

Check Summary**Transaction Date:** October 27, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: C23298E12213370 Payment Amount: 53,160.21 Check/EFT Date: 10/27/2023 Production End Cycle Date: 10/25/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: CARTER, AMANDA**Claim Number:** 0202321250357C80X01**Claim Date:** 07/17/2023-07/17/2023 **Claim Status Code:** 22**Patient ID:** VAD123W13448**Group / Policy:** 000ZGPPOX0000**Facility Type:** 22**Claim Charge:** \$-14,656.00**Patient Ctrl Nmbr:** 0.3073765**Contract Hdr:** PREFERRED PROVIDER
ORGANIZATION**Claim Frequency:****Claim Payment:** \$-323.85**Rendering Prvd:** DE JESUS, MARIA A**Rendering Prv ID:****Claim Received Date:** 08/16/2023**Patient Resp:** \$0.00**Original Ref Nmbr:** 0202321250357C80X00**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
	07/17/2023 - 07/17/2023				HC:95822 / 26 / 1	MA44		\$-1,755.00	CO-45	\$-1,694.44	\$-60.56
	07/17/2023 - 07/17/2023				HC:95938 / 26 / 1	MA44		\$-3,107.00	CO-45	\$-3,058.47	\$-48.53
	07/17/2023 - 07/17/2023				HC:95861 / 26 / 1	MA44		\$-1,614.00	CO-45	\$-1,527.24	\$-86.76
	07/17/2023 - 07/17/2023				HC:95861 / 26,XU / 1	MA44		\$-1,614.00	CO-45	\$-1,527.24	\$-86.76
	07/17/2023 - 07/17/2023				HC:95870 / 26,XU / 1	MA44		\$-583.00	CO-45	\$-562.38	\$-20.62
	07/17/2023 - 07/17/2023				HC:95870 / 26,XU / 1	MA44		\$-583.00	CO-45	\$-562.38	\$-20.62
	07/17/2023 - 07/17/2023				HC:95999 // 3	MA44		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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Patient Name: CARTER, AMANDA	Claim Number: 0202321250357C80X02	Claim Date: 07/17/2023-07/17/2023	Claim Status Code: 1
Patient ID: VAD123W13448	Group / Policy: 000ZGPPOX0000	Facility Type: 22	Claim Charge: \$14,656.00
Patient Ctrl Nmbr: 0.3073765	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$5,500.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 09/01/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202321250357C80X01			

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
	07/17/2023 - 07/17/2023				HC:95822 / 26 / 1	MA44	\$79.74 (B6)	\$1,755.00	CO-45	\$1,675.26	\$79.74
	07/17/2023 - 07/17/2023				HC:95938 / 26 / 1	MA44	\$53.73 (B6)	\$3,107.00	CO-45	\$3,053.27	\$53.73
	07/17/2023 - 07/17/2023				HC:95861 / 26 / 1	MA44	\$98.93 (B6)	\$1,614.00	CO-45	\$1,515.07	\$98.93
	07/17/2023 - 07/17/2023				HC:95861 / 26,XU / 1	MA44	\$98.93 (B6)	\$1,614.00	CO-45	\$1,515.07	\$98.93
	07/17/2023 - 07/17/2023				HC:95870 / 26,XU / 1	MA44	\$26.14 (B6)	\$583.00	CO-45	\$556.86	\$26.14
	07/17/2023 - 07/17/2023				HC:95870 / 26,XU / 1	MA44	\$26.14 (B6)	\$583.00	CO-45	\$556.86	\$26.14
	07/17/2023 - 07/17/2023				HC:95999 // 3	MA44	\$5,116.39 (B6)	\$5,400.00	CO-45	\$283.61	\$5,116.39

Supplemental Information - AMT/Payer Codes: \$5,500.00 (AU)

Patient Name: COOK, AMANDA	Claim Number: 0202327150W48210X00	Claim Date: 07/12/2023-07/12/2023	Claim Status Code: 22
Patient ID: WUB836889099	Group / Policy: 0000133497035	Facility Type: 21	Claim Charge: \$-22,824.00
Patient Ctrl Nmbr: 0.3069991	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-561.14
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
7348150066Z1	07/12/2023 - 07/12/2023				HC:95941 // 2	N830		\$-5,520.00	CO-45	\$-5,238.44	\$-281.56
7348150066Z2	07/12/2023 - 07/12/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,728.33	\$-85.67
7348150066Z3	07/12/2023 - 07/12/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,074.23	\$-32.77
7348150066Z4	07/12/2023 - 07/12/2023				HC:95955 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,716.49	\$-38.51
7348150066Z5	07/12/2023 - 07/12/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,555.16	\$-58.84
7348150066Z6	07/12/2023 - 07/12/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,550.21	\$-63.79
7348150066Z7	07/12/2023 - 07/12/2023				HC:95999 // 1	N830		\$-5,400.00	CO-45	\$-5,400.00	\$0.00

Patient Name: COOK, AMANDA	Claim Number: 0202327150W48210X01	Claim Date: 07/12/2023-07/12/2023	Claim Status Code: 1
Patient ID: WUB836889099	Group / Policy: 0000133497035	Facility Type: 21	Claim Charge: \$22,824.00
Patient Ctrl Nmbr: 0.3069991	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$6,253.77
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/23/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202327150W48210X00			

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
	07/12/2023 - 07/12/2023				HC:95941 // 2	MA44	\$853.77 (B6)	\$5,520.00	CO-45	\$4,666.23	\$853.77
	07/12/2023 - 07/12/2023				HC:95939 / 26 / 1	MA44		\$3,814.00	CO-45	\$3,814.00	\$0.00
	07/12/2023 - 07/12/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
	07/12/2023 - 07/12/2023				HC:95955 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	07/12/2023 - 07/12/2023				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	07/12/2023 - 07/12/2023				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	07/12/2023 - 07/12/2023				HC:95999 / / 3		\$5,400.00 (B6)	\$5,400.00			\$5,400.00

Supplemental Information - AMT/Payer Codes: \$6,253.77 (AU)

Patient Name: ESTES, CHRISTINA	Claim Number: 02023269509313Q0X00	Claim Date: 08/17/2023-08/17/2023	Claim Status Code: 1
Patient ID: CUD967444908	Group / Policy: 000ZGPP0W0000	Facility Type: 21	Claim Charge: \$32,764.00
Patient Ctrl Nmbr: 0.3110492	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$7,279.74
Rendering Prvd: GOLDMAN, ALICA M	Rendering Prv ID:	Claim Received Date: 09/26/2023	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
7338398737Z1	08/17/2023 - 08/17/2023				HC:95941 / / 4			\$11,040.00	CO-45	\$11,040.00	\$0.00
7338398737Z2	08/17/2023 - 08/17/2023				HC:95939 / 26 / 1			\$3,814.00	CO-45	\$3,814.00	\$0.00
7338398737Z3	08/17/2023 - 08/17/2023				HC:95822 / 26 / 1	N830	\$79.74 (B6)	\$1,755.00	CO-45	\$1,675.26	\$79.74
7338398737Z4	08/17/2023 - 08/17/2023				HC:95938 / 26 / 1			\$3,107.00	CO-45	\$3,107.00	\$0.00
7338398737Z5	08/17/2023 - 08/17/2023				HC:95861 / 26 / 1			\$1,614.00	CO-45	\$1,614.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
7338398737Z6	08/17/2023 - 08/17/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-45	\$1,614.00	\$0.00
7338398737Z7	08/17/2023 - 08/17/2023				HC:95868 / 26 / 1			\$1,310.00	CO-45	\$1,310.00	\$0.00
7338398737Z8	08/17/2023 - 08/17/2023				HC:95868 / 26,XU / 1			\$1,310.00	CO-45	\$1,310.00	\$0.00
7338398737Z9	08/17/2023 - 08/17/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00			\$7,200.00

Supplemental Information - AMT/Payer Codes: \$7,279.74 (AU)

Patient Name: FLEIG, SHANNA	Claim Number: 02023258509457C0X00	Claim Date: 09/05/2023-09/05/2023	Claim Status Code: 1
Patient ID: LIT001474430	Group / Policy: 000ZGPP0W0000	Facility Type: 21	Claim Charge: \$27,488.00
Patient Ctrl Nmbr: 0.3130498	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$4,452.27
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/15/2023	Patient Resp: \$23,035.73
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
7289442372Z1	09/05/2023 - 09/05/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-1 PR-2 PR-45	\$800.00 \$497.00 \$966.00	\$497.00
7289442372Z2	09/05/2023 - 09/05/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-2 PR-45	\$1,239.55 \$1,334.90	\$1,239.55
7289442372Z3	09/05/2023 - 09/05/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$570.37 \$614.25	\$570.38
7289442372Z4	09/05/2023 - 09/05/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$1,009.77 \$1,087.45	\$1,009.78
7289442372Z5	09/05/2023 - 09/05/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$524.55 \$564.90	\$524.55

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
7289442372Z6	09/05/2023 - 09/05/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$524.55 \$564.90	\$524.55
7289442372Z7	09/05/2023 - 09/05/2023				HC:95865 / 26 / 1	N362	\$1,502.00 (B6)	\$1,502.00	PR-2 PR-119	\$29.82 \$1,442.35	\$29.83
7289442372Z8	09/05/2023 - 09/05/2023				HC:95865 / 26,XU / 1	N362	\$1,502.00 (B6)	\$1,502.00	PR-2 PR-119	\$32.16 \$1,437.67	\$32.17
7289442372Z9	09/05/2023 - 09/05/2023				HC:95868 / 26,XU / 1	N362	\$1,310.00 (B6)	\$1,310.00	PR-119	\$1,310.00	\$0.00
7289442372Z10	09/05/2023 - 09/05/2023				HC:95868 / 26,XU / 1	N362	\$1,310.00 (B6)	\$1,310.00	PR-2 PR-119	\$24.46 \$1,261.08	\$24.46
7289442372Z11	09/05/2023 - 09/05/2023				HC:95999 // 4	N362	\$7,200.00 (B6)	\$7,200.00	PR-119	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$9,704.50 (AU)

Patient Name: MAJERCZAK, ALICE	Claim Number: 02023145505F3300X00	Claim Date: 01/19/2023-01/19/2023	Claim Status Code: 22
Patient ID: AJP922674176	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$-21,630.00
Patient Ctrl Nmbr: 0.2865329	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 05/25/2023	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
6931708226Z1	01/19/2023 - 01/19/2023				HC:95941 // 2	M127		\$-5,520.00	CO-252	\$-5,520.00	\$0.00
6931708226Z2	01/19/2023 - 01/19/2023				HC:95822 / 26 / 1	M127		\$-1,755.00	CO-252	\$-1,755.00	\$0.00
6931708226Z3	01/19/2023 - 01/19/2023				HC:95938 / 26 / 1	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
6931708226Z4	01/19/2023 - 01/19/2023				HC:95861 / 26 / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
6931708226Z5	01/19/2023 - 01/19/2023				HC:95861 / 26,XU / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
6931708226Z6	01/19/2023 - 01/19/2023				HC:95868 / 26 / 1	M127		\$-1,310.00	CO-252	\$-1,310.00	\$0.00
6931708226Z7	01/19/2023 - 01/19/2023				HC:95868 / 26,XU / 1	M127		\$-1,310.00	CO-252	\$-1,310.00	\$0.00
6931708226Z8	01/19/2023 - 01/19/2023				HC:95999 // 3	M127		\$-5,400.00	CO-252	\$-5,400.00	\$0.00

Patient Name: MAJERCZAK, ALICE		Claim Number: 02023145505F3300X01		Claim Date: 01/19/2023-01/19/2023		Claim Status Code: 1	
Patient ID: AJP922674176		Group / Policy: 000ZGPPOW0000		Facility Type: 21		Claim Charge: \$21,630.00	
Patient Ctrl Nmbr: 0.2865329		Contract Hdr: PREFERRED PROVIDER ORGANIZATION		Claim Frequency:		Claim Payment: \$0.00	
Rendering Prvd: NATH, AUDREY R		Rendering Prv ID:		Claim Received Date: 10/20/2023		Patient Resp: \$21,630.00	
Original Ref Nmbr: 02023145505F3300X00							

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
	01/19/2023 - 01/19/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-1 PR-45	\$281.54 \$5,238.46	\$0.00
	01/19/2023 - 01/19/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$41.26 \$1,713.74	\$0.00
	01/19/2023 - 01/19/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
	01/19/2023 - 01/19/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00
	01/19/2023 - 01/19/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$0.01 \$1,613.99	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
	01/19/2023 - 01/19/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$45.01 \$1,264.99	\$0.00
	01/19/2023 - 01/19/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-1 PR-45	\$0.01 \$1,309.99	\$0.00
	01/19/2023 - 01/19/2023				HC:95999 // 1		\$5,400.00 (B6)	\$5,400.00	PR-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$459.44 (AU)

Patient Name: MCCLELLAN, DOUGLAS	Claim Number: 0202302650486Y60X00	Claim Date: 10/17/2022-10/17/2022	Claim Status Code: 22
Patient ID: QFDW01293550	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-23,570.00
Patient Ctrl Nmbr: 0.2750431	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-481.38
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 01/26/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
6555990922Z1	10/17/2022 - 10/17/2022				HC:95941 // 3	N640		\$-8,280.00	PR-222	\$-7,998.44	\$-281.56
6555990922Z2	10/17/2022 - 10/17/2022				HC:95822 / 26 / 1			\$-1,755.00	PR-45	\$-1,712.83	\$-42.17
6555990922Z3	10/17/2022 - 10/17/2022				HC:95938 / 26 / 1			\$-3,107.00	PR-45	\$-3,073.41	\$-33.59
6555990922Z4	10/17/2022 - 10/17/2022				HC:95861 / 26 / 1			\$-1,614.00	PR-45	\$-1,553.73	\$-60.27
6555990922Z5	10/17/2022 - 10/17/2022				HC:95861 / 26,XU / 1			\$-1,614.00	PR-45	\$-1,550.21	\$-63.79
6555990922Z6	10/17/2022 - 10/17/2022				HC:95999 // 4			\$-7,200.00	PR-45	\$-7,200.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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Patient Name: MCCLELLAN, DOUGLAS	Claim Number: 0202302650486Y60X01	Claim Date: 10/17/2022-10/17/2022	Claim Status Code: 1
Patient ID: QFDW01293550	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$23,570.00
Patient Ctrl Nmbr: 0.2750431	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$622.16
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 03/20/2023	Patient Resp: \$22,947.84
Original Ref Nmbr: 0202302650486Y60X00			

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
	10/17/2022 - 10/17/2022				HC:95941 // 3		\$8,280.00 (B6)	\$8,280.00	PR-45	\$7,857.66	\$422.34
	10/17/2022 - 10/17/2022				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,712.83	\$42.17
	10/17/2022 - 10/17/2022				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,073.41	\$33.59
	10/17/2022 - 10/17/2022				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,553.73	\$60.27
	10/17/2022 - 10/17/2022				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-45	\$1,550.21	\$63.79
	10/17/2022 - 10/17/2022				HC:95999 // 4	M15	\$7,200.00 (B6)	\$7,200.00	PR-97	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$622.16 (AU)

Patient Name: MURDOCK, RAYMOND	Claim Number: 0202327554008520X00	Claim Date: 08/01/2023-08/01/2023	Claim Status Code: 1
Patient ID: STHB020W1831	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$30,004.00
Patient Ctrl Nmbr: 0.3091177	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$795.85
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/29/2023	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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
	08/01/2023 - 08/01/2023				HC:95941 // 3	N830	\$422.34 (B6)	\$8,280.00	CO-45	\$7,857.66	\$422.34
	08/01/2023 - 08/01/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
	08/01/2023 - 08/01/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	08/01/2023 - 08/01/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
	08/01/2023 - 08/01/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84
	08/01/2023 - 08/01/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
	08/01/2023 - 08/01/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
	08/01/2023 - 08/01/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
	08/01/2023 - 08/01/2023				HC:95999 // 4			\$7,200.00	CO-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$795.85 (AU)

Patient Name: RIVERA, VICTORIA	Claim Number: 0202323354000010X00	Claim Date: 04/14/2021-04/14/2021	Claim Status Code: 1
Patient ID: XDM495A69163	Group / Policy:	Facility Type: 22	Claim Charge: \$21,731.00
Patient Ctrl Nmbr: 0.2106953	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HYSON, MORTON I	Rendering Prv ID:	Claim Received Date: 08/09/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
	04/14/2021 - 04/14/2021				HC:95938 // 1	N702		\$7,270.00	OA-18	\$7,270.00	\$0.00
	04/14/2021 - 04/14/2021				HC:95955 / 59 / 1	N702		\$6,979.00	OA-18	\$6,979.00	\$0.00
	04/14/2021 - 04/14/2021				HC:95861 / 59 / 1	N702		\$4,753.00	OA-18	\$4,753.00	\$0.00
	04/14/2021 - 04/14/2021				HC:95927 / 59 / 1	N702		\$763.00	OA-18	\$763.00	\$0.00
	04/14/2021 - 04/14/2021				HC:G0453 / 59 / 2	N702		\$1,966.00	OA-18	\$1,966.00	\$0.00

Patient Name: SANDERS, CYNTHIA		Claim Number: 0202326150091C60X00		Claim Date: 10/26/2022-10/26/2022		Claim Status Code: 22	
Patient ID: AFV000791		Group / Policy: 000ZGPPOX0000		Facility Type: 21		Claim Charge: \$-25,116.00	
Patient Ctrl Nmbr: 0.2763812		Contract Hdr: PREFERRED PROVIDER ORGANIZATION		Claim Frequency: 1		Claim Payment: \$-726.56	
Rendering Prvd: TANTILLO SEPULVEDA, GABRIELA		Rendering Prv ID:		Claim Received Date: 09/18/2023		Patient Resp: \$0.00	
Original Ref Nmbr:							

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
7298283950Z1	10/26/2022 - 10/26/2022				HC:95941 // 4	N830		\$-11,040.00	CO-45	\$-10,476.88	\$-563.12
7298283950Z2	10/26/2022 - 10/26/2022				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,726.32	\$-87.68
7298283950Z3	10/26/2022 - 10/26/2022				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,712.83	\$-42.17
7298283950Z4	10/26/2022 - 10/26/2022				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,073.41	\$-33.59
7298283950Z5	10/26/2022 - 10/26/2022				HC:95999 // 3			\$-5,400.00	PR-45	\$-5,400.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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Patient Name: SANDERS, CYNTHIA	Claim Number: 0202326150091C60X01	Claim Date: 10/26/2022-10/26/2022	Claim Status Code: 1
Patient ID: AFV000000791	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$25,116.00
Patient Ctrl Nmbr: 0.2763812	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$6,370.49
Rendering Prvd: TANTILLO SEPULVEDA, GABRIELA	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202326150091C60X00			

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
	10/26/2022 - 10/26/2022				HC:95941 // 4	MA44	\$6,207.05 (B6)	\$11,040.00	CO-45	\$4,832.95	\$6,207.05
	10/26/2022 - 10/26/2022				HC:95939 / 26 / 1	MA44	\$87.68 (B6)	\$3,814.00	CO-45	\$3,726.32	\$87.68
	10/26/2022 - 10/26/2022				HC:95822 / 26 / 1	MA44	\$42.17 (B6)	\$1,755.00	CO-45	\$1,712.83	\$42.17
	10/26/2022 - 10/26/2022				HC:95938 / 26 / 1	MA44	\$33.59 (B6)	\$3,107.00	CO-45	\$3,073.41	\$33.59
	10/26/2022 - 10/26/2022				HC:95999 // 3	MA44		\$5,400.00	CO-45	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$6,370.49 (AU)

Patient Name: TRAXLER, WILLIAM	Claim Number: 0202315050080Z10X02	Claim Date: 04/26/2023-04/26/2023	Claim Status Code: 22
Patient ID: PDP132397203001	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$-21,630.00
Patient Ctrl Nmbr: 0.2981148	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/04/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202315050080Z10X01			

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
	04/26/2023 - 04/26/2023				HC:95941 // 2			\$-5,520.00	PR-1 PR-45	\$-281.56 \$-5,238.44	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
	04/26/2023 - 04/26/2023				HC:95822 / 26 / 1			\$-1,755.00	PR-1 PR-45	\$-41.26 \$-1,713.74	\$0.00
	04/26/2023 - 04/26/2023				HC:95938 / 26 / 1			\$-3,107.00	PR-1 PR-45	\$-32.77 \$-3,074.23	\$0.00
	04/26/2023 - 04/26/2023				HC:95861 / 26 / 1			\$-1,614.00	PR-1 PR-45	\$-58.84 \$-1,555.16	\$0.00
	04/26/2023 - 04/26/2023				HC:95861 / 26,XU / 1			\$-1,614.00	PR-1 PR-45	\$-63.79 \$-1,550.21	\$0.00
	04/26/2023 - 04/26/2023				HC:95868 / 26 / 1			\$-1,310.00	PR-1 PR-45	\$-45.01 \$-1,264.99	\$0.00
	04/26/2023 - 04/26/2023				HC:95868 / 26,XU / 1			\$-1,310.00	PR-1 PR-45	\$-48.92 \$-1,261.08	\$0.00
	04/26/2023 - 04/26/2023				HC:95999 // 1	N130		\$-5,400.00	PR-96	\$-5,400.00	\$0.00

Patient Name: TRAXLER, WILLIAM	Claim Number: 0202315050080Z10X03	Claim Date: 04/26/2023-04/26/2023	Claim Status Code: 1
Patient ID: PDP132397203001	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$21,630.00
Patient Ctrl Nmbr: 0.2981148	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$21,630.00
Rendering Prvd: THOMAS, GEORGE P	Rendering Prv ID:	Claim Received Date: 10/19/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202315050080Z10X02			

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
	04/26/2023 - 04/26/2023				HC:95941 / / 2		\$5,520.00 (B6)	\$5,520.00			\$5,520.00
	04/26/2023 - 04/26/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00			\$1,755.00
	04/26/2023 - 04/26/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00			\$3,107.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
	04/26/2023 - 04/26/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00			\$1,614.00
	04/26/2023 - 04/26/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00			\$1,614.00
	04/26/2023 - 04/26/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00			\$1,310.00
	04/26/2023 - 04/26/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00			\$1,310.00
	04/26/2023 - 04/26/2023				HC:95999 // 1		\$5,400.00 (B6)	\$5,400.00			\$5,400.00

Supplemental Information - AMT/Payer Codes: \$21,630.00 (AU)

Patient Name: USSERY RILEY, AMANDA	Claim Number: 0202327950B47550X00	Claim Date: 09/08/2023-09/08/2023	Claim Status Code: 1
Patient ID: QWQM60696797	Group / Policy: 000ZGPPOW0000	Facility Type: 21	Claim Charge: \$16,782.00
Patient Ctrl Nmbr: 0.3134373	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/06/2023	Patient Resp: \$16,782.00
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
7375371754Z1	09/08/2023 - 09/08/2023				HC:95941 // 1		\$2,760.00 (B6)	\$2,760.00	PR-1 PR-45	\$140.75 \$2,619.25	\$0.00
7375371754Z2	09/08/2023 - 09/08/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-1 PR-45	\$32.77 \$3,074.23	\$0.00
7375371754Z3	09/08/2023 - 09/08/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-1 PR-45	\$38.51 \$1,716.49	\$0.00
7375371754Z4	09/08/2023 - 09/08/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$58.84 \$1,555.16	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
7375371754Z5	09/08/2023 - 09/08/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-1 PR-45	\$0.01 \$1,613.99	\$0.00
7375371754Z6	09/08/2023 - 09/08/2023				HC:95870 / 26,XU / 1		\$1,166.00 (B6)	\$1,166.00	PR-1 PR-45	\$0.01 \$1,165.99	\$0.00
7375371754Z7	09/08/2023 - 09/08/2023				HC:95870 / 26,XU / 1		\$1,166.00 (B6)	\$1,166.00	PR-1 PR-45	\$0.01 \$1,165.99	\$0.00
7375371754Z8	09/08/2023 - 09/08/2023				HC:95999 // 2	N130	\$3,600.00 (B6)	\$3,600.00	PR-96	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$270.90 (AU)

Patient Name: VOGEL, BOBBY	Claim Number: 020232825085F080X00	Claim Date: 09/07/2023-09/07/2023	Claim Status Code: 1
Patient ID: UKL834871159	Group / Policy: 0002216080001	Facility Type: 22	Claim Charge: \$22,684.00
Patient Ctrl Nmbr: 0.3132828	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$514.29
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/09/2023	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
7385128962Z1	09/07/2023 - 09/07/2023				HC:95941 // 1	N830	\$140.78 (B6)	\$2,760.00	CO-45	\$2,619.22	\$140.78
7385128962Z2	09/07/2023 - 09/07/2023				HC:95939 / 26 / 1	N830	\$85.67 (B6)	\$3,814.00	CO-45	\$3,728.33	\$85.67
7385128962Z3	09/07/2023 - 09/07/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
7385128962Z4	09/07/2023 - 09/07/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
7385128962Z5	09/07/2023 - 09/07/2023				HC:95861 / 26 / 1	N830	\$58.84 (B6)	\$1,614.00	CO-45	\$1,555.16	\$58.84

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
7385128962Z6	09/07/2023 - 09/07/2023				HC:95861 / 26,XU / 1	N830	\$63.79 (B6)	\$1,614.00	CO-45	\$1,550.21	\$63.79
7385128962Z7	09/07/2023 - 09/07/2023				HC:95868 / 26 / 1	N830	\$45.01 (B6)	\$1,310.00	CO-45	\$1,264.99	\$45.01
7385128962Z8	09/07/2023 - 09/07/2023				HC:95868 / 26,XU / 1	N830	\$48.92 (B6)	\$1,310.00	CO-45	\$1,261.08	\$48.92
7385128962Z9	09/07/2023 - 09/07/2023				HC:95999 // 3	M29		\$5,400.00	CO-252	\$5,400.00	\$0.00

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

Patient Name: WATSON, DONALD	Claim Number: 02023269507905G0X00	Claim Date: 07/03/2023-07/03/2023	Claim Status Code: 1
Patient ID: EDU875825790	Group / Policy: 000ZGPP0W0000	Facility Type: 21	Claim Charge: \$32,764.00
Patient Ctrl Nmbr: 0.3060213	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$751.52
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 09/26/2023	Patient Resp: \$32,012.48
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
7337750994Z1	07/03/2023 - 07/03/2023				HC:95941 // 4		\$11,040.00 (B6)	\$11,040.00	PR-2 PR-45	\$112.62 \$10,476.88	\$450.50
7337750994Z2	07/03/2023 - 07/03/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-2 PR-45	\$17.13 \$3,728.33	\$68.54
7337750994Z3	07/03/2023 - 07/03/2023				HC:95822 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-2 PR-45	\$8.25 \$1,713.74	\$33.01
7337750994Z4	07/03/2023 - 07/03/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-2 PR-45	\$6.55 \$3,074.23	\$26.22
7337750994Z5	07/03/2023 - 07/03/2023				HC:95861 / 26 / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$11.77 \$1,555.16	\$47.07

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
7337750994Z6	07/03/2023 - 07/03/2023				HC:95861 / 26,XU / 1		\$1,614.00 (B6)	\$1,614.00	PR-2 PR-45	\$12.76 \$1,550.21	\$51.03
7337750994Z7	07/03/2023 - 07/03/2023				HC:95868 / 26 / 1		\$1,310.00 (B6)	\$1,310.00	PR-2 PR-45	\$9.00 \$1,264.99	\$36.01
7337750994Z8	07/03/2023 - 07/03/2023				HC:95868 / 26,XU / 1		\$1,310.00 (B6)	\$1,310.00	PR-2 PR-45	\$9.78 \$1,261.08	\$39.14
7337750994Z9	07/03/2023 - 07/03/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$939.38 (AU)

Patient Name: WHITT, DANIEL	Claim Number: 0202328654005510X00	Claim Date: 09/11/2023-09/11/2023	Claim Status Code: 1
Patient ID: CUX120220586	Group / Policy: 000ZGPP0W0000	Facility Type: 22	Claim Charge: \$32,785.00
Patient Ctrl Nmbr: 0.3137162	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$683.05
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/04/2023	Patient Resp: \$7,200.00
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
	09/11/2023 - 09/11/2023				HC:95941 // 3	N830	\$422.34 (B6)	\$8,280.00	CO-45	\$7,857.66	\$422.34
	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1	N830	\$32.77 (B6)	\$3,107.00	CO-45	\$3,074.23	\$32.77
	09/11/2023 - 09/11/2023				HC:95955 / 26 / 1	N830	\$38.51 (B6)	\$1,755.00	CO-45	\$1,716.49	\$38.51
	09/11/2023 - 09/11/2023				HC:95909 / 26 / 1	N830	\$57.39 (B6)	\$555.00	CO-45	\$497.61	\$57.39
	09/11/2023 - 09/11/2023				HC:95886 / 26 / 2	N830	\$66.02 (B6)	\$5,944.00	CO-45	\$5,877.98	\$66.02

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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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
	09/11/2023 - 09/11/2023				HC:95886 / 26,XU / 2	N830	\$66.02 (B6)	\$5,944.00	CO-45	\$5,877.98	\$66.02
	09/11/2023 - 09/11/2023				HC:95999 // 4		\$7,200.00 (B6)	\$7,200.00	PR-45	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$683.05 (AU)

Patient Name: WILLS, MARISSA	Claim Number: 0202327650789E20X00	Claim Date: 09/11/2023-09/11/2023	Claim Status Code: 1
Patient ID: GHP921402212	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$19,596.00
Patient Ctrl Nmbr: 0.3135859	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$400.00
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/03/2023	Patient Resp: \$19,196.00
Original Ref Nmbr:			

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
7366219357Z1	09/11/2023 - 09/11/2023				HC:95941 // 2		\$5,520.00 (B6)	\$5,520.00	PR-45	\$5,238.45	\$281.55
7366219357Z2	09/11/2023 - 09/11/2023				HC:95939 / 26 / 1		\$3,814.00 (B6)	\$3,814.00	PR-45	\$3,728.33	\$85.67
7366219357Z3	09/11/2023 - 09/11/2023				HC:95938 / 26 / 1		\$3,107.00 (B6)	\$3,107.00	PR-45	\$3,074.23	\$32.77
7366219357Z4	09/11/2023 - 09/11/2023				HC:95955 / 26 / 1		\$1,755.00 (B6)	\$1,755.00	PR-45	\$1,754.99	\$0.01
7366219357Z5	09/11/2023 - 09/11/2023				HC:95999 // 3	N130	\$5,400.00 (B6)	\$5,400.00	PR-96	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$400.00 (AU)

Code Descriptions

REMARK CODE(S):

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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REMARK CODE(S):

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.

M29=Missing operative note/report.

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

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

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

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

N702=Decision based on review of previously adjudicated claims or for claims in process for the same/similar type of services.

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):

CO=Contractual Obligations

PR=Patient Responsibility

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

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

2=Coinsurance Amount

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

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).

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.

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

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.

CLAIM STATUS CODE(S):

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23298E12213370	Check/EFT Date: 10/27/2023	Total Paid: \$53,160.21
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CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary