

Check Summary

Transaction Date: October 12, 2023

BCBS HEALTHCARE PLAN OF GA	Payee Tax ID:	821395495	Payee Name:	UNIVERSITY NEURO
PO BOX 7368 / GA081W-0014	Payee ID:	1639608516	Payee Address:	PO BOX 29650
COLUMBUS, GA 31908	Check/EFT Trace Number:	3223218001		DEPT 880256
ANTHEM.COM	Payment Amount:	6,234.61		PHOENIX, AZ 85038
	Check/EFT Date:	10/12/2023		
	Production End Cycle Date:	10/11/2023		

Patient Name: JACKSON, JAMES

Claim Number: 2023250KC0129

Claim Date: 08/05/2022-08/05/2022 Claim Status Code: 4

Patient ID: 906826403	Group / Policy: ITSPPO102	Facility Type:	Claim Charge:	\$24,423.00
Patient Ctrl Nmbr: 0.2662040	Contract Hdr: GA BLUE CHOICE PPO	Claim Frequency:	Claim Payment:	\$0.00
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 09/07/2023	Patient Resp:	\$0.00
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
	08/05/2022 - 08/05/2022				HC:95941 / / 0	M127 N202		\$5,520.00	PI-252	\$5,520.00	\$0.00
	08/05/2022 - 08/05/2022				HC:95822 / 26,XU / 0	M127 N202		\$1,755.00	PI-252	\$1,755.00	\$0.00
	08/05/2022 - 08/05/2022				HC:95938 / 26 / 0	M127 N202		\$3,107.00	PI-252	\$3,107.00	\$0.00
	08/05/2022 - 08/05/2022				HC:95909 / 26,XU / 0	M127 N202		\$555.00	PI-252	\$555.00	\$0.00
	08/05/2022 - 08/05/2022				HC:51785 / 26 / 0	M127 N202		\$1,071.00	PI-252	\$1,071.00	\$0.00
	08/05/2022 - 08/05/2022				HC:51785 / 26,XU / 0	M127 N202		\$1,071.00	PI-252	\$1,071.00	\$0.00
	08/05/2022 - 08/05/2022				HC:95886 / 26 / 0	M127 N202		\$2,972.00	PI-252	\$2,972.00	\$0.00
	08/05/2022 - 08/05/2022				HC:95886 / 26,XU / 0	M127 N202		\$2,972.00	PI-252	\$2,972.00	\$0.00

Payer: BCBS HEALTHCARE PLAN OF GA	Check/EFT Trace Number: 3223218001	Check/EFT Date: 10/12/2023	Total Paid: \$6,234.61
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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
	08/05/2022 - 08/05/2022				HC:95999 // 0	M127 N202		\$5,400.00	PI-252	\$5,400.00	\$0.00

Patient Name: MASON, PEYTON	Claim Number: 20232487A1323	Claim Date: 05/15/2023-05/15/2023	Claim Status Code: 1
Patient ID: 982W00172	Group / Policy: SP5396M001	Facility Type:	Claim Charge: \$34,280.00
Patient Ctrl Nmbr: 2719314	Contract Hdr: GA SG BLUE OA MEWA POS	Claim Frequency:	Claim Payment: \$6,234.61
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 09/05/2023	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
	05/15/2023 - 05/15/2023				HC:95868 / 26,XU / 1			\$1,779.00	PI-119	\$1,779.00	\$0.00
	05/15/2023 - 05/15/2023				HC:95999 // 4	N830	\$5,600.00 (B6)	\$8,000.00	CO-45	\$2,400.00	\$5,600.00
	05/15/2023 - 05/15/2023				HC:95941 // 1	N830	\$213.37 (B6)	\$3,537.00	CO-45	\$3,323.63	\$213.37
	05/15/2023 - 05/15/2023				HC:95939 / 26 / 1	N830	\$111.01 (B6)	\$7,500.00	CO-45	\$7,388.99	\$111.01
	05/15/2023 - 05/15/2023				HC:95822 / 26 / 1	N830	\$53.70 (B6)	\$2,436.00	CO-45	\$2,382.30	\$53.70
	05/15/2023 - 05/15/2023				HC:95938 / 26 / 1	N830	\$42.98 (B6)	\$2,943.00	CO-45	\$2,900.02	\$42.98
	05/15/2023 - 05/15/2023				HC:95861 / 26 / 1	N830	\$76.83 (B6)	\$1,200.00	CO-45	\$1,123.17	\$76.83
	05/15/2023 - 05/15/2023				HC:95861 / 26,XU / 1			\$1,200.00	PI-119	\$1,200.00	\$0.00
	05/15/2023 - 05/15/2023				HC:95865 / 26 / 1	N830	\$78.14 (B6)	\$1,953.00	CO-45	\$1,874.86	\$78.14

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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
	05/15/2023 - 05/15/2023				HC:95865 / 26,XU / 1			\$1,953.00	PI-119	\$1,953.00	\$0.00
	05/15/2023 - 05/15/2023				HC:95868 / 26,XU / 1	N830	\$58.58 (B6)	\$1,779.00	CO-45	\$1,720.42	\$58.58

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

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

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):

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.

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)

CLAIM STATUS CODE(S):

4=Denied

1=Processed as Primary