

Check Summary

Transaction Date: November 02, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23304E13713310 Payment Amount: 13,775.38 Check/EFT Date: 11/02/2023 Production End Cycle Date: 10/31/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
---	--	---

Patient Name: ALVAREZ, JOSEFINA

Claim Number: 02023157508L3000X00

Claim Date: 04/05/2023-04/05/2023

Claim Status Code: 22

Patient ID: ZGP849206450

Group / Policy: 0002997880125

Facility Type: 21

Claim Charge: \$-27,932.00

Patient Ctrl Nmbr: 0.2955200

Contract Hdr: PREFERRED PROVIDER
ORGANIZATION

Claim Frequency: 1

Claim Payment: \$0.00

Rendering Prvd: DE JESUS, MARIA A

Rendering Prv ID:

Claim Received Date: 06/06/2023

Patient Resp: \$0.00

Original Ref Nmbr:

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
6964956820Z5	04/05/2023 - 04/05/2023				HC:51785 / 26 / 1	N830		\$-1,071.00	PR-1 CO-45	\$-71.90 \$-999.10	\$0.00
6964956820Z6	04/05/2023 - 04/05/2023				HC:51785 / 26,XU / 1	N830		\$-1,071.00	PR-1 CO-45	\$-65.96 \$-1,005.04	\$0.00
6964956820Z1	04/05/2023 - 04/05/2023				HC:95941 // 2	N830		\$-5,520.00	PR-1 CO-45	\$-281.56 \$-5,238.44	\$0.00
6964956820Z2	04/05/2023 - 04/05/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	PR-1 CO-45	\$-85.67 \$-3,728.33	\$0.00
6964956820Z3	04/05/2023 - 04/05/2023				HC:95822 / 26,XU / 1	N830		\$-1,755.00	PR-1 CO-45	\$-41.26 \$-1,713.74	\$0.00
6964956820Z4	04/05/2023 - 04/05/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 CO-45	\$-32.77 \$-3,074.23	\$0.00
6964956820Z7	04/05/2023 - 04/05/2023				HC:95861 / 26,XU / 1	N640		\$-1,614.00	PI-222	\$-1,614.00	\$0.00
6964956820Z8	04/05/2023 - 04/05/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-1 CO-45	\$-63.79 \$-1,550.21	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23304E13713310	Check/EFT Date: 11/02/2023	Total Paid: \$13,775.38
---	--	-----------------------------------	--------------------------------

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
6964956820Z9	04/05/2023 - 04/05/2023				HC:95870 / 26,XU / 1	N830		\$-583.00	PR-1 CO-45	\$-14.14 \$-568.86	\$0.00
6964956820Z10	04/05/2023 - 04/05/2023				HC:95870 / 26,XU / 1	N830		\$-583.00	PR-1 CO-45	\$-15.41 \$-567.59	\$0.00
6964956820Z11	04/05/2023 - 04/05/2023				HC:95999 // 1	N830		\$-7,200.00	CO-45	\$-7,200.00	\$0.00

Patient Name: ALVAREZ, JOSEFINA	Claim Number: 02023157508L3000X01	Claim Date: 04/05/2023-04/05/2023	Claim Status Code: 1
Patient ID: ZGP849206450	Group / Policy: 0002997880125	Facility Type: 21	Claim Charge: \$27,932.00
Patient Ctrl Nmbr: 0.2955200	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$95.54
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/31/2023	Patient Resp: \$672.46
Original Ref Nmbr: 02023157508L3000X00			

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
	04/05/2023 - 04/05/2023				HC:51785 / 26 / 1	MA44	\$71.90 (B6)	\$1,071.00	PR-1 CO-45	\$71.90 \$999.10	\$0.00
	04/05/2023 - 04/05/2023				HC:51785 / 26,XU / 1	MA44	\$65.96 (B6)	\$1,071.00	PR-1 CO-45	\$65.96 \$1,005.04	\$0.00
	04/05/2023 - 04/05/2023				HC:95941 // 2	MA44	\$377.10 (B6)	\$5,520.00	PR-1 CO-45	\$281.56 \$5,142.90	\$95.54
	04/05/2023 - 04/05/2023				HC:95939 / 26 / 1	MA44	\$85.67 (B6)	\$3,814.00	PR-1 CO-45	\$85.67 \$3,728.33	\$0.00
	04/05/2023 - 04/05/2023				HC:95822 / 26,XU / 1	MA44	\$41.26 (B6)	\$1,755.00	PR-1 CO-45	\$41.26 \$1,713.74	\$0.00
	04/05/2023 - 04/05/2023				HC:95938 / 26 / 1	MA44	\$32.77 (B6)	\$3,107.00	PR-1 CO-45	\$32.77 \$3,074.23	\$0.00
	04/05/2023 - 04/05/2023				HC:95861 / 26,XU / 1	N640		\$1,614.00	PI-222	\$1,614.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23304E13713310	Check/EFT Date: 11/02/2023	Total Paid: \$13,775.38
---	--	-----------------------------------	--------------------------------

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
	04/05/2023 - 04/05/2023				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00
	04/05/2023 - 04/05/2023				HC:95870 / 26,XU / 1	MA44	\$14.14 (B6)	\$583.00	PR-1 CO-45	\$14.14 \$568.86	\$0.00
	04/05/2023 - 04/05/2023				HC:95870 / 26,XU / 1	MA44	\$15.41 (B6)	\$583.00	PR-1 CO-45	\$15.41 \$567.59	\$0.00
	04/05/2023 - 04/05/2023				HC:95999 // 4	MA44		\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$768.00 (AU)

Patient Name: GRILL, REBECCA	Claim Number: 0202329954010510X00	Claim Date: 05/18/2023-05/18/2023	Claim Status Code: 1
Patient ID: XOF825093506	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$16,742.00
Patient Ctrl Nmbr: 0.3007986	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$2,482.81
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/24/2023	Patient Resp: \$1,800.00
Original Ref Nmbr:			

Line Details											Results: 4
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	05/18/2023 - 05/18/2023				HC:95941 // 3	N830	\$587.10 (B6)	\$8,280.00	CO-45	\$7,692.90	\$587.10
	05/18/2023 - 05/18/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	05/18/2023 - 05/18/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	05/18/2023 - 05/18/2023				HC:95999 // 2		\$3,600.00 (B6)	\$3,600.00	PR-45	\$1,800.00	\$1,800.00

Supplemental Information - AMT/Payer Codes: \$2,482.81 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23304E13713310	Check/EFT Date: 11/02/2023	Total Paid: \$13,775.38
---	--	-----------------------------------	--------------------------------

Patient Name: HEAVEY, JOHN	Claim Number: 0202330054004610X00	Claim Date: 05/25/2023-05/25/2023	Claim Status Code: 1
Patient ID: XOF836945233	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$21,630.00
Patient Ctrl Nmbr: 0.3016991	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$2,190.10
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/24/2023	Patient Resp: \$4,050.00
Original Ref Nmbr:			

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
	05/25/2023 - 05/25/2023				HC:95941 // 2	N830	\$391.40 (B6)	\$5,520.00	CO-45	\$5,128.60	\$391.40
	05/25/2023 - 05/25/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	05/25/2023 - 05/25/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	05/25/2023 - 05/25/2023				HC:95861 / 26 / 1	N830	\$79.02 (B6)	\$1,614.00	CO-45	\$1,534.98	\$79.02
	05/25/2023 - 05/25/2023				HC:95861 / 26,XU / 1	N830	\$121.21 (B6)	\$1,614.00	CO-45	\$1,492.79	\$121.21
	05/25/2023 - 05/25/2023				HC:95868 / 26 / 1	N830	\$60.40 (B6)	\$1,310.00	CO-45	\$1,249.60	\$60.40
	05/25/2023 - 05/25/2023				HC:95868 / 26,XU / 1	N830	\$92.36 (B6)	\$1,310.00	CO-45	\$1,217.64	\$92.36
	05/25/2023 - 05/25/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$4,050.00	\$1,350.00

Supplemental Information - AMT/Payer Codes: \$2,190.10 (AU)

Patient Name: HERNANDEY, DAVID	Claim Number: 02023303506T1650X00	Claim Date: 10/05/2023-10/05/2023	Claim Status Code: 1
Patient ID: QME921560338	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$30,025.00
Patient Ctrl Nmbr: 0.3167197	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/30/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23304E13713310	Check/EFT Date: 11/02/2023	Total Paid: \$13,775.38
---	--	-----------------------------------	--------------------------------

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
7455649342Z1	10/05/2023 - 10/05/2023				HC:95941 // 2	N830		\$5,520.00	OA-209	\$5,520.00	\$0.00
7455649342Z2	10/05/2023 - 10/05/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7455649342Z3	10/05/2023 - 10/05/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7455649342Z4	10/05/2023 - 10/05/2023				HC:95909 / 26 / 1	N830		\$555.00	OA-209	\$555.00	\$0.00
7455649342Z5	10/05/2023 - 10/05/2023				HC:95886 / 26 / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7455649342Z6	10/05/2023 - 10/05/2023				HC:95886 / 26,XU / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7455649342Z7	10/05/2023 - 10/05/2023				HC:95999 // 4	N830		\$7,200.00	OA-209	\$7,200.00	\$0.00

Patient Name: JANKOVSKI, PETERIS	Claim Number: 0202329854011100X00	Claim Date: 06/28/2023-06/28/2023	Claim Status Code: 1
Patient ID: QMG845696509	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$22,684.00
Patient Ctrl Nmbr: 0.3056243	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$2,100.32
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/24/2023	Patient Resp: \$4,050.00
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
	06/28/2023 - 06/28/2023				HC:95941 // 1	N830	\$182.57 (B6)	\$2,760.00	CO-45	\$2,577.43	\$182.57
	06/28/2023 - 06/28/2023				HC:95939 / 26 / 1	N830	\$120.79 (B6)	\$3,814.00	CO-45	\$3,693.21	\$120.79
	06/28/2023 - 06/28/2023				HC:95938 / 26 / 1	N830	\$46.21 (B6)	\$3,107.00	CO-45	\$3,060.79	\$46.21

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23304E13713310	Check/EFT Date: 11/02/2023	Total Paid: \$13,775.38
---	--	-----------------------------------	--------------------------------

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
	06/28/2023 - 06/28/2023				HC:95955 / 26 / 1	N830	\$54.29 (B6)	\$1,755.00	CO-45	\$1,700.71	\$54.29
	06/28/2023 - 06/28/2023				HC:95861 / 26 / 1	N830	\$82.97 (B6)	\$1,614.00	CO-45	\$1,531.03	\$82.97
	06/28/2023 - 06/28/2023				HC:95861 / 26,XU / 1	N830	\$113.76 (B6)	\$1,614.00	CO-45	\$1,500.24	\$113.76
	06/28/2023 - 06/28/2023				HC:95868 / 26 / 1	N830	\$63.42 (B6)	\$1,310.00	CO-45	\$1,246.58	\$63.42
	06/28/2023 - 06/28/2023				HC:95868 / 26,XU / 1	N830	\$86.31 (B6)	\$1,310.00	CO-45	\$1,223.69	\$86.31
	06/28/2023 - 06/28/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$4,050.00	\$1,350.00

Supplemental Information - AMT/Payer Codes: \$2,100.32 (AU)

Patient Name: KLINE, TIMOTHY	Claim Number: 0202329954010040X00	Claim Date: 08/14/2023-08/14/2023	Claim Status Code: 1
Patient ID: XOF807830908	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$22,281.00
Patient Ctrl Nmbr: 0.3105791	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$2,065.21
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/25/2023	Patient Resp: \$4,050.00
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
	08/14/2023 - 08/14/2023				HC:95941 // 2	N830	\$365.14 (B6)	\$5,520.00	CO-45	\$5,154.86	\$365.14
	08/14/2023 - 08/14/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	08/14/2023 - 08/14/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23304E13713310	Check/EFT Date: 11/02/2023	Total Paid: \$13,775.38
---	--	-----------------------------------	--------------------------------

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
	08/14/2023 - 08/14/2023				HC:95909 / 26 / 1	N830	\$77.04 (B6)	\$555.00	CO-45	\$477.96	\$77.04
	08/14/2023 - 08/14/2023				HC:95886 / 26 / 2	N830	\$88.66 (B6)	\$2,972.00	CO-45	\$2,883.34	\$88.66
	08/14/2023 - 08/14/2023				HC:95886 / 26,XU / 2	N830	\$88.66 (B6)	\$2,972.00	CO-45	\$2,883.34	\$88.66
	08/14/2023 - 08/14/2023				HC:95999 / / 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$4,050.00	\$1,350.00

Supplemental Information - AMT/Payer Codes: \$2,065.21 (AU)

Patient Name: MISZCZYK, BARBARA	Claim Number: 0202330450D03370X00	Claim Date: 10/26/2023-10/26/2023	Claim Status Code: 1
Patient ID: QMF921264306	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$10,382.00
Patient Ctrl Nmbr: 0.3191232	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$469.50
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/31/2023	Patient Resp: \$9,912.50
Original Ref Nmbr:			

Line Details											Results: 3
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7460347979Z1	10/26/2023 - 10/26/2023				HC:95941 / / 2		\$5,520.00 (B6)	\$5,520.00	PR-45	\$5,154.86	\$365.14
7460347979Z2	10/26/2023 - 10/26/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,696.85	\$58.15
7460347979Z3	10/26/2023 - 10/26/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,060.79	\$46.21

Supplemental Information - AMT/Payer Codes: \$469.50 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23304E13713310	Check/EFT Date: 11/02/2023	Total Paid: \$13,775.38
---	--	-----------------------------------	--------------------------------

Patient Name: OSTER, PAUL	Claim Number: 0202327954003960X00	Claim Date: 08/02/2023-08/02/2023	Claim Status Code: 22
Patient ID: KRP844181609	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$-25,688.00
Patient Ctrl Nbr: 0.3091849	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$-4,488.09
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/29/2023	Patient Resp: \$0.00
Original Ref Nbr:			

Line Details											Results: 11
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
	08/02/2023 - 08/02/2023				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,577.43	\$-182.57
	08/02/2023 - 08/02/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,468.88	\$-345.12
	08/02/2023 - 08/02/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-2,974.97	\$-132.03
	08/02/2023 - 08/02/2023				HC:95955 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,599.90	\$-155.10
	08/02/2023 - 08/02/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,376.94	\$-237.06
	08/02/2023 - 08/02/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,500.24	\$-113.76
	08/02/2023 - 08/02/2023				HC:95865 / 26 / 1	N830		\$-1,502.00	CO-45	\$-1,261.79	\$-240.21
	08/02/2023 - 08/02/2023				HC:95865 / 26,XU / 1	N830		\$-1,502.00	CO-45	\$-1,387.27	\$-114.73
	08/02/2023 - 08/02/2023				HC:95868 / 26,XU / 1	N640		\$-1,310.00	PI-222	\$-1,128.80	\$-181.20
	08/02/2023 - 08/02/2023				HC:95868 / 26,XU / 1	N830		\$-1,310.00	CO-45	\$-1,223.69	\$-86.31
	08/02/2023 - 08/02/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-2,700.00	\$-2,700.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23304E13713310	Check/EFT Date: 11/02/2023	Total Paid: \$13,775.38
---	--	-----------------------------------	--------------------------------

Patient Name: OSTER, PAUL	Claim Number: 0202327954003960X01	Claim Date: 08/02/2023-08/02/2023	Claim Status Code: 1
Patient ID: KRP844181609	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$25,688.00
Patient Ctrl Nbr: 0.3091849	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$6,370.46
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/26/2023	Patient Resp: \$0.00
Original Ref Nbr: 0202327954003960X00			

Line Details											Results: 11
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
	08/02/2023 - 08/02/2023				HC:95941 // 1	MA44	\$187.20 (B6)	\$2,760.00	CO-45	\$2,572.80	\$187.20
	08/02/2023 - 08/02/2023				HC:95939 / 26 / 1	MA44	\$162.81 (B6)	\$3,814.00	CO-45	\$3,651.19	\$162.81
	08/02/2023 - 08/02/2023				HC:95938 / 26 / 1	MA44	\$53.73 (B6)	\$3,107.00	CO-45	\$3,053.27	\$53.73
	08/02/2023 - 08/02/2023				HC:95955 / 26 / 1	MA44	\$64.97 (B6)	\$1,755.00	CO-45	\$1,690.03	\$64.97
	08/02/2023 - 08/02/2023				HC:95861 / 26 / 1	MA44	\$98.93 (B6)	\$1,614.00	CO-45	\$1,515.07	\$98.93
	08/02/2023 - 08/02/2023				HC:95861 / 26,XU / 1	MA44	\$98.93 (B6)	\$1,614.00	CO-45	\$1,515.07	\$98.93
	08/02/2023 - 08/02/2023				HC:95865 / 26 / 1	MA44	\$99.81 (B6)	\$1,502.00	CO-45	\$1,402.19	\$99.81
	08/02/2023 - 08/02/2023				HC:95865 / 26,XU / 1	MA44	\$99.81 (B6)	\$1,502.00	CO-45	\$1,402.19	\$99.81
	08/02/2023 - 08/02/2023				HC:95868 / 26,XU / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	08/02/2023 - 08/02/2023				HC:95868 / 26,XU / 1	MA44	\$104.27 (B6)	\$1,310.00	CO-45	\$1,205.73	\$104.27
	08/02/2023 - 08/02/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00			\$5,400.00

Supplemental Information - AMT/Payer Codes: \$6,370.46 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23304E13713310	Check/EFT Date: 11/02/2023	Total Paid: \$13,775.38
---	--	-----------------------------------	--------------------------------

Patient Name: ROSS, MICHAEL	Claim Number: 0202329854005350X00	Claim Date: 06/21/2023-06/21/2023	Claim Status Code: 1
Patient ID: XOF842728152	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$23,664.00
Patient Ctrl Nmbr: 0.3046879	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$2,489.53
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/24/2023	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
	06/21/2023 - 06/21/2023				HC:95941 // 2	N830	\$365.14 (B6)	\$5,520.00	CO-45	\$5,154.86	\$365.14
	06/21/2023 - 06/21/2023				HC:95938 / 26 / 1	N830	\$44.01 (B6)	\$3,107.00	CO-45	\$3,062.99	\$44.01
	06/21/2023 - 06/21/2023				HC:95955 / 26 / 1	N830	\$51.70 (B6)	\$1,755.00	CO-45	\$1,703.30	\$51.70
	06/21/2023 - 06/21/2023				HC:95907 / 26 / 1	N830	\$51.36 (B6)	\$138.00	CO-45	\$86.64	\$51.36
	06/21/2023 - 06/21/2023				HC:95886 / 26 / 2	N830	\$88.66 (B6)	\$2,972.00	CO-45	\$2,883.34	\$88.66
	06/21/2023 - 06/21/2023				HC:95886 / 26,XU / 2	N830	\$88.66 (B6)	\$2,972.00	CO-45	\$2,883.34	\$88.66
	06/21/2023 - 06/21/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$5,400.00	\$1,800.00

Supplemental Information - AMT/Payer Codes: \$2,489.53 (AU)

Patient Name: SEGREE, ANGELA	Claim Number: 020232965000W200X00	Claim Date: 07/20/2023-07/20/2023	Claim Status Code: 1
Patient ID: TEA806216530	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$3,107.00
Patient Ctrl Nmbr: 0.3078987	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MONDAY, KIMBERLY E	Rendering Prv ID:	Claim Received Date: 10/23/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23304E13713310	Check/EFT Date: 11/02/2023	Total Paid: \$13,775.38
---	--	-----------------------------------	--------------------------------

Line Details											Results: 1
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
7431349645Z1	07/20/2023 - 07/20/2023				HC:95938 / 26 / 1	M127		\$3,107.00	PI-252	\$3,107.00	\$0.00

Patient Name: TENBENSEL, JULIE	Claim Number: 02023303501B1660X00	Claim Date: 10/04/2023-10/04/2023	Claim Status Code: 1
Patient ID: XOF846095120	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$33,841.00
Patient Ctrl Nmbr: 0.3166555	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/30/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7455023404Z1	10/04/2023 - 10/04/2023				HC:95941 // 4	N830		\$11,040.00	OA-209	\$11,040.00	\$0.00
7455023404Z2	10/04/2023 - 10/04/2023				HC:95939 / 26 / 1	N830		\$3,814.00	OA-209	\$3,814.00	\$0.00
7455023404Z3	10/04/2023 - 10/04/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7455023404Z4	10/04/2023 - 10/04/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7455023404Z5	10/04/2023 - 10/04/2023				HC:95908 / 26 / 1	N830		\$437.00	OA-209	\$437.00	\$0.00
7455023404Z6	10/04/2023 - 10/04/2023				HC:95886 / 26 / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7455023404Z7	10/04/2023 - 10/04/2023				HC:95886 / 26,XU / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7455023404Z8	10/04/2023 - 10/04/2023				HC:95999 // 1	N830		\$1,800.00	OA-209	\$1,800.00	\$0.00

Code Descriptions

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23304E13713310	Check/EFT Date: 11/02/2023	Total Paid: \$13,775.38
---	--	-----------------------------------	--------------------------------

REMARK CODE(S):

M127=Missing patient medical record for this service.

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

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

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

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

PR=Patient Responsibility

CO=Contractual Obligations

PI=Payor Initiated Reductions

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

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)

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.

209=Per regulatory or other agreement. The provider cannot collect this amount from the patient. However, this amount may be billed to subsequent payer. Refund to patient if collected. (Use only with Group code OA)

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).

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary