

Check Summary

Transaction Date: October 12, 2023

BCBS HEALTHCARE PLAN OF GA PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908 ANTHEM.COM	Payee Tax ID:	821395495	Payee Name:	UNIVERSITY NEURO LLC
	Payee ID:	1639608516	Payee Address:	925B PEACHTREE ST NE STE 710
	Check/EFT Trace Number:	3223218000		ATLANTA, GA 30309
	Payment Amount:	2,218.99		
	Check/EFT Date:	10/12/2023		
	Production End Cycle Date:	10/11/2023		

Patient Name: TUPPER, CYNTHIA

Claim Number: 2023263BA4031

Claim Date: 07/18/2023-07/18/2023 Claim Status Code: 1

Patient ID: STHB004W1519	Group / Policy: GA8039H1CC	Facility Type:	Claim Charge:	\$22,914.00
Patient Ctrl Nmbr: 0.3076580	Contract Hdr: OPEN ACCESS HMO	Claim Frequency:	Claim Payment:	\$2,218.99
Rendering Prvd: CRUZ, MARCOS	Rendering Prv ID:	Claim Received Date: 09/19/2023	Patient Resp:	\$13,159.01
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
7305362960Z1	07/18/2023 - 07/18/2023				HC:95941 // 1			\$3,537.00	CO-97	\$3,537.00	\$0.00
7305362960Z2	07/18/2023 - 07/18/2023				HC:95822 / 26,XU / 1		\$311.65 (B6)	\$2,436.00	PR-45	\$2,124.35	\$311.65
7305362960Z3	07/18/2023 - 07/18/2023				HC:95938 / 26 / 1		\$1,185.11 (B6)	\$2,943.00	PR-45	\$1,757.89	\$1,185.11
7305362960Z4	07/18/2023 - 07/18/2023				HC:51785 / 26 / 1		\$249.75 (B6)	\$2,799.00	PR-45	\$2,549.25	\$249.75
7305362960Z5	07/18/2023 - 07/18/2023				HC:51785 / 26,XU / 1			\$2,799.00	PI-119	\$2,799.00	\$0.00
7305362960Z6	07/18/2023 - 07/18/2023				HC:95861 / 26,XU / 1		\$472.48 (B6)	\$1,200.00	PR-45	\$727.52	\$472.48
7305362960Z7	07/18/2023 - 07/18/2023				HC:95861 / 26,XU / 1			\$1,200.00	PI-119	\$1,200.00	\$0.00
7305362960Z8	07/18/2023 - 07/18/2023				HC:95999 // 3			\$6,000.00	PR-45	\$6,000.00	\$0.00

Payer: BCBS HEALTHCARE PLAN OF GA	Check/EFT Trace Number: 3223218000	Check/EFT Date: 10/12/2023	Total Paid: \$2,218.99
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Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

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.

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):

1=Processed as Primary