

Check Summary**Transaction Date:** October 17, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23286E09206650 Payment Amount: 2,485.06 Check/EFT Date: 10/17/2023 Production End Cycle Date: 10/13/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: FORTINO, SUZANN**Claim Number:** 020232795069K580X00**Claim Date:** 09/06/2023-09/06/2023 **Claim Status Code:** 1

Patient ID: XOF847816988	Group / Policy: 000ZGCFAP0000	Facility Type: 21	Claim Charge: \$25,347.00
Patient Ctrl Nmbr: 0.3131018	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/06/2023	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
7379491359Z1	09/06/2023 - 09/06/2023				HC:95941 / / 1	N830		\$2,760.00	OA-209	\$2,760.00	\$0.00
7379491359Z2	09/06/2023 - 09/06/2023				HC:95938 / 26 / 1	N830		\$3,107.00	OA-209	\$3,107.00	\$0.00
7379491359Z3	09/06/2023 - 09/06/2023				HC:95955 / 26 / 1	N830		\$1,755.00	OA-209	\$1,755.00	\$0.00
7379491359Z4	09/06/2023 - 09/06/2023				HC:95908 / 26 / 1	N830		\$437.00	OA-209	\$437.00	\$0.00
7379491359Z5	09/06/2023 - 09/06/2023				HC:95886 / 26 / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7379491359Z6	09/06/2023 - 09/06/2023				HC:95886 / 26,XU / 2	N830		\$5,944.00	OA-209	\$5,944.00	\$0.00
7379491359Z7	09/06/2023 - 09/06/2023				HC:95999 / / 3	N830		\$5,400.00	OA-209	\$5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206650	Check/EFT Date: 10/17/2023	Total Paid: \$2,485.06
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Patient Name: SAN MIGUEL, MARIA	Claim Number: 02022209502A5320X01	Claim Date: 05/10/2022-05/10/2022	Claim Status Code: 22
Patient ID: ZGZ846162447	Group / Policy: 0002782520000	Facility Type: 21	Claim Charge: \$-17,807.00
Patient Ctrl Nmbr: 0.2562736	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$-234.44
Rendering Prvd: MONDAY, KIMBERLY E	Rendering Prv ID:	Claim Received Date: 08/18/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02022209502A5320X00			

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
	05/10/2022 - 05/10/2022				HC:95955 / 26,59 / 1	N830		\$-6,979.00	CO-45	\$-6,926.38	\$-52.62
	05/10/2022 - 05/10/2022				HC:95867 / 26,59 / 1	N830		\$-8,068.00	CO-45	\$-8,026.96	\$-41.04
	05/10/2022 - 05/10/2022				HC:95941 // 1	N830		\$-2,760.00	CO-45	\$-2,619.22	\$-140.78

Patient Name: SAN MIGUEL, MARIA	Claim Number: 02022209502A5320X02	Claim Date: 05/10/2022-05/10/2022	Claim Status Code: 1
Patient ID: ZGZ846162447	Group / Policy: 0002782520000	Facility Type: 21	Claim Charge: \$17,807.00
Patient Ctrl Nmbr: 0.2562736	Contract Hdr: HEALTH MAINTENANCE ORGANIZATION	Claim Frequency:	Claim Payment: \$613.00
Rendering Prvd: MONDAY, KIMBERLY E	Rendering Prv ID:	Claim Received Date: 10/03/2023	Patient Resp: \$0.00
Original Ref Nmbr: 02022209502A5320X01			

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
	05/10/2022 - 05/10/2022				HC:95955 / 26,59 / 1	MA44	\$52.62 (B6)	\$6,979.00	CO-45	\$6,926.38	\$52.62
	05/10/2022 - 05/10/2022				HC:95867 / 26,59 / 1	MA44	\$419.60 (B6)	\$8,068.00	CO-45	\$7,648.40	\$419.60
	05/10/2022 - 05/10/2022				HC:95941 // 1	MA44	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78

Supplemental Information - AMT/Payer Codes: \$613.00 (AU)

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206650	Check/EFT Date: 10/17/2023	Total Paid: \$2,485.06
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Patient Name: SEYMOUR, JAKE	Claim Number: 0202320650687C10X00	Claim Date: 09/08/2022-09/08/2022	Claim Status Code: 22
Patient ID: ZGP893003354	Group / Policy: 0000003000002	Facility Type: 21	Claim Charge: \$-15,270.00
Patient Ctrl Nmbr: 0.2702840	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 07/25/2023	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
7114682313Z1	09/08/2022 - 09/08/2022				HC:95941 // 1	N830		\$-2,760.00	PR-1 CO-45	\$-140.78 \$-2,619.22	\$0.00
7114682313Z2	09/08/2022 - 09/08/2022				HC:95822 / 26 / 1	N830		\$-1,755.00	PR-1 CO-45	\$-42.17 \$-1,712.83	\$0.00
7114682313Z3	09/08/2022 - 09/08/2022				HC:95938 / 26 / 1	N830		\$-3,107.00	PR-1 CO-45	\$-33.59 \$-3,073.41	\$0.00
7114682313Z4	09/08/2022 - 09/08/2022				HC:95861 / 26 / 1	N830		\$-1,614.00	PR-1 CO-45	\$-60.27 \$-1,553.73	\$0.00
7114682313Z5	09/08/2022 - 09/08/2022				HC:95861 / 26,XU / 1	N830		\$-1,614.00	PR-1 CO-45	\$-63.79 \$-1,550.21	\$0.00
7114682313Z6	09/08/2022 - 09/08/2022				HC:95868 / 26 / 1	N830		\$-1,310.00	PR-1 CO-45	\$-46.26 \$-1,263.74	\$0.00
7114682313Z7	09/08/2022 - 09/08/2022				HC:95868 / 26,XU / 1	N830		\$-1,310.00	PR-1 CO-45	\$-48.92 \$-1,261.08	\$0.00
7114682313Z8	09/08/2022 - 09/08/2022				HC:95999 // 1	N830		\$-1,800.00	CO-45	\$-1,800.00	\$0.00

Patient Name: SEYMOUR, JAKE	Claim Number: 0202320650687C10X01	Claim Date: 09/08/2022-09/08/2022	Claim Status Code: 1
Patient ID: ZGP893003354	Group / Policy: 0000003000002	Facility Type: 21	Claim Charge: \$15,270.00
Patient Ctrl Nmbr: 0.2702840	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$427.22
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/03/2023	Patient Resp: \$435.78
Original Ref Nmbr: 0202320650687C10X00			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206650	Check/EFT Date: 10/17/2023	Total Paid: \$2,485.06
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Line Details											Results: 8
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
	09/08/2022 - 09/08/2022				HC:95941 // 1	MA44	\$568.00 (B6)	\$2,760.00	PR-1 CO-45	\$140.78 \$2,192.00	\$427.22
	09/08/2022 - 09/08/2022				HC:95822 / 26 / 1	MA44	\$42.17 (B6)	\$1,755.00	PR-1 CO-45	\$42.17 \$1,712.83	\$0.00
	09/08/2022 - 09/08/2022				HC:95938 / 26 / 1	MA44	\$33.59 (B6)	\$3,107.00	PR-1 CO-45	\$33.59 \$3,073.41	\$0.00
	09/08/2022 - 09/08/2022				HC:95861 / 26 / 1	MA44	\$60.27 (B6)	\$1,614.00	PR-1 CO-45	\$60.27 \$1,553.73	\$0.00
	09/08/2022 - 09/08/2022				HC:95861 / 26,XU / 1	MA44	\$63.79 (B6)	\$1,614.00	PR-1 CO-45	\$63.79 \$1,550.21	\$0.00
	09/08/2022 - 09/08/2022				HC:95868 / 26 / 1	MA44	\$46.26 (B6)	\$1,310.00	PR-1 CO-45	\$46.26 \$1,263.74	\$0.00
	09/08/2022 - 09/08/2022				HC:95868 / 26,XU / 1	MA44	\$48.92 (B6)	\$1,310.00	PR-1 CO-45	\$48.92 \$1,261.08	\$0.00
	09/08/2022 - 09/08/2022				HC:95999 // 1	MA44		\$1,800.00	CO-45	\$1,800.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$863.00 (AU)

Patient Name: ZENCHAK, JOHN	Claim Number: 0202328254013340X00	Claim Date: 07/31/2023-07/31/2023	Claim Status Code: 1
Patient ID: XOF825636308	Group / Policy: 000ZGCFAP0000	Facility Type: 22	Claim Charge: \$11,557.00
Patient Ctrl Nbr: 0.3089431	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$1,679.28
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 09/29/2023	Patient Resp: \$4,050.00
Original Ref Nbr:			

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
	07/31/2023 - 07/31/2023				HC:95941 // 1	N830	\$182.57 (B6)	\$3,537.00	CO-45	\$3,354.43	\$182.57

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206650	Check/EFT Date: 10/17/2023	Total Paid: \$2,485.06
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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
	07/31/2023 - 07/31/2023				HC:95868 / 26 / 1	N830	\$60.40 (B6)	\$1,310.00	CO-45	\$1,249.60	\$60.40
	07/31/2023 - 07/31/2023				HC:95868 / 26,XU / 1	N830	\$86.31 (B6)	\$1,310.00	CO-45	\$1,223.69	\$86.31
	07/31/2023 - 07/31/2023				HC:95999 // 3		\$5,400.00 (B6)	\$5,400.00	PR-45	\$4,050.00	\$1,350.00

Supplemental Information - AMT/Payer Codes: \$1,679.28 (AU)

Code Descriptions

REMARK CODE(S):

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

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):

OA=Other Adjustments

CO=Contractual Obligations

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

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)

45=Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

1=Deductible Amount

CLAIM STATUS CODE(S):

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23286E09206650	Check/EFT Date: 10/17/2023	Total Paid: \$2,485.06
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CLAIM STATUS CODE(S):

1=Processed as Primary

22=Reversal of Previous Payment