

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

BCBS HEALTHCARE PLAN OF GA PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908 ANTHEM.COM	<b>Payee Tax ID:</b>	821395495	<b>Payee Name:</b>	UNIVERSITY NEURO LLC
	<b>Payee ID:</b>	1639608516	<b>Payee Address:</b>	925B PEACHTREE ST NE STE 710
	<b>Check/EFT Trace Number:</b>	3223819140		ATLANTA, GA 30309
	<b>Payment Amount:</b>	604.89		
	<b>Check/EFT Date:</b>	10/19/2023		
	<b>Production End Cycle Date:</b>	10/19/2023		

**Patient Name:** MILLER, PAMELA

**Claim Number:** 20232637A0452

**Claim Date:** 02/27/2023-02/27/2023 **Claim Status Code:** 4

<b>Patient ID:</b> 133988885	<b>Group / Policy:</b> ITSPPO102	<b>Facility Type:</b>	<b>Claim Charge:</b>	\$26,374.00
<b>Patient Ctrl Nmbr:</b> 0.2909747	<b>Contract Hdr:</b> GA BLUE CHOICE PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b>	\$0.00
<b>Rendering Prvd:</b> NOT AVAIL,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/20/2023	<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
	02/27/2023 - 02/27/2023				HC:95941 / / 0	N350		\$3,537.00	PI-16	\$3,537.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95939 / 26 / 0	N350		\$7,500.00	PI-16	\$7,500.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95822 / 26 / 0	N350		\$2,436.00	PI-16	\$2,436.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95938 / 26 / 0	N350		\$2,943.00	PI-16	\$2,943.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95861 / 26 / 0	N350		\$1,200.00	PI-16	\$1,200.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95861 / 26,XU / 0	N350		\$1,200.00	PI-16	\$1,200.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95868 / 26 / 0	N350		\$1,779.00	PI-16	\$1,779.00	\$0.00
	02/27/2023 - 02/27/2023				HC:95868 / 26,XU / 0	N350		\$1,779.00	PI-16	\$1,779.00	\$0.00

<b>Payer:</b> BCBS HEALTHCARE PLAN OF GA	<b>Check/EFT Trace Number:</b> 3223819140	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$604.89
--	---	-----------------------------------	-----------------------------

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
	02/27/2023 - 02/27/2023				HC:95999 // 0	N350		\$4,000.00	PI-16	\$4,000.00	\$0.00

<b>Patient Name:</b> QUEEN, RANDY	<b>Claim Number:</b> 20232077A0243	<b>Claim Date:</b> 03/21/2023-03/21/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 102827581	<b>Group / Policy:</b> ITSPPO102	<b>Facility Type:</b>	<b>Claim Charge:</b> \$49,003.00
<b>Patient Ctrl Nmbr:</b> 0.2935914	<b>Contract Hdr:</b> GA BLUE CHOICE PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$604.89
<b>Rendering Prvd:</b> NOT AVAIL,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 07/26/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 12
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:95887 / 26 / 1	N640		\$1,350.00	PI-222	\$1,350.00	\$0.00
	03/21/2023 - 03/21/2023				HC:95887 / 26,XU / 1	N640		\$1,350.00	PI-222	\$1,350.00	\$0.00
	03/21/2023 - 03/21/2023				HC:95999 // 5	M29 M30		\$10,000.00	PI-252	\$10,000.00	\$0.00
	03/21/2023 - 03/21/2023				HC:95941 // 3	M29 M30		\$10,611.00	PI-252	\$10,611.00	\$0.00
	03/21/2023 - 03/21/2023				HC:95939 / 26 / 1	N830	\$111.01 (B6)	\$7,500.00	CO-45	\$7,388.99	\$111.01
	03/21/2023 - 03/21/2023				HC:95822 / 26,XU / 1	N830	\$53.70 (B6)	\$2,436.00	CO-45	\$2,382.30	\$53.70
	03/21/2023 - 03/21/2023				HC:95938 / 26 / 1	N830	\$42.98 (B6)	\$2,943.00	CO-45	\$2,900.02	\$42.98
	03/21/2023 - 03/21/2023				HC:95910 / 26,XU / 1	N830	\$100.17 (B6)	\$1,815.00	CO-45	\$1,714.83	\$100.17
	03/21/2023 - 03/21/2023				HC:51785 / 26 / 1	N830	\$126.55 (B6)	\$2,799.00	CO-45	\$2,672.45	\$126.55

<b>Payer:</b> BCBS HEALTHCARE PLAN OF GA	<b>Check/EFT Trace Number:</b> 3223819140	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$604.89
--	---	-----------------------------------	-----------------------------

Line Details										Results: 12	
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:51785 / 26,XU / 1			\$2,799.00	PI-119	\$2,799.00	\$0.00
	03/21/2023 - 03/21/2023				HC:95886 / 26 / 2	N830	\$85.24 (B6)	\$2,700.00	CO-45	\$2,614.76	\$85.24
	03/21/2023 - 03/21/2023				HC:95886 / 26,XU / 2	N830	\$85.24 (B6)	\$2,700.00	CO-45	\$2,614.76	\$85.24

<b>Patient Name:</b> QUICK, ROBIN	<b>Claim Number:</b> 2023249KC0130	<b>Claim Date:</b> 12/14/2021-12/14/2021	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 810032478	<b>Group / Policy:</b> ITSPPO102	<b>Facility Type:</b>	<b>Claim Charge:</b> \$23,953.00
<b>Patient Ctrl Nmbr:</b> 2163600.2401024	<b>Contract Hdr:</b> GA BLUE CHOICE PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NOT AVAIL,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/06/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 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
	12/14/2021 - 12/14/2021				HC:95941 // 0	M127 N202		\$7,074.00	PI-252	\$7,074.00	\$0.00
	12/14/2021 - 12/14/2021				HC:95939 / 26 / 0	M127 N202		\$7,500.00	PI-252	\$7,500.00	\$0.00
	12/14/2021 - 12/14/2021				HC:95822 / 26 / 0	M127 N202		\$2,436.00	PI-252	\$2,436.00	\$0.00
	12/14/2021 - 12/14/2021				HC:95938 / 26 / 0	M127 N202		\$2,943.00	PI-252	\$2,943.00	\$0.00
	12/14/2021 - 12/14/2021				HC:95999 // 0	M127 N202		\$4,000.00	PI-252	\$4,000.00	\$0.00

<b>Payer:</b> BCBS HEALTHCARE PLAN OF GA	<b>Check/EFT Trace Number:</b> 3223819140	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$604.89
--	---	-----------------------------------	-----------------------------

<b>Patient Name:</b> TIMMONS, PRISCILLA	<b>Claim Number:</b> 2023254KC0143	<b>Claim Date:</b> 12/08/2020-12/08/2020	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 907728181	<b>Group / Policy:</b> ITSPPO102	<b>Facility Type:</b>	<b>Claim Charge:</b> \$35,222.00
<b>Patient Ctrl Nmbr:</b> 1791991	<b>Contract Hdr:</b> GA BLUE CHOICE PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NOT AVAIL,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/11/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
	12/08/2020 - 12/08/2020				HC:95870 / 26,XU / 0	M127 N202		\$1,404.00	PI-252	\$1,404.00	\$0.00
	12/08/2020 - 12/08/2020				HC:95999 // 0	M127 N202		\$8,000.00	PI-252	\$8,000.00	\$0.00
	12/08/2020 - 12/08/2020				HC:95941 // 0	M127 N202		\$3,537.00	PI-252	\$3,537.00	\$0.00
	12/08/2020 - 12/08/2020				HC:95939 / 26 / 0	M127 N202		\$7,500.00	PI-252	\$7,500.00	\$0.00
	12/08/2020 - 12/08/2020				HC:95822 / 26,XU / 0	M127 N202		\$2,436.00	PI-252	\$2,436.00	\$0.00
	12/08/2020 - 12/08/2020				HC:95938 / 26 / 0	M127 N202		\$2,943.00	PI-252	\$2,943.00	\$0.00
	12/08/2020 - 12/08/2020				HC:51785 / 26 / 0	M127 N202		\$2,799.00	PI-252	\$2,799.00	\$0.00
	12/08/2020 - 12/08/2020				HC:51785 / 26,XU / 0	M127 N202		\$2,799.00	PI-252	\$2,799.00	\$0.00
	12/08/2020 - 12/08/2020				HC:95861 / 26,XU / 0	M127 N202		\$1,200.00	PI-252	\$1,200.00	\$0.00
	12/08/2020 - 12/08/2020				HC:95861 / 26,XU / 0	M127 N202		\$1,200.00	PI-252	\$1,200.00	\$0.00
	12/08/2020 - 12/08/2020				HC:95870 / 26,XU / 0	M127 N202		\$1,404.00	PI-252	\$1,404.00	\$0.00

#### Code Descriptions

REMARK CODE(S):

<b>Payer:</b> BCBS HEALTHCARE PLAN OF GA	<b>Check/EFT Trace Number:</b> 3223819140	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$604.89
--	---	-----------------------------------	-----------------------------

**REMARK CODE(S):**

M127=Missing patient medical record for this service.

M29=Missing operative note/report.

M30=Missing pathology report.

N202=Alert: Additional information/explanation will be sent separately.

N350=Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted/By Report procedure.

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

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

**AMT CODE(S):**

B6=Allowed - Actual

**GROUP CODE(S):**

PI=Payor Initiated Reductions

CO=Contractual Obligations

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

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) 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.

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).

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)

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

**CLAIM STATUS CODE(S):**

4=Denied

1=Processed as Primary