.00	PR-96	\$3,814.00	\$0.00

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
7375270320Z3	09/08/2023 - 09/08/2023				HC:95938 / 26 / 1	N130	\$3,107.00 (B6)	\$3,107.00	PR-96	\$3,107.00	\$0.00
7375270320Z4	09/08/2023 - 09/08/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-272	\$1,755.00	\$0.00
7375270320Z5	09/08/2023 - 09/08/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-272	\$1,614.00	\$0.00
7375270320Z6	09/08/2023 - 09/08/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,614.00	\$0.00
7375270320Z7	09/08/2023 - 09/08/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-272	\$1,310.00	\$0.00
7375270320Z8	09/08/2023 - 09/08/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-45	\$1,310.00	\$0.00
7375270320Z9	09/08/2023 - 09/08/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-272	\$7,200.00	\$0.00

<b>Patient Name:</b> THOMAS, MARCUS	<b>Claim Number:</b> 02023283508P0700X00	<b>Claim Date:</b> 09/06/2023-09/06/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> EDU875669466	<b>Group / Policy:</b> 000ZGPPOW0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$26,866.00
<b>Patient Ctrl Nmbr:</b> 0.3131911	<b>Contract Hdr:</b> PREFERRED PROVIDER ORGANIZATION	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$504.82
<b>Rendering Prvd:</b> MOORE, OMAR J	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/10/2023	<b>Patient Resp:</b> \$23,741.18
<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
7389636039Z1	09/06/2023 - 09/06/2023				HC:95941 // 5		\$13,800.00 (B6)	\$13,800.00	PR-1 PR-2 PR-45	\$300.00 \$80.78 \$13,096.10	\$323.12
7389636039Z2	09/06/2023 - 09/06/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$8.25 \$1,713.74	\$33.01
7389636039Z3	09/06/2023 - 09/06/2023				HC:95865 / 26 / 1		\$1,502.00 (B6)	\$1,502.00	PR-2 PR-45	\$11.93 \$1,442.35	\$47.72

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
7389636039Z4	09/06/2023 - 09/06/2023				HC:95865 / 26,XU / 1		\$1,502.00 (B6)	\$1,502.00	PR-2 PR-45	\$12.87 \$1,437.67	\$51.46
7389636039Z5	09/06/2023 - 09/06/2023				HC:95868 / 26,XU / 1	N640		\$1,310.00	PI-222	\$1,310.00	\$0.00
7389636039Z6	09/06/2023 - 09/06/2023				HC:95868 / 26,XU / 1	M127		\$1,310.00	PI-252	\$1,310.00	\$0.00
7389636039Z7	09/06/2023 - 09/06/2023				HC:92653 // 1		\$287.00 (B6)	\$287.00	PR-2 PR-45	\$12.38 \$225.11	\$49.51
7389636039Z8	09/06/2023 - 09/06/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$931.03 (AU)

<b>Patient Name:</b> TORROMELO, JODIE	<b>Claim Number:</b> 0202328654003430X00	<b>Claim Date:</b> 03/21/2023-03/21/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> YFW945A68165	<b>Group / Policy:</b> 000ZGPPOX0000	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$25,444.00
<b>Patient Ctrl Nmbr:</b> 0.2938172	<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> 10/10/2023	<b>Patient Resp:</b> \$6,462.31
<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
	03/21/2023 - 03/21/2023				HC:95941 // 2	N830	\$374.40 (B6)	\$5,520.00	PR-1 CO-45	\$374.40 \$5,145.60	\$0.00
	03/21/2023 - 03/21/2023				HC:95939 / 26 / 1	N830	\$162.81 (B6)	\$3,814.00	PR-1 CO-45	\$162.81 \$3,651.19	\$0.00
	03/21/2023 - 03/21/2023				HC:95938 / 26 / 1	N830	\$53.73 (B6)	\$3,107.00	PR-1 CO-45	\$53.73 \$3,053.27	\$0.00
	03/21/2023 - 03/21/2023				HC:95955 / 26 / 1	N830	\$64.97 (B6)	\$1,755.00	PR-1 CO-45	\$64.97 \$1,690.03	\$0.00



<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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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
	03/21/2023 - 03/21/2023				HC:95861 / 26 / 1	N830	\$98.93 (B6)	\$1,614.00	PR-1 CO-45	\$98.93 \$1,515.07	\$0.00
	03/21/2023 - 03/21/2023				HC:95861 / 26,XU / 1	N830	\$98.93 (B6)	\$1,614.00	PR-1 CO-45	\$98.93 \$1,515.07	\$0.00
	03/21/2023 - 03/21/2023				HC:95868 / 26 / 1	N830	\$104.27 (B6)	\$1,310.00	PR-1 CO-45	\$104.27 \$1,205.73	\$0.00
	03/21/2023 - 03/21/2023				HC:95868 / 26,XU / 1	N830	\$104.27 (B6)	\$1,310.00	PR-1 CO-45	\$104.27 \$1,205.73	\$0.00
	03/21/2023 - 03/21/2023				HC:95999 / / 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,062.31 (AU)

#### Code Descriptions

##### REMARK CODE(S):

C5=Temporary Allowance

M127=Missing patient medical record for this service.

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.

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

N19=Procedure code incidental to primary procedure.

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

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

N661=Documentation does not support that the services rendered were medically necessary.

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):

<b>Payer:</b> BLUECROSS BLUESHIELD OF TEXAS	<b>Check/EFT Trace Number:</b> C23291E10355580	<b>Check/EFT Date:</b> 10/20/2023	<b>Total Paid:</b> \$19,337.85
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**GROUP CODE(S):**

PR=Patient Responsibility  
CO=Contractual Obligations  
PI=Payor Initiated Reductions

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

50=These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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.

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.

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).

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

242=Services not provided by network/primary care providers.

272=Coverage/program guidelines were not met.

2=Coinsurance Amount

**CLAIM STATUS CODE(S):**

22=Reversal of Previous Payment

1=Processed as Primary

2=Processed as Secondary