

Check Summary**Transaction Date:** October 13, 2023

BCBS HEALTHCARE PLAN OF GA PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908 ANTHEM.COM	Payee Tax ID: 821395495 Payee ID: 1639608516 Check/EFT Trace Number: 3223326234 Payment Amount: 8,640.18 Check/EFT Date: 10/13/2023 Production End Cycle Date: 10/12/2023	Payee Name: UNIVERSITY NEURO LLC Payee Address: 925B PEACHTREE ST NE STE 710 ATLANTA, GA 30309
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6		\$2.84

Patient Name: MURPHY, KAREN**Claim Number:** 2023262ER9212**Claim Date:** 06/21/2023-06/21/2023 **Claim Status Code:** 1**Patient ID:** SJNB057W9644**Group / Policy:** GA80391SAC**Facility Type:****Claim Charge:** \$52,525.00**Patient Ctrl Nmbr:** 0.3048288**Contract Hdr:** SHBP HRA PLAN**Claim Frequency:****Claim Payment:** \$8,637.34**Rendering Prvd:** CRUZ, MARCOS**Rendering Prv ID:****Claim Received Date:** 09/19/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details** **Results: 12**

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
7304202525Z10	06/21/2023 - 06/21/2023				HC:95887 / 26 / 1	N640		\$1,350.00	PI-222	\$1,350.00	\$0.00
7304202525Z11	06/21/2023 - 06/21/2023				HC:95887 / 26,XU / 1	N640		\$1,350.00	PI-222	\$1,350.00	\$0.00
7304202525Z12	06/21/2023 - 06/21/2023				HC:95999 / / 5	M127		\$10,000.00	PI-252	\$10,000.00	\$0.00
7304202525Z1	06/21/2023 - 06/21/2023				HC:95941 / / 4	N830	\$3,245.00 (B6)	\$14,148.00	CO-45	\$10,903.00	\$3,245.00
7304202525Z2	06/21/2023 - 06/21/2023				HC:95939 / 26 / 1	N830	\$2,802.94 (B6)	\$7,500.00	CO-45	\$4,697.06	\$2,802.94
7304202525Z3	06/21/2023 - 06/21/2023				HC:95822 / 26,XU / 1	N830	\$311.65 (B6)	\$2,436.00	CO-45	\$2,124.35	\$311.65

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7304202525Z4	06/21/2023 - 06/21/2023				HC:95938 / 26 / 1	N830	\$1,185.11 (B6)	\$2,943.00	CO-45	\$1,757.89	\$1,185.11
7304202525Z5	06/21/2023 - 06/21/2023				HC:95908 / 26,XU / 1	N830	\$376.69 (B6)	\$1,800.00	CO-45	\$1,423.31	\$376.69
7304202525Z6	06/21/2023 - 06/21/2023				HC:51785 / 26 / 1	N830	\$249.75 (B6)	\$2,799.00	CO-45	\$2,549.25	\$249.75
7304202525Z7	06/21/2023 - 06/21/2023				HC:51785 / 26,XU / 1			\$2,799.00	PI-119	\$2,799.00	\$0.00
7304202525Z8	06/21/2023 - 06/21/2023				HC:95886 / 26 / 2	N830	\$233.10 (B6)	\$2,700.00	CO-45	\$2,466.90	\$233.10
7304202525Z9	06/21/2023 - 06/21/2023				HC:95886 / 26,XU / 2	N830	\$233.10 (B6)	\$2,700.00	CO-45	\$2,466.90	\$233.10

Supplemental Information - AMT/Payer Codes: \$2.84 (I)

Code Descriptions

REMARK CODE(S):

L6=Interest Owed

M127=Missing patient medical record for this service.

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

I=Interest

GROUP CODE(S):

PI=Payor Initiated Reductions

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

Payer: BCBS HEALTHCARE PLAN OF GA	Check/EFT Trace Number: 3223326234	Check/EFT Date: 10/13/2023	Total Paid: \$8,640.18
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CLAIM ADJUSTMENT REASON CODE(S):

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.

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).

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