



BlueCross BlueShield
of Alabama

P.O. BOX 995
BIRMINGHAM, ALABAMA 35298-0001

REMITTANCE NOTICE

512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
BIRMINGHAM AL 35235-3720

PAYROLL: REGULAR
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DATE: 02/29/2024
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TAX: 824451411
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LOCATION ID		CLAIM	PATIENT		ORIGINAL CONTRACT		CORRECTED CONTRACT		PATIENT CONTROL NUMBER		
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
PREFERRED CARE AND OTHER PHYSICIAN PPO CLAIMS											
512-05573	303-0512060		ABERNATHY	A	EDU871882428				EDU871882428	I1565953	
02/12/24	02/12/24	81	G0482	12-01	174.33	119	174.33	0.00		0.00	0.00
512-05573	303-0513993		ADAMS	R	PPA800770616				PPA800770616	I1565955	
12/28/23	12/28/23	81	87635	12-01	150.00			0.00	45	118.32	31.68
12/28/23	12/28/23	81	87486	12-01	42.00			0.00	45	23.06	18.94
12/28/23	12/28/23	81	87498	12-01	37.07			0.00	45	18.13	18.94
12/28/23	12/28/23	81	87640	12-01	37.07			0.00	45	18.13	18.94
12/28/23	12/28/23	81	87581	12-01	42.00			0.00	45	23.06	18.94
12/28/23	12/28/23	81	87633	12-01	318.05			0.00	45	132.88	185.17
12/28/23	12/28/23	81	87634	12-01	105.30			0.00	45	67.11	38.19
12/28/23	12/28/23	81	87641	12-01	37.07			0.00	45	18.13	18.94
12/28/23	12/28/23	81	87651	12-01	49.86			0.00	45	30.92	18.94
CLAIM TOTALS						818.42		0.00		449.74	368.68
512-05573	503-0513993		ADAMS	R	PPA800770616				EDU890529621	I1565955	
12/28/23	12/28/23	81	87635	12-02	150.00	3	5.00	45	113.32	23	31.68
12/28/23	12/28/23	81	87486	12-02	42.00	3	5.00	45	18.06	23	18.94
12/28/23	12/28/23	81	87498	12-02	37.07	3	5.00	45	13.13	23	18.94
12/28/23	12/28/23	81	87640	12-02	37.07	3	5.00	45	13.13	23	18.94
12/28/23	12/28/23	81	87581	12-02	42.00	3	5.00	45	18.06	23	18.94
12/28/23	12/28/23	81	87633	12-02	318.05	3	5.00	45	127.88	23	185.17
12/28/23	12/28/23	81	87634	12-02	105.30	3	5.00	45	62.11	23	38.19
12/28/23	12/28/23	81	87641	12-02	37.07	3	5.00	45	13.13	23	18.94
12/28/23	12/28/23	81	87651	12-02	49.86	3	5.00	45	25.92	23	18.94
CLAIM TOTALS						818.42	45.00		404.74	368.68	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514122		AFFAN		R	PPA866298013				PPA866298013	I1565956		
02/16/24	02/16/24	81		87635	12-01	150.00		0.00	45	118.32		0.00	31.68
02/16/24	02/16/24	81		87486	12-01	42.00		0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88		0.00	185.17
02/16/24	02/16/24	81		87634	12-01	105.30		0.00	45	67.11		0.00	38.19
02/16/24	02/16/24	81		87640	12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81		87641	12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81		87651	12-01	49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68
512-05573	303-0466477		AKERS		C	WFO908462074				WFO908462074	I1562375		
02/08/24	02/08/24	81		87086	12-01	18.53	1	6.78	45	11.75		0.00	0.00
512-05573	303-0514139		ALBRIGHT		S	XAA848054965				XAA848054965	I1565959		
02/15/24	02/15/24	81		80053	12-01	15.84		0.00	45	6.97		0.00	8.87
02/15/24	02/15/24	81		83036	12-01	14.00		0.00	45	5.84		0.00	8.16
02/15/24	02/15/24	81		80061	12-01	20.00		0.00	45	10.44		0.00	9.56
02/15/24	02/15/24	81		84443	12-01	25.20		0.00	45	11.07		0.00	14.13
02/15/24	02/15/24	81		83525	12-01	17.15		0.00	45	7.88		0.00	9.27
02/15/24	02/15/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						101.19		0.00		47.44		0.00	53.75
512-05573	303-0514149		ALBRIGHT		S	XAA848054965				XAA848054965	I1565960		
02/15/24	02/15/24	81		84681	12-01	63.00		0.00	45	54.65		0.00	8.35

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0512068		ALEXANDER	C	PPA885228845			PPA885228845		I1565961
02/16/24	02/16/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30		0.00	45	67.11	0.00
02/16/24	02/16/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
CLAIM TOTALS						668.42		0.00		331.42	0.00
512-05573		302-0367636		ALEXANDER	S	PHU10009773P			PHU996255088		I1552147
01/30/24	01/30/24	81	80053	12-01		15.84	197	15.84		0.00	0.00
01/30/24	01/30/24	81	85049	12-01		9.00	197	9.00		0.00	0.00
01/30/24	01/30/24	81	82607	12-01		22.00	197	22.00		0.00	0.00
01/30/24	01/30/24	81	82746	12-01		22.00	197	22.00		0.00	0.00
01/30/24	01/30/24	81	82306	12-01		44.00	197	44.00		0.00	0.00
01/30/24	01/30/24	81	83036	12-01		14.00	197	14.00		0.00	0.00
01/30/24	01/30/24	81	84481	12-01		24.00	197	24.00		0.00	0.00
01/30/24	01/30/24	81	80061	12-01		20.00	197	20.00		0.00	0.00
01/30/24	01/30/24	81	84443	12-01		25.20	197	25.20		0.00	0.00
01/30/24	01/30/24	81	84439	12-01		13.00	197	13.00		0.00	0.00
CLAIM TOTALS						209.04		209.04		0.00	0.00
512-05573		302-0367637		ALEXANDER	S	PHU10009773P			PHU996255088		I1552147
01/30/24	01/30/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
01/30/24	01/30/24	81	86376	12-01		21.00	197	21.00		0.00	0.00
CLAIM TOTALS						25.50		21.00		4.50	0.00



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0513963	ALEXANDER	S	TGT837940439					TGT837940439	I1565963	
01/04/24	01/04/24	81	87635	12-01		150.00	3	6.34	45	118.32	25.34
01/04/24	01/04/24	81	87486	12-01		42.00	3	3.79	45	23.06	15.15
01/04/24	01/04/24	81	87498	12-01		37.07	3	3.79	45	18.13	15.15
01/04/24	01/04/24	81	87640	12-01		37.07	3	3.79	45	18.13	15.15
01/04/24	01/04/24	81	87581	12-01		42.00	3	3.79	45	23.06	15.15
01/04/24	01/04/24	81	87633	12-01		318.05	3	37.03	45	132.88	148.14
01/04/24	01/04/24	81	87634	12-01		105.30	3	7.64	45	67.11	30.55
01/04/24	01/04/24	81	87641	12-01		37.07	3	3.79	45	18.13	15.15
01/04/24	01/04/24	81	87651	12-01		49.86	3	3.79	45	30.92	15.15
CLAIM TOTALS						818.42		73.75		449.74	294.93
512-05573	303-0512088	ALLEN	X	HML875626294					HML875626294	I1565965	
02/16/24	02/16/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00
512-05573	302-0456484	ALVERSON	M	LWS908874389					LWS908874389	I1561270	
02/08/24	02/08/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/08/24	02/08/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00
02/08/24	02/08/24	81	83540	12-01		9.71	1	5.44	45	4.27	0.00
02/08/24	02/08/24	81	83550	12-01		13.11	1	7.35	45	5.76	0.00
02/08/24	02/08/24	81	82728	12-01		40.00	1	11.45	45	28.55	0.00
02/08/24	02/08/24	81	84481	12-01		24.00	1	14.23	45	9.77	0.00
02/08/24	02/08/24	81	83036	12-01		14.00		0.00	45	5.84	8.16
02/08/24	02/08/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00
02/08/24	02/08/24	81	84439	12-01		13.00	1	7.58	45	5.42	0.00
02/08/24	02/08/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						181.36		81.71		91.49	8.16
512-05573	302-0456485	ALVERSON	M	LWS908874389					LWS908874389	I1561270	
02/08/24	02/08/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501388		AMBROSIO	E	PAS832656849			PAS832656849	I1564736		
02/15/24	02/15/24	81	87498	12-01	37.07	1	18.94	45 18.13		0.00	0.00
02/15/24	02/15/24	81	87581	12-01	42.00	1	18.94	45 23.06		0.00	0.00
02/15/24	02/15/24	81	87633	12-01	318.05	1	185.17	45 132.88		0.00	0.00
02/15/24	02/15/24	81	87634	12-01	70.20		0.00	97 70.20		0.00	0.00
CLAIM TOTALS							223.05	244.27		0.00	0.00
512-05573	303-0501389		AMMONS	A	EDU802749158			EDU802749158	I1564737		
02/12/24	02/12/24	81	80307	12-01	83.81	3	5.00	45 34.88		0.00	43.93
02/12/24	02/12/24	81	G0482	12-01	174.33	3	5.00	45 141.29		0.00	28.04
CLAIM TOTALS							10.00	176.17		0.00	71.97
512-05573	302-0478375		ANDERSON	R	N2S935M57404			N2S996272273	I1563769		
02/12/24	02/12/24	81	G0482	12-01	174.33	3	9.87	45 124.97		0.00	39.49
512-05573	303-0501390		ARMSTRONG	A	EDU833994419			EDU833994419	I1564739		
02/15/24	02/15/24	81	80053	12-01	15.84	3	5.00	45 6.97		0.00	3.87
02/15/24	02/15/24	81	82728	12-01	40.00	3	5.00	45 28.55		0.00	6.45
02/15/24	02/15/24	81	83036	12-01	14.00	3	5.00	45 5.84		0.00	3.16
02/15/24	02/15/24	81	80061	12-01	20.00	3	5.00	45 10.44		0.00	4.56
02/15/24	02/15/24	81	84443	12-01	25.20	3	5.00	45 11.07		0.00	9.13
02/15/24	02/15/24	81	84439	12-01	13.00	3	5.00	45 5.42		0.00	2.58
02/15/24	02/15/24	81	85027	12-01	12.00	3	3.90	45 8.10		0.00	0.00
02/15/24	02/15/24	81	36415	12-01	4.50		0.00	97 4.50		0.00	0.00
CLAIM TOTALS							33.90	80.89		0.00	29.75
512-05573	302-0449522		ARMSTRONG	D	PPA812527454			PPA812527454	I1560041		
02/08/24	02/08/24	81	83036	12-01	14.00	1	8.16	45 5.84		0.00	0.00
02/08/24	02/08/24	81	80069	12-01	13.00	1	7.30	45 5.70		0.00	0.00
02/08/24	02/08/24	81	36415	12-01	4.50		0.00	97 4.50		0.00	0.00
CLAIM TOTALS							15.46	16.04		0.00	0.00



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DATES OF		SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER	ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573		302-0449523		ARMSTRONG		D	PPA812527454		PPA812527454		I1560042			
02/08/24	02/08/24	81		86665	12-01	70.00	1	30.50	45	39.50		0.00	0.00	
02/08/24	02/08/24	81		86664	12-01	30.00	1	12.85	45	17.15		0.00	0.00	
CLAIM TOTALS						100.00		43.35		56.65		0.00	0.00	
512-05573		302-0317486		ARMSTRONG		M	TOAAN9062684		TOA996402482		I1548354			
01/29/24	01/29/24	81	87481	87481	12-01	42.00		0.00	B12	42.00		0.00	0.00	
01/29/24	01/29/24	81	87640	87640	12-01	37.07		0.00	B12	37.07		0.00	0.00	
01/29/24	01/29/24	81	87641	87641	12-01	37.07		0.00	B12	37.07		0.00	0.00	
01/29/24	01/29/24	81	87653	87653	12-01	37.07		0.00	B12	37.07		0.00	0.00	
01/29/24	01/29/24	81	87529	87529	12-01	99.72		0.00	B12	99.72		0.00	0.00	
CLAIM TOTALS						252.93		0.00		252.93		0.00	0.00	
512-05573		302-0317486		ARMSTRONG		M	TOAAN9062684		TOA996402482		I1548354			
01/29/24	01/29/24	81	87481	87481	12-22	-42.00		0.00	252	-42.00		0.00	0.00	
01/29/24	01/29/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07		0.00	0.00	
01/29/24	01/29/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07		0.00	0.00	
01/29/24	01/29/24	81	87653	87653	12-22	-37.07		0.00	252	-37.07		0.00	0.00	
01/29/24	01/29/24	81	87529	87529	12-22	-99.72		0.00	252	-99.72		0.00	0.00	
CLAIM TOTALS						-252.93		0.00		-252.93		0.00	0.00	
512-05573		303-0512090		ARNOLD		K	PPA881012095		PPA881012095		I1565967			
02/16/24	02/16/24	81		87507	12-01	319.55		0.00	45	134.38		0.00	185.17	
512-05573		303-0513975		ARNOLD		P	PPA835013570		PPA835013570		I1565969			
02/16/24	02/16/24	81		80053	12-01	15.84		0.00	109	15.84		0.00	0.00	
02/16/24	02/16/24	81		82306	12-01	44.00		0.00	109	44.00		0.00	0.00	
02/16/24	02/16/24	81		83036	12-01	14.00		0.00	109	14.00		0.00	0.00	
02/16/24	02/16/24	81		84443	12-01	25.20		0.00	109	25.20		0.00	0.00	
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	109	4.50		0.00	0.00	
02/16/24	02/16/24	81		85049	12-01	9.00		0.00	109	9.00		0.00	0.00	
CLAIM TOTALS						112.54		0.00		112.54		0.00	0.00	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	302-0478377		ARRINGTON	T	EIB901336003				EIB901336003	I1563771		
02/12/24	02/12/24	81	G0482	12-01		174.33	3	7.50	45	124.97	0.00	41.86
512-05573	303-0514159		ASHERBRANNER	M	PPA829913561				PPA829913561	I1565970		
02/07/24	02/07/24	81	87633	12-01		318.05		0.00	45	132.88	0.00	185.17
02/07/24	02/07/24	81	87640	12-01		37.07		0.00	45	18.13	0.00	18.94
02/07/24	02/07/24	81	87651	12-01		49.86		0.00	45	30.92	0.00	18.94
02/07/24	02/07/24	81	87633	12-01		318.05		0.00	96	318.05	0.00	0.00
02/07/24	02/07/24	81	87486	12-01		42.00		0.00	45	23.06	0.00	18.94
02/07/24	02/07/24	81	87498	12-01		37.07		0.00	45	18.13	0.00	18.94
02/07/24	02/07/24	81	87581	12-01		42.00		0.00	45	23.06	0.00	18.94
CLAIM TOTALS						844.10		0.00		564.23	0.00	279.87
512-05573	302-0195991		ASIRE	J	PGX825902483				PGX825902483	I1538585		
01/16/24	01/16/24	81	87086	12-01		18.53		0.00	45	11.75	0.00	6.78
512-05573	303-0512092		ATKINS	B	PPA854685182				PPA854685182	I1565971		
02/16/24	02/16/24	81	87507	12-01		319.55		0.00	45	134.38	0.00	185.17
512-05573	303-0501392		ATKINS	K	KIU885906101				KIU885906101	I1564741		
02/15/24	02/15/24	81	84156	12-01		8.00		0.00	45	4.92	0.00	3.08
02/15/24	02/15/24	81	82570	12-01		8.00		0.00	45	3.65	0.00	4.35
02/15/24	02/15/24	81	83069	12-01		8.00		0.00	45	4.68	0.00	3.32
02/15/24	02/15/24	81	84311	12-01		32.00		0.00	45	26.12	0.00	5.88
02/15/24	02/15/24	81	82010	12-01		16.00		0.00	45	9.79	0.00	6.21
02/15/24	02/15/24	81	82945	12-01		8.00		0.00	45	4.70	0.00	3.30
02/15/24	02/15/24	81	82247	12-01		8.00		0.00	45	3.78	0.00	4.22
02/15/24	02/15/24	81	83986	12-01		7.00		0.00	45	3.99	0.00	3.01
02/15/24	02/15/24	81	81007	12-01		120.00		0.00	45	117.84	0.00	2.16
02/15/24	02/15/24	81	82043	12-01		7.58		0.00	45	2.72	0.00	4.86
CLAIM TOTALS						222.58		0.00		182.19	0.00	40.39



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0512093		ATKINS	K	KIU885906101					KIU885906101		I1565972		
02/15/24	02/15/24	81		84153	12-01	27.00		0.00	45	11.54		0.00	15.46	
02/15/24	02/15/24	81		80053	12-01	15.84		0.00	45	6.97		0.00	8.87	
02/15/24	02/15/24	81		80061	12-01	20.00		0.00	45	10.44		0.00	9.56	
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00	
02/15/24	02/15/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76	
CLAIM TOTALS						76.34		0.00		38.69		0.00	37.65	
512-05573	303-0454530		ATKINS	V	PPA834402418					PPA834402418		I1561278		
02/08/24	02/08/24	81		87640	12-01	37.07	1	18.94	45	18.13		0.00	0.00	
02/08/24	02/08/24	81		87641	12-01	37.07	1	18.94	45	18.13		0.00	0.00	
02/08/24	02/08/24	81		87653	12-01	37.07	1	18.94	45	18.13		0.00	0.00	
02/08/24	02/08/24	81		87481	12-01	42.00	1	18.94	45	23.06		0.00	0.00	
02/08/24	02/08/24	81		87481	12-01	42.00	1	18.94	45	23.06		0.00	0.00	
02/08/24	02/08/24	81		87640	12-01	37.07		0.00	96	37.07		0.00	0.00	
02/08/24	02/08/24	81		87653	12-01	37.07		0.00	96	37.07		0.00	0.00	
02/08/24	02/08/24	81		87641	12-01	37.07		0.00	96	37.07		0.00	0.00	
02/08/24	02/08/24	81		87481	12-01	42.00	1	18.94	45	23.06		0.00	0.00	
02/08/24	02/08/24	81		87640	12-01	37.07		0.00	96	37.07		0.00	0.00	
CLAIM TOTALS						385.49		113.64		271.85		0.00	0.00	
512-05573	303-0454531		ATKINS	V	PPA834402418					PPA834402418		I1561278		
02/08/24	02/08/24	81		87653	12-01	37.07		0.00	96	37.07		0.00	0.00	
512-05573	303-0501391		ATKINSON	B	EDU802119075					EDU802119075		I1564740		
02/15/24	02/15/24	81		87651	12-01	49.86	3	5.00	45	30.92		0.00	13.94	

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0501393		ATKISSON	C	BEG878356824					BEG878356824		I1564742		
02/15/24	02/15/24	81	87635	12-01		150.00		0.00	45	118.32		0.00	31.68	
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94	
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94	
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94	
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17	
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19	
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94	
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94	
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94	
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68	
512-05573	303-0514160		AUSTIN	J	KID800112459					KID800112459		I1565974		
02/13/24	02/13/24	81	87635	12-01		150.00		0.00	45	118.32		0.00	31.68	
02/13/24	02/13/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94	
02/13/24	02/13/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94	
02/13/24	02/13/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94	
02/13/24	02/13/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17	
02/13/24	02/13/24	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19	
02/13/24	02/13/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94	
02/13/24	02/13/24	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94	
02/13/24	02/13/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94	
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68	
512-05573	303-0513985		AVERY	E	PPA861955092					PPA861955092		I1565975		
02/06/24	02/06/24	81	84270	12-01		32.00	1	18.27	45	13.73		0.00	0.00	
02/06/24	02/06/24	81	86141	12-01		19.00	96	19.00		0.00		0.00	0.00	
02/06/24	02/06/24	81	84402	12-01		38.00	1	21.39	45	16.61		0.00	0.00	
CLAIM TOTALS						89.00		58.66		30.34		0.00	0.00	
512-05573	303-0513991		AYALA	P	UOT906189626					UOT906189626		I1565976		
02/15/24	02/15/24	81	87086	12-01		18.53	3	6.78	45	11.75		0.00	0.00	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0513992		BAILES	T		PPA860853177				PPA860853177	I1565977	
02/16/24	02/16/24	81	82607	12-01		22.00		0.00	45	9.34	0.00	12.66
02/16/24	02/16/24	81	82306	12-01		44.00	119	44.00		0.00	0.00	0.00
02/16/24	02/16/24	81	83036	12-01		14.00		0.00	45	5.84	0.00	8.16
02/16/24	02/16/24	81	84443	12-01		25.20		0.00	45	11.07	0.00	14.13
02/16/24	02/16/24	81	84439	12-01		13.00		0.00	45	5.42	0.00	7.58
02/16/24	02/16/24	81	80048	12-01		12.69		0.00	45	5.58	0.00	7.11
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
02/16/24	02/16/24	81	85049	12-01		9.00		0.00	45	5.24	0.00	3.76
CLAIM TOTALS						144.39		44.00		46.99	0.00	53.40
512-05573	303-0431286		BALENTINE	N		J4Y6185615AB				J4Y996728700	I1558446	
02/14/23	02/14/23	81	84153	12-01		27.00	29	27.00		0.00	0.00	0.00
02/14/23	02/14/23	81	80053	12-01		15.84	29	15.84		0.00	0.00	0.00
02/14/23	02/14/23	81	80061	12-01		20.00	29	20.00		0.00	0.00	0.00
02/14/23	02/14/23	81	84443	12-01		25.20	29	25.20		0.00	0.00	0.00
02/14/23	02/14/23	81	84436	12-01		10.00	29	10.00		0.00	0.00	0.00
02/14/23	02/14/23	81	85049	12-01		9.00	29	9.00		0.00	0.00	0.00
CLAIM TOTALS						107.04		107.04		0.00	0.00	0.00
512-05573	303-0043894		BALLARD	R		W9F466W14560				W9F996722620	I1521281	
12/30/23	12/30/23	81	87486	87486	12-01	42.00		0.00	252	42.00	0.00	0.00
12/30/23	12/30/23	81	87498	87498	12-01	37.07		0.00	252	37.07	0.00	0.00
12/30/23	12/30/23	81	87581	87581	12-01	42.00		0.00	252	42.00	0.00	0.00
12/30/23	12/30/23	81	87633	87633	12-01	318.05		0.00	252	318.05	0.00	0.00
12/30/23	12/30/23	81	87634	87634	12-01	105.30		0.00	252	105.30	0.00	0.00
12/30/23	12/30/23	81	87640	87640	12-01	37.07		0.00	252	37.07	0.00	0.00
12/30/23	12/30/23	81	87641	87641	12-01	37.07		0.00	252	37.07	0.00	0.00
12/30/23	12/30/23	81	87651	87651	12-01	49.86		0.00	252	49.86	0.00	0.00
CLAIM TOTALS						668.42		0.00		668.42	0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0043894		BALLARD	R		W9F466W14560				W9F996722620	I1521281		
12/30/23	12/30/23	81	87486	87486	12-22	-42.00		0.00	252	-42.00		0.00	0.00
12/30/23	12/30/23	81	87498	87498	12-22	-37.07		0.00	252	-37.07		0.00	0.00
12/30/23	12/30/23	81	87581	87581	12-22	-42.00		0.00	252	-42.00		0.00	0.00
12/30/23	12/30/23	81	87633	87633	12-22	-318.05		0.00	252	-318.05		0.00	0.00
12/30/23	12/30/23	81	87634	87634	12-22	-105.30		0.00	252	-105.30		0.00	0.00
12/30/23	12/30/23	81	87640	87640	12-22	-37.07		0.00	252	-37.07		0.00	0.00
12/30/23	12/30/23	81	87641	87641	12-22	-37.07		0.00	252	-37.07		0.00	0.00
12/30/23	12/30/23	81	87651	87651	12-22	-49.86		0.00	252	-49.86		0.00	0.00
CLAIM TOTALS						-668.42		0.00		-668.42		0.00	0.00
512-05573	303-0501394		BANKS	O		KID893774114				KID893774114	I1564744		
02/14/24	02/14/24	81	80053	12-01		15.84		0.00	45	6.97		0.00	8.87
02/14/24	02/14/24	81	84443	12-01		25.20		0.00	45	11.07		0.00	14.13
02/14/24	02/14/24	81	85049	12-01		9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						50.04		0.00		23.28		0.00	26.76
512-05573	303-0501395		BANKS	O		KID893774114				KID893774114	I1564745		
02/14/24	02/14/24	81	86665	12-01		70.00		0.00	45	39.50		0.00	30.50
02/14/24	02/14/24	81	86664	12-01		30.00		0.00	45	17.15		0.00	12.85
CLAIM TOTALS						100.00		0.00		56.65		0.00	43.35
512-05573	303-0514123		BARKSDALE	J		EDU888990799				EDU888990799	I1565978		
02/15/24	02/15/24	81	87635	12-01		150.00	3	5.00	45	118.32		0.00	26.68
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06		0.00	13.94
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13		0.00	13.94
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06		0.00	13.94
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88		0.00	180.17
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11		0.00	33.19
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13		0.00	13.94
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13		0.00	13.94
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92		0.00	13.94
CLAIM TOTALS						818.42		45.00		449.74		0.00	323.68



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0514124		BARKSDALE	O	EDU888990799					EDU888990799		I1565979		
02/15/24	02/15/24	81	87635	12-01		150.00	3	5.00	45	118.32		0.00	26.68	
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06		0.00	13.94	
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13		0.00	13.94	
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06		0.00	13.94	
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88		0.00	180.17	
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11		0.00	33.19	
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13		0.00	13.94	
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13		0.00	13.94	
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92		0.00	13.94	
CLAIM TOTALS						818.42		45.00		449.74		0.00	323.68	
512-05573	303-0513995		BARNES	J	PPA876854030					PPA876854030		I1565982		
12/19/23	12/19/23	81	87635	12-01		150.00	1	31.68	45	118.32		0.00	0.00	
12/19/23	12/19/23	81	87486	12-01		42.00	1	18.94	45	23.06		0.00	0.00	
12/19/23	12/19/23	81	87498	12-01		37.07	1	18.94	45	18.13		0.00	0.00	
12/19/23	12/19/23	81	87640	12-01		37.07	1	18.94	45	18.13		0.00	0.00	
12/19/23	12/19/23	81	87581	12-01		42.00	1	18.94	45	23.06		0.00	0.00	
12/19/23	12/19/23	81	87633	12-01		318.05	1	185.17	45	132.88		0.00	0.00	
12/19/23	12/19/23	81	87634	12-01		105.30	1	38.19	45	67.11		0.00	0.00	
12/19/23	12/19/23	81	87641	12-01		37.07	1	18.94	45	18.13		0.00	0.00	
12/19/23	12/19/23	81	87651	12-01		49.86	1	18.94	45	30.92		0.00	0.00	
CLAIM TOTALS						818.42		368.68		449.74		0.00	0.00	
512-05573	304-3555189		BARNETT	B	TVA904663473					TVA904663473		I1512691		
12/18/23	12/18/23	81	80053	80053	12-01	15.84	3	1.77	45	6.97		0.00	7.10	
12/18/23	12/18/23	81	80061	80061	12-01	20.00	3	1.91	45	10.44		0.00	7.65	
12/18/23	12/18/23	81	84443	84443	12-01	25.20	3	2.82	45	11.07		0.00	11.31	
12/18/23	12/18/23	81	85049	85049	12-01	9.00	3	0.75	45	5.24		0.00	3.01	
CLAIM TOTALS						70.04		7.25		33.72		0.00	29.07	



**BlueCross BlueShield
of Alabama**

P.O. BOX 995
BIRMINGHAM, ALABAMA 35298-0001

REMITTANCE NOTICE

512-05573

CORE DIAGNOSTIC LABORATORIES

1930 EDWARDS LAKE RD STE 138

BIRMINGHAM AL 35235-3720

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LOCATION ID		CLAIM	PATIENT		ORIGINAL CONTRACT			CORRECTED CONTRACT		PATIENT CONTROL		NUMBER	
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	304-3555189		BARNETT	B		TVA904663473				TVA904663473	I1512691		
12/18/23	12/18/23	81	80053	80053	12-22	-15.84	22	-15.84		0.00		0.00	0.00
12/18/23	12/18/23	81	80061	80061	12-22	-20.00	22	-20.00		0.00		0.00	0.00
12/18/23	12/18/23	81	84443	84443	12-22	-25.20	22	-25.20		0.00		0.00	0.00
12/18/23	12/18/23	81	85049	85049	12-22	-9.00	22	-9.00		0.00		0.00	0.00
CLAIM TOTALS						-70.04		-70.04		0.00		0.00	0.00
512-05573	304-3481553		BARNETT	N		TVA904663473				TVA904663473	I1504959		
12/11/23	12/11/23	81	87635	87635	12-01	150.00		0.00	45	118.32		0.00	31.68
512-05573	304-3481553		BARNETT	N		TVA904663473				TVA904663473	I1504959		
12/11/23	12/11/23	81	87635	87635	12-22	-150.00	22	-150.00		0.00		0.00	0.00
512-05573	303-3495970		BARNETT	N		TVA904663473				TVA904663473	I1506700		
12/11/23	12/11/23	81	87486	87486	12-01	42.00		3.78	45	23.06		0.00	15.16
12/11/23	12/11/23	81	87498	87498	12-01	37.07	3	3.78	45	18.13		0.00	15.16
12/11/23	12/11/23	81	87640	87640	12-01	37.07	3	3.78	45	18.13		0.00	15.16
12/11/23	12/11/23	81	87581	87581	12-01	42.00	3	3.78	45	23.06		0.00	15.16
12/11/23	12/11/23	81	87633	87633	12-01	318.05	3	37.03	45	132.88		0.00	148.14
12/11/23	12/11/23	81	87634	87634	12-01	105.30	3	7.63	45	67.11		0.00	30.56
12/11/23	12/11/23	81	87641	87641	12-01	37.07	3	3.78	45	18.13		0.00	15.16
12/11/23	12/11/23	81	87651	87651	12-01	49.86	3	3.78	45	30.92		0.00	15.16
CLAIM TOTALS						668.42		67.34		331.42		0.00	269.66
512-05573	303-3495970		BARNETT	N		TVA904663473				TVA904663473	I1506700		
12/11/23	12/11/23	81	87486	87486	12-22	-42.00	22	-42.00		0.00		0.00	0.00
12/11/23	12/11/23	81	87498	87498	12-22	-37.07	22	-37.07		0.00		0.00	0.00
12/11/23	12/11/23	81	87640	87640	12-22	-37.07	22	-37.07		0.00		0.00	0.00
12/11/23	12/11/23	81	87581	87581	12-22	-42.00	22	-42.00		0.00		0.00	0.00
12/11/23	12/11/23	81	87633	87633	12-22	-318.05	22	-318.05		0.00		0.00	0.00
12/11/23	12/11/23	81	87634	87634	12-22	-105.30	22	-105.30		0.00		0.00	0.00
12/11/23	12/11/23	81	87641	87641	12-22	-37.07	22	-37.07		0.00		0.00	0.00
12/11/23	12/11/23	81	87651	87651	12-22	-49.86	22	-49.86		0.00		0.00	0.00
CLAIM TOTALS						-668.42		-668.42		0.00		0.00	0.00



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF	
FROM		THRU		POT		ORIG		CHGD		/STAT	
CHARGES		CODES		AMOUNT		CODES		AMOUNT		CODES	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
PAYMENT		PAYMENT		PAYMENT		PAYMENT		PAYMENT		PAYMENT	
512-05573	303-0512094	BARRENTINE	S	SCY813006915							
09/27/23	09/27/23	81	87086	12-01	18.53			0.00	45	11.75	SCY813006915
											I1565983
										0.00	6.78
512-05573	303-0501466	BARLETT	J	PPA869209348							
02/15/24	02/15/24	81	87486	12-01	42.00			0.00	45	23.06	PPA869209348
											I1564746
										0.00	18.94
02/15/24	02/15/24	81	87498	12-01	37.07			0.00	45	18.13	
										0.00	18.94
02/15/24	02/15/24	81	87581	12-01	42.00			0.00	45	23.06	
										0.00	18.94
02/15/24	02/15/24	81	87633	12-01	318.05			0.00	45	132.88	
										0.00	185.17
02/15/24	02/15/24	81	87634	12-01	105.30			0.00	45	67.11	
										0.00	38.19
02/15/24	02/15/24	81	87640	12-01	37.07			0.00	45	18.13	
										0.00	18.94
02/15/24	02/15/24	81	87641	12-01	37.07			0.00	45	18.13	
										0.00	18.94
02/15/24	02/15/24	81	87651	12-01	49.86			0.00	45	30.92	
										0.00	18.94
CLAIM TOTALS					668.42			0.00		331.42	
										0.00	337.00
512-05573	303-0501396	BARTLETT	W	QAU825411489							
02/12/24	02/12/24	81	80307	12-01	83.81			0.00	45	34.88	QAU825411489
											I1564747
										0.00	48.93
02/12/24	02/12/24	81	G0482	12-01	174.33			0.00	45	124.97	
										0.00	49.36
CLAIM TOTALS					258.14			0.00		159.85	
										0.00	98.29
512-05573	303-0466315	BARTON	J	S9A329W08860							
02/13/24	02/13/24	81	87486	12-01	42.00			0.00	252	42.00	S9A996489699
											I1562395
										0.00	0.00
02/13/24	02/13/24	81	87498	12-01	37.07			0.00	252	37.07	
										0.00	0.00
02/13/24	02/13/24	81	87581	12-01	42.00			0.00	252	42.00	
										0.00	0.00
02/13/24	02/13/24	81	87633	12-01	318.05			0.00	252	318.05	
										0.00	0.00
02/13/24	02/13/24	81	87634	12-01	105.30			0.00	252	105.30	
										0.00	0.00
02/13/24	02/13/24	81	87640	12-01	37.07			0.00	252	37.07	
										0.00	0.00
02/13/24	02/13/24	81	87641	12-01	37.07			0.00	252	37.07	
										0.00	0.00
02/13/24	02/13/24	81	87651	12-01	49.86			0.00	252	49.86	
										0.00	0.00
02/13/24	02/13/24	81	87635	12-01	150.00			0.00	252	150.00	
										0.00	0.00
CLAIM TOTALS					818.42			0.00		818.42	
										0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0512095		BASINGER	K	PPA884078578			PPA884078578	I1565984			
02/16/24	02/16/24	81	87635	12-01		150.00		0.00	45	118.32	0.00	31.68
02/16/24	02/16/24	81	87486	12-01		42.00		0.00	45	23.06	0.00	18.94
02/16/24	02/16/24	81	87498	12-01		37.07		0.00	45	18.13	0.00	18.94
02/16/24	02/16/24	81	87581	12-01		42.00		0.00	45	23.06	0.00	18.94
02/16/24	02/16/24	81	87633	12-01		318.05		0.00	45	132.88	0.00	185.17
02/16/24	02/16/24	81	87634	12-01		105.30		0.00	45	67.11	0.00	38.19
02/16/24	02/16/24	81	87640	12-01		37.07		0.00	45	18.13	0.00	18.94
02/16/24	02/16/24	81	87641	12-01		37.07		0.00	45	18.13	0.00	18.94
02/16/24	02/16/24	81	87651	12-01		49.86		0.00	45	30.92	0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74	0.00	368.68
512-05573	303-0513996		BASSHAM	V	TVA909468482			TVA909468482	I1565985			
02/16/24	02/16/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00	0.00
02/16/24	02/16/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00	0.00
02/16/24	02/16/24	81	82746	12-01		22.00	1	10.51	45	11.49	0.00	0.00
02/16/24	02/16/24	81	82306	12-01		44.00	1	24.88	45	19.12	0.00	0.00
02/16/24	02/16/24	81	84481	12-01		24.00	1	14.23	45	9.77	0.00	0.00
02/16/24	02/16/24	81	83036	12-01		14.00		0.00	45	5.84	0.00	8.16
02/16/24	02/16/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00	0.00
02/16/24	02/16/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00	0.00
02/16/24	02/16/24	81	84439	12-01		13.00	1	7.58	45	5.42	0.00	0.00
CLAIM TOTALS						209.04		106.18		94.70	0.00	8.16
512-05573	303-0513997		BASSHAM	V	TVA909468482			TVA909468482	I1565985			
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00

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DATES OF		SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501397		BATES		A	PPA868580248				PPA868580248		I1564748	
02/15/24	02/15/24	81	87635	12-01		150.00	1	31.68	45	118.32		0.00	0.00
02/15/24	02/15/24	81	87486	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/15/24	02/15/24	81	87498	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/15/24	02/15/24	81	87581	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/15/24	02/15/24	81	87633	12-01		318.05	1	185.17	45	132.88		0.00	0.00
02/15/24	02/15/24	81	87634	12-01		105.30	1	38.19	45	67.11		0.00	0.00
02/15/24	02/15/24	81	87640	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/15/24	02/15/24	81	87641	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/15/24	02/15/24	81	87651	12-01		49.86	1	18.94	45	30.92		0.00	0.00
CLAIM TOTALS						818.42		368.68		449.74		0.00	0.00
512-05573	303-0512057		BATEY		D	PPA842887523				PPA842887523		I1565986	
02/14/24	02/14/24	81	G0482	12-01		174.33	1	49.36	45	124.97		0.00	0.00
512-05573	303-0512058		BAXTER		L	PPA857585388				PPA857585388		I1565987	
02/12/24	02/12/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/12/24	02/12/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
02/12/24	02/12/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
02/12/24	02/12/24	81	87633	12-01		318.05		0.00	96	318.05		0.00	0.00
02/12/24	02/12/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
02/12/24	02/12/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/12/24	02/12/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
CLAIM TOTALS						844.10		0.00		564.23		0.00	279.87



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0513959		BEASLEY		M	XPA094w06278		XPA996737105		I1565988
11/27/23	11/27/23	81	87635	12-01		150.00		0.00	252	150.00	0.00
11/27/23	11/27/23	81	87486	12-01		42.00		0.00	252	42.00	0.00
11/27/23	11/27/23	81	87498	12-01		37.07		0.00	252	37.07	0.00
11/27/23	11/27/23	81	87640	12-01		37.07		0.00	252	37.07	0.00
11/27/23	11/27/23	81	87581	12-01		42.00		0.00	252	42.00	0.00
11/27/23	11/27/23	81	87633	12-01		318.05		0.00	252	318.05	0.00
11/27/23	11/27/23	81	87634	12-01		105.30		0.00	252	105.30	0.00
11/27/23	11/27/23	81	87641	12-01		37.07		0.00	252	37.07	0.00
11/27/23	11/27/23	81	87651	12-01		49.86		0.00	252	49.86	0.00
CLAIM TOTALS						818.42		0.00		818.42	0.00
512-05573		302-0195978		BEATON		P	NAC838157929		NAC838157929		I1564749
01/15/24	01/15/24	81	82044	12-01		12.00			45	10.01	0.00
01/15/24	01/15/24	81	84550	84999	12-01	6.78			45	13.28	-15.84
01/15/24	01/15/24	81	84153	12-01		27.00			45	11.54	0.00
01/15/24	01/15/24	81	80053	12-01		15.84			97	15.84	0.00
01/15/24	01/15/24	81	80061	12-01		20.00			45	10.44	0.00
CLAIM TOTALS						81.62		36.35		61.11	-15.84
512-05573		302-0195978		BEATON		P	NAC838157929		NAC838157929		I1538593
01/15/24	01/15/24	81	82044	82044	12-22	-12.00			45	-10.01	0.00
01/15/24	01/15/24	81	84550	84999	12-22	-6.78			45	-13.28	15.84
01/15/24	01/15/24	81	84153	84153	12-22	-27.00			45	-11.54	0.00
01/15/24	01/15/24	81	80061	80061	12-22	-20.00			45	-10.44	0.00
CLAIM TOTALS						-65.78		-36.35		-45.27	15.84
512-05573		303-0501354		BEATTIE		M	UCN857531274		UCN857531274		I1564750
02/15/24	02/15/24	81	87498	12-01		37.07		6.25	45	18.13	0.00
02/15/24	02/15/24	81	87581	12-01		42.00		6.25	45	23.06	0.00
02/15/24	02/15/24	81	87633	12-01		318.05		61.11	45	132.88	0.00
02/15/24	02/15/24	81	87634	12-01		70.20		0.00	97	70.20	0.00
CLAIM TOTALS						467.32		73.61		244.27	0.00



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DATES OF		SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR	WRITE OFF	OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0501398		BEAVERS		C	EDU876853775		EDU876853775		I1564751
02/15/24	02/15/24	81	87635	12-01		150.00	3	5.00	45	118.32	0.00
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06	0.00
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06	0.00
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88	0.00
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11	0.00
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92	0.00
CLAIM TOTALS						818.42		45.00		449.74	0.00
512-05573		303-0501399		BECK		B	PGX848501971		PGX848501971		I1564752
02/08/24	02/08/24	81	82627	12-01		33.00	1	18.69	45	14.31	0.00
02/08/24	02/08/24	81	84144	12-01		31.00	1	17.53	45	13.47	0.00
02/08/24	02/08/24	81	84140	12-01		41.34	1	17.37	45	23.97	0.00
CLAIM TOTALS						105.34		53.59		51.75	0.00
512-05573		502-0449555		BECKHAM		L	EDU887190231		YSM804870842		I1560055
02/05/24	02/05/24	81	88305	12-02		107.29	1	5.00	45	12.29	23
02/05/24	02/05/24	81	88313	12-02		81.00	1	5.00	45	13.93	23
02/05/24	02/05/24	81	88312	12-02		174.00	3	88.74		0.00	94
02/05/24	02/05/24	81	88312	12-02		87.00	1	26.10		0.00	94
02/05/24	02/05/24	81	88305	12-02		107.29	3	28.50	45	12.29	23
02/05/24	02/05/24	81	0753T	12-02		50.00	96	50.00		0.00	
02/05/24	02/05/24	81	0756T	12-02		100.00	96	100.00		0.00	
CLAIM TOTALS						706.58		303.34		38.51	298.23
512-05573		303-2552061		BENEFIELD		K	KID801383392		KID801383392		I1070763
09/08/22	09/08/22	81	87651	12-01		49.86		0.00	45	30.92	0.00
											18.94



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512059		BENEFIELD	S	AYI910148207			AYI910148207	I1565989		
02/18/24	02/18/24	81	87486	12-01		42.00		45 23.06		0.00	18.94
02/18/24	02/18/24	81	87498	12-01		37.07		45 18.13		0.00	18.94
02/18/24	02/18/24	81	87581	12-01		42.00		45 23.06		0.00	18.94
02/18/24	02/18/24	81	87633	12-01		318.05		45 132.88		0.00	185.17
02/18/24	02/18/24	81	87634	12-01		105.30		45 67.11		0.00	38.19
02/18/24	02/18/24	81	87640	12-01		37.07		45 18.13		0.00	18.94
02/18/24	02/18/24	81	87641	12-01		37.07		45 18.13		0.00	18.94
02/18/24	02/18/24	81	87651	12-01		49.86		45 30.92		0.00	18.94
CLAIM TOTALS						668.42		331.42		0.00	337.00
512-05573	303-0514125		BENNEFIELD	A	EDU880483473			EDU880483473	I1565990		
02/12/24	02/12/24	81	87633	12-01		318.05	3	45 132.88		0.00	180.17
02/12/24	02/12/24	81	87640	12-01		37.07	3	45 18.13		0.00	13.94
02/12/24	02/12/24	81	87651	12-01		49.86	3	45 30.92		0.00	13.94
02/12/24	02/12/24	81	87633	12-01		318.05		96 318.05		0.00	0.00
02/12/24	02/12/24	81	87486	12-01		42.00	3	45 23.06		0.00	13.94
02/12/24	02/12/24	81	87498	12-01		37.07	3	45 18.13		0.00	13.94
02/12/24	02/12/24	81	87581	12-01		42.00	3	45 23.06		0.00	13.94
CLAIM TOTALS						844.10		564.23		0.00	249.87
512-05573	302-0449446		BENNING	J	PPA852638277			PPA852638277	I1560061		
02/09/24	02/09/24	81	80053	12-01		15.84		45 6.97		0.00	8.87
02/09/24	02/09/24	81	83036	12-01		14.00		45 5.84		0.00	8.16
02/09/24	02/09/24	81	84481	12-01		24.00		45 9.77		0.00	14.23
02/09/24	02/09/24	81	80061	12-01		20.00		45 10.44		0.00	9.56
02/09/24	02/09/24	81	86376	12-01		21.00		45 8.77		0.00	12.23
02/09/24	02/09/24	81	84443	12-01		25.20		45 11.07		0.00	14.13
02/09/24	02/09/24	81	84436	12-01		10.00		45 4.22		0.00	5.78
02/09/24	02/09/24	81	86800	12-01		23.00		45 9.63		0.00	13.37
02/09/24	02/09/24	81	84432	12-01		24.00		45 10.50		0.00	13.50
02/09/24	02/09/24	81	85049	12-01		9.00		45 5.24		0.00	3.76
CLAIM TOTALS						186.04		82.45		0.00	103.59



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0449447		BENNING	J		PPA852638277			PPA852638277	I1560061	
02/09/24	02/09/24	81		87491	12-01	49.86		0.00	45	30.92	0.00
02/09/24	02/09/24	81		87511	12-01	42.00		0.00	45	23.06	0.00
02/09/24	02/09/24	81		87529	12-01	49.86		0.00	45	30.92	0.00
02/09/24	02/09/24	81		87591	12-01	42.00		0.00	45	23.06	0.00
02/09/24	02/09/24	81		87661	12-01	32.30		0.00	45	13.36	0.00
CLAIM TOTALS						216.02		0.00		121.32	0.00
512-05573	303-0501467		BENSON	H		PGX861911572			BEG861911572	I1564754	
02/15/24	02/15/24	81		87635	12-01	150.00	3	7.92	45	118.32	0.00
02/15/24	02/15/24	81		87486	12-01	42.00	3	4.74	45	23.06	0.00
02/15/24	02/15/24	81		87498	12-01	37.07	3	4.74	45	18.13	0.00
02/15/24	02/15/24	81		87581	12-01	42.00	3	4.74	45	23.06	0.00
02/15/24	02/15/24	81		87633	12-01	318.05	3	46.29	45	132.88	0.00
02/15/24	02/15/24	81		87634	12-01	105.30	3	9.55	45	67.11	0.00
02/15/24	02/15/24	81		87640	12-01	37.07	3	4.74	45	18.13	0.00
02/15/24	02/15/24	81		87641	12-01	37.07	3	4.74	45	18.13	0.00
02/15/24	02/15/24	81		87651	12-01	49.86	3	4.74	45	30.92	0.00
CLAIM TOTALS						818.42		92.20		449.74	0.00
512-05573	303-0501400		BENTLEY	G		WIW046M76223			WIW995742244	I1564755	
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	252	49.86	0.00
512-05573	303-0404334		BENTLEY	G		PPA809622738			PPA809622738	I1557518	
02/07/24	02/07/24	81		84153	12-01	27.00		0.00	45	11.54	0.00
02/07/24	02/07/24	81		80053	12-01	15.84		0.00	45	6.97	0.00
02/07/24	02/07/24	81		82306	12-01	44.00		0.00	45	19.12	0.00
02/07/24	02/07/24	81		80061	12-01	20.00		0.00	45	10.44	0.00
02/07/24	02/07/24	81		84443	12-01	25.20		0.00	45	11.07	0.00
02/07/24	02/07/24	81		85027	12-01	12.00		0.00	45	8.10	0.00
02/07/24	02/07/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
CLAIM TOTALS						148.54		0.00		71.74	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512061		BERRENS	J	PPA864643144				PPA864643144		I1565991		
02/16/24	02/16/24	81	87486	12-01		42.00	49	42.00		0.00		0.00	0.00
02/16/24	02/16/24	81	87498	12-01		37.07	49	37.07		0.00		0.00	0.00
02/16/24	02/16/24	81	87581	12-01		42.00	49	42.00		0.00		0.00	0.00
02/16/24	02/16/24	81	87633	12-01		318.05	49	318.05		0.00		0.00	0.00
02/16/24	02/16/24	81	87634	12-01		105.30	49	105.30		0.00		0.00	0.00
02/16/24	02/16/24	81	87640	12-01		37.07	49	37.07		0.00		0.00	0.00
02/16/24	02/16/24	81	87641	12-01		37.07	49	37.07		0.00		0.00	0.00
02/16/24	02/16/24	81	87651	12-01		49.86	49	49.86		0.00		0.00	0.00
CLAIM TOTALS						668.42		668.42		0.00		0.00	0.00
512-05573	303-0466317		BIFFLE	E	TNZ907880244				TNZ907880244		I1562400		
02/08/24	02/08/24	81	87177	12-01		18.00	1	6.85	45	11.15		0.00	0.00
02/08/24	02/08/24	81	87209	12-01		36.00	1	15.11	45	20.89		0.00	0.00
CLAIM TOTALS						54.00		21.96		32.04		0.00	0.00
512-05573	303-0466485		BING	S	PNY000290				PNY000000290		I1562405		
02/12/24	02/12/24	81	87507	12-01		319.55	1	185.17	45	134.38		0.00	0.00
512-05573	303-0512062		BISHOP	K	CUK836424831				CUK836424831		I1565993		
02/09/24	02/09/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
02/09/24	02/09/24	81	82306	12-01		44.00	1	24.88	45	19.12		0.00	0.00
02/09/24	02/09/24	81	84443	12-01		25.20	1	14.13	45	11.07		0.00	0.00
02/09/24	02/09/24	81	80061	12-01		20.00	1	9.56	45	10.44		0.00	0.00
02/09/24	02/09/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/09/24	02/09/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						118.54		61.20		57.34		0.00	0.00
512-05573	303-0501356		BLACKWELL	T	THV876527456				THV876527456		I1564758		
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01		70.20		0.00	97	70.20		0.00	0.00
02/15/24	02/15/24	81	87635	12-01		150.00		0.00	45	118.32		0.00	31.68
CLAIM TOTALS						617.32		0.00		362.59		0.00	254.73



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DATES OF SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR	WRITE OFF	OTHER	ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES		AMOUNT	CODES		AMOUNT	PAYMENT	
512-05573	503-0473047		BLAKE	D	KID896646109				KID896646109	I1563782				
02/14/24	02/14/24	81	87635	12-02		150.00			0.00	45		118.32	0.00	31.68
02/14/24	02/14/24	81	87486	12-02		42.00			0.00	45		23.06	0.00	18.94
02/14/24	02/14/24	81	87498	12-02		37.07			0.00	45		18.13	0.00	18.94
02/14/24	02/14/24	81	87640	12-02		37.07			0.00	45		18.13	0.00	18.94
02/14/24	02/14/24	81	87581	12-02		42.00			0.00	45		23.06	0.00	18.94
02/14/24	02/14/24	81	87633	12-02		318.05			0.00	45		132.88	0.00	185.17
02/14/24	02/14/24	81	87634	12-02		105.30			0.00	45		67.11	0.00	38.19
02/14/24	02/14/24	81	87641	12-02		37.07			0.00	45		18.13	0.00	18.94
02/14/24	02/14/24	81	87651	12-02		49.86			0.00	45		30.92	0.00	18.94
CLAIM TOTALS						818.42			0.00			449.74	0.00	368.68
512-05573	303-0503261		MOORE	C	LGB912114758				LGB912114758	I1564938				
02/15/24	02/15/24	81	87651	12-01		49.86	3	7.50		45		30.92	0.00	11.44
512-05573	303-0513960		BLANTON	J	PPA863023523				PPA863023523	I1565994				
02/15/24	02/15/24	81	80053	84999	12-01	15.84			0.00	45		24.50	-18.00	9.34
02/15/24	02/15/24	81		85049	12-01	9.00			0.00	45		5.24	0.00	3.76
CLAIM TOTALS						24.84			0.00			29.74	-18.00	13.10
512-05573	303-0513961		BLANTON	J	PPA863023523				PPA863023523	I1565995				
02/15/24	02/15/24	81		82150	12-01	18.00			0.00	97		18.00	0.00	0.00
02/15/24	02/15/24	81		83690	12-01	14.00			0.00	45		8.20	0.00	5.80
02/15/24	02/15/24	81		84484	12-01	25.00			0.00	45		16.73	0.00	8.27
CLAIM TOTALS						57.00			0.00			42.93	0.00	14.07



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0512063		BLINKINSOP		H	RAH374w14357		RAH996739506		I1565996
02/15/24	02/15/24	81		87486	12-01	42.00		0.00	252	42.00	0.00
02/15/24	02/15/24	81		87498	12-01	37.07		0.00	252	37.07	0.00
02/15/24	02/15/24	81		87581	12-01	42.00		0.00	252	42.00	0.00
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	252	318.05	0.00
02/15/24	02/15/24	81		87634	12-01	105.30		0.00	252	105.30	0.00
02/15/24	02/15/24	81		87640	12-01	37.07		0.00	252	37.07	0.00
02/15/24	02/15/24	81		87641	12-01	37.07		0.00	252	37.07	0.00
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	252	49.86	0.00
CLAIM TOTALS						668.42		0.00		668.42	0.00
512-05573		303-0513962		BLOCK		M	EDU894208937		EDU894208937		I1565997
02/17/24	02/17/24	81		87086	12-01	18.53	3	5.00	45	11.75	0.00
512-05573		303-0512064		BLOCKER		R	EIB901422970		EIB901422970		I1565998
02/16/24	02/16/24	81		80053	12-01	15.84	3	7.50	45	6.97	0.00
02/16/24	02/16/24	81		83036	12-01	14.00	3	7.50	45	5.84	0.00
02/16/24	02/16/24	81		84481	12-01	24.00	3	7.50	45	9.77	0.00
02/16/24	02/16/24	81		80061	12-01	20.00	3	7.50	45	10.44	0.00
02/16/24	02/16/24	81		86376	12-01	21.00	3	7.50	45	8.77	0.00
02/16/24	02/16/24	81		84443	12-01	25.20	3	7.50	45	11.07	0.00
02/16/24	02/16/24	81		84436	12-01	10.00	3	5.78	45	4.22	0.00
02/16/24	02/16/24	81		86800	12-01	23.00	3	7.50	45	9.63	0.00
02/16/24	02/16/24	81		84432	12-01	24.00	3	7.50	45	10.50	0.00
CLAIM TOTALS						177.04		65.78		77.21	0.00
512-05573		303-0501357		BODIE		R	NLB826789911		NLB826789911		I1564759
02/15/24	02/15/24	81		80053	12-01	15.84	1	8.87	45	6.97	0.00
02/15/24	02/15/24	81		83036	12-01	14.00	1	8.16	45	5.84	0.00
02/15/24	02/15/24	81		80061	12-01	20.00	1	9.56	45	10.44	0.00
02/15/24	02/15/24	81		85049	12-01	9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						58.84		30.35		28.49	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501445		BOLDEN	C		BFE909103217			BFE909103217	I1564760	
02/15/24	02/15/24	81	84153	12-01		27.00	1	15.46	45	11.54	0.00
02/15/24	02/15/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/15/24	02/15/24	81	84403	12-01		38.00	1	21.69	45	16.31	0.00
02/15/24	02/15/24	81	83036	12-01		14.00	1	8.16	45	5.84	0.00
02/15/24	02/15/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00
02/15/24	02/15/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00
02/15/24	02/15/24	81	85027	12-01		12.00	1	3.90	45	8.10	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						156.54		81.77		74.77	0.00
512-05573	303-0501442		BOOKER	S		EDU804974621			EDU804974621	I1564764	
02/15/24	02/15/24	81	87635	12-01		150.00	3	5.00	45	118.32	0.00
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06	0.00
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06	0.00
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88	0.00
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11	0.00
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92	0.00
CLAIM TOTALS						818.42		45.00		449.74	0.00
512-05573	302-0449535		BOOTHE	C		LGB912120589			LGB912120589	I1560072	
02/09/24	02/09/24	81	80053	12-01		15.84	3	7.50	45	6.97	0.00
02/09/24	02/09/24	81	80061	12-01		20.00	3	7.50	45	10.44	0.00
02/09/24	02/09/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						40.34		15.00		21.91	0.00

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**BlueCross BlueShield
of Alabama**

P.O. BOX 995
BIRMINGHAM, ALABAMA 35298-0001

REMITTANCE NOTICE

512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
BIRMINGHAM AL 35235-3720

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LOCATION ID		CLAIM	PATIENT		ORIGINAL CONTRACT				CORRECTED CONTRACT	PATIENT CONTROL	NUMBER
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512065		BOTELER	Z	PPA837567345				PPA837567345	I1565999	
02/16/24	02/16/24	81	82607	12-01		22.00	49	22.00	0.00	0.00	0.00
02/16/24	02/16/24	81	82306	12-01		44.00	96	44.00	0.00	0.00	0.00
02/16/24	02/16/24	81	83540	12-01		9.71	49	9.71	0.00	0.00	0.00
02/16/24	02/16/24	81	83550	12-01		13.11	49	13.11	0.00	0.00	0.00
02/16/24	02/16/24	81	84481	12-01		24.00	49	24.00	0.00	0.00	0.00
02/16/24	02/16/24	81	80061	12-01		20.00		0.00	45	10.44	9.56
02/16/24	02/16/24	81	84443	12-01		25.20	49	25.20		0.00	0.00
02/16/24	02/16/24	81	84439	12-01		13.00	49	13.00		0.00	0.00
02/16/24	02/16/24	81	80069	12-01		13.00	49	13.00		0.00	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						188.52		164.02		14.94	0.00
512-05573	303-0512066		BOTELER	Z	PPA837567345				PPA837567345	I1565999	
02/16/24	02/16/24	81	85049	12-01		9.00	49	9.00	0.00	0.00	0.00
512-05573	303-0512066		BOTELER	Z	PPA837567345				PPA837567345	I1565999	
02/16/24	02/16/24	81	85049	12-01		9.00		0.00	45	5.24	3.76
512-05573	001-0330400		BOTTOMS	S	PGX886764214				PGX886764214		
08/24/22	08/24/22	81	87491	87491	12-01	49.86		0.00	45	30.92	18.94
08/24/22	08/24/22	81	87529	87529	12-01	49.86		0.00	45	30.92	18.94
08/24/22	08/24/22	81	87661	87661	12-01	32.30		0.00	45	13.36	18.94
08/24/22	08/24/22	81	87511	87511	12-01	42.00		0.00	45	23.06	18.94
CLAIM TOTALS						174.02		0.00		98.26	75.76



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501443		BOUCK	F	PGX835704662				PGX835704662	I1564765	
02/15/24	02/15/24	81	80053	12-01		15.84		0.00	109	15.84	0.00
02/15/24	02/15/24	81	80061	12-01		20.00		0.00	109	20.00	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	109	4.50	0.00
02/15/24	02/15/24	81	85049	12-01		9.00		0.00	109	9.00	0.00
02/15/24	02/15/24	81	84156	12-01		8.00		0.00	109	8.00	0.00
02/15/24	02/15/24	81	82570	12-01		8.00		0.00	109	8.00	0.00
02/15/24	02/15/24	81	83069	12-01		8.00		0.00	109	8.00	0.00
02/15/24	02/15/24	81	84311	12-01		32.00		0.00	109	32.00	0.00
02/15/24	02/15/24	81	82010	12-01		16.00		0.00	109	16.00	0.00
02/15/24	02/15/24	81	82945	12-01		8.00		0.00	109	8.00	0.00
CLAIM TOTALS						129.34		0.00		129.34	0.00
512-05573	303-0501444		BOUCK	F	PGX835704662				PGX835704662	I1564765	
02/15/24	02/15/24	81	82247	12-01		8.00		0.00	109	8.00	0.00
02/15/24	02/15/24	81	83986	12-01		7.00		0.00	109	7.00	0.00
02/15/24	02/15/24	81	81007	12-01		120.00		0.00	109	120.00	0.00
02/15/24	02/15/24	81	82043	12-01		7.58		0.00	109	7.58	0.00
CLAIM TOTALS						142.58		0.00		142.58	0.00
512-05573	302-0166347		BOULTON	P	PPA860683713				PPA860683713	I1535671	
01/12/24	01/12/24	81	87635	12-01		150.00		0.00	45	118.32	0.00
01/12/24	01/12/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
01/12/24	01/12/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
01/12/24	01/12/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
01/12/24	01/12/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
01/12/24	01/12/24	81	87634	12-01		105.30		0.00	45	67.11	0.00
01/12/24	01/12/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
01/12/24	01/12/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
01/12/24	01/12/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0501402		BOWMAN	J		LGB912142832			LGB912142832	I1564767		
02/13/24	02/13/24	81	83970	12-01		123.00	3	7.50	45	88.32	0.00	27.18
02/13/24	02/13/24	81	82570	12-01		8.00	3	4.35	45	3.65	0.00	0.00
02/13/24	02/13/24	81	82043	12-01		7.58	3	4.86	45	2.72	0.00	0.00
CLAIM TOTALS						138.58		16.71		94.69	0.00	27.18
512-05573	303-0454539		BOWMAN	M		VwQ910294780			VwQ910294780	I1561296		
02/12/24	02/12/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/12/24	02/12/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00	0.00
02/12/24	02/12/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00	0.00
02/12/24	02/12/24	81	87634	12-01		70.20		0.00	97	70.20	0.00	0.00
CLAIM TOTALS						467.32		223.05		244.27	0.00	0.00
512-05573	302-0449536		BOYKIN	D		EIB901478653			EIB901478653	I1560076		
02/09/24	02/09/24	81	87491	12-01		49.86		0.00	45	30.92	0.00	18.94
02/09/24	02/09/24	81	87591	12-01		42.00		0.00	45	23.06	0.00	18.94
02/09/24	02/09/24	81	87661	12-01		32.30	3	7.50	45	13.36	0.00	11.44
CLAIM TOTALS						124.16		7.50		67.34	0.00	49.32
512-05573	303-0514126		BRADFORD	P		EBI878091124			EBI878091124	I1566000		
02/13/24	02/13/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00	0.00
02/13/24	02/13/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/13/24	02/13/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00	0.00
02/13/24	02/13/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00	0.00
02/13/24	02/13/24	81	87634	12-01		105.30	1	38.19	45	67.11	0.00	0.00
02/13/24	02/13/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/13/24	02/13/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/13/24	02/13/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00	0.00
CLAIM TOTALS						668.42		337.00		331.42	0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0512067		BRADLEY	I	KID801305774				KID801305774	I1566002		
02/15/24	02/15/24	81	87481	12-01		84.00		0.00	45	46.12	0.00	37.88
02/15/24	02/15/24	81	87491	12-01		49.86		0.00	45	30.92	0.00	18.94
02/15/24	02/15/24	81	87511	12-01		42.00		0.00	45	23.06	0.00	18.94
02/15/24	02/15/24	81	87529	12-01		99.72		0.00	45	61.84	0.00	37.88
02/15/24	02/15/24	81	87591	12-01		42.00		0.00	45	23.06	0.00	18.94
02/15/24	02/15/24	81	87653	12-01		74.14		0.00	45	55.20	0.00	18.94
02/15/24	02/15/24	81	87661	12-01		32.30		0.00	45	13.36	0.00	18.94
02/15/24	02/15/24	81	87563	12-01		42.50		0.00	45	23.56	0.00	18.94
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81	87086	12-01		18.53		0.00	45	11.75	0.00	6.78
CLAIM TOTALS						522.12		0.00		307.00	0.00	215.12
512-05573	303-0514128		BRANNAN	K	PPA864812475				PPA864812475	I1566003		
02/15/24	02/15/24	81	87086	12-01		18.53		0.00	45	11.75	0.00	6.78
512-05573	502-0449404		BRANNON	W	PPA838765885				TRT848933832	I1560079		
02/08/24	02/08/24	81	84403	12-02		38.00	1	21.69	45	16.31	0.00	0.00
02/08/24	02/08/24	81	36415	12-02		4.50		0.00	97	4.50	0.00	0.00
CLAIM TOTALS						42.50		21.69		20.81	0.00	0.00
512-05573	303-0305172		BRASSFIELD	L	KZZ730w11880				KZZ996601781	I1546853		
01/26/24	01/26/24	81	87498	87498	12-01	37.07		0.00	B12	37.07	0.00	0.00
01/26/24	01/26/24	81	87581	87581	12-01	42.00		0.00	B12	42.00	0.00	0.00
01/26/24	01/26/24	81	87633	87633	12-01	318.05		0.00	B12	318.05	0.00	0.00
01/26/24	01/26/24	81	87634	87634	12-01	70.20		0.00	97	70.20	0.00	0.00
CLAIM TOTALS						467.32		0.00		467.32	0.00	0.00
512-05573	303-0305172		BRASSFIELD	L	KZZ730w11880				KZZ996601781	I1546853		
01/26/24	01/26/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07	0.00	0.00
01/26/24	01/26/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00	0.00	0.00
01/26/24	01/26/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05	0.00	0.00
01/26/24	01/26/24	81	87634	87634	12-22	-70.20		0.00	97	-70.20	0.00	0.00
CLAIM TOTALS						-467.32		0.00		-467.32	0.00	0.00



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512069	BRASWELL	L	EDU804655579							
02/08/24	02/08/24	81	87324	12-01		150.00	3	5.00	45	140.85	4.15
512-05573	303-0512070	BRATCHER	A	EDU856718756							
02/16/24	02/16/24	81	80053	12-01		15.84	3	5.00	45	6.97	3.87
02/16/24	02/16/24	81	82306	12-01		44.00	3	5.00	45	19.12	19.88
02/16/24	02/16/24	81	84403	12-01		38.00	3	5.00	45	16.31	16.69
02/16/24	02/16/24	81	83036	12-01		14.00	3	5.00	45	5.84	3.16
02/16/24	02/16/24	81	80061	12-01		20.00	3	5.00	45	10.44	4.56
02/16/24	02/16/24	81	84443	12-01		25.20	3	5.00	45	11.07	9.13
02/16/24	02/16/24	81	85027	12-01		12.00	3	3.90	45	8.10	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						173.54		33.90		82.35	57.29
512-05573	303-0512071	BRATCHER	A	EDU856718756							
02/16/24	02/16/24	81	84146	12-01		57.00	3	5.00	45	40.72	11.28
512-05573	303-0466322	BRAY	B	TEA806518914							
02/09/24	02/09/24	81	87081	12-01		15.17	3	1.11	45	9.60	4.46
512-05573	303-0466323	BREThERICK	S	NEC801196068							
02/12/24	02/12/24	81	83540	12-01		9.71	1	5.44	45	4.27	0.00
02/12/24	02/12/24	81	83550	12-01		13.11	1	7.35	45	5.76	0.00
02/12/24	02/12/24	81	82728	12-01		40.00	1	11.45	45	28.55	0.00
02/12/24	02/12/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/12/24	02/12/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						76.32		28.00		48.32	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE			CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501469		BREWER	A		PPA866957831				PPA866957831	I1564770		
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42		0.00	337.00
512-05573	303-0515967		BREWER	J		NHC905769514				NHC905769514	I1566007		
02/16/24	02/16/24	81	87486	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/16/24	02/16/24	81	87498	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/16/24	02/16/24	81	87640	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/16/24	02/16/24	81	87581	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/16/24	02/16/24	81	87633	12-01		318.05	1	185.17	45	132.88		0.00	0.00
02/16/24	02/16/24	81	87634	12-01		105.30	1	38.19	45	67.11		0.00	0.00
02/16/24	02/16/24	81	87641	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/16/24	02/16/24	81	87651	12-01		49.86	1	18.94	45	30.92		0.00	0.00
CLAIM TOTALS						668.42		337.00		331.42		0.00	0.00
512-05573	303-0512072		BRISENDINE	R		EDU881732559				EDU881732559	I1566008		
02/15/24	02/15/24	81	87086	12-01		18.53	3	5.00	45	11.75		0.00	1.78
02/15/24	02/15/24	81	87186	12-01		13.50	3	5.00	45	6.23		0.00	2.27
02/15/24	02/15/24	81	87088	12-01		8.09	3	5.00	45	1.29		0.00	1.80
CLAIM TOTALS						40.12		15.00		19.27		0.00	5.85



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0512073		BROOKS		H	EIB901324121		EIB901324121		I1566009
02/16/24	02/16/24	81	84156	12-01		8.00	3	3.08	45	4.92	0.00
02/16/24	02/16/24	81	82570	12-01		8.00	3	4.35	45	3.65	0.00
02/16/24	02/16/24	81	83069	12-01		8.00	3	3.32	45	4.68	0.00
02/16/24	02/16/24	81	84311	12-01		32.00	3	5.88	45	26.12	0.00
02/16/24	02/16/24	81	82010	12-01		16.00	3	6.21	45	9.79	0.00
02/16/24	02/16/24	81	82945	12-01		8.00	3	3.30	45	4.70	0.00
02/16/24	02/16/24	81	82247	84999	12-01	8.00	3	7.50	45	14.50	94 -15.84
02/16/24	02/16/24	81	83986	12-01		7.00	3	3.01	45	3.99	0.00
02/16/24	02/16/24	81	81007	12-01		120.00	3	2.16	45	117.84	0.00
02/16/24	02/16/24	81	82043	12-01		7.58	3	4.86	45	2.72	0.00
CLAIM TOTALS						222.58		43.67		192.91	-15.84
512-05573		303-0512074		BROOKS		H	EIB901324121		EIB901324121		I1566009
02/16/24	02/16/24	81	80053	12-01		15.84		0.00	97	15.84	0.00
02/16/24	02/16/24	81	83036	12-01		14.00	3	7.50	45	5.84	0.00
02/16/24	02/16/24	81	80061	12-01		20.00	3	7.50	45	10.44	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	3	3.76	45	5.24	0.00
CLAIM TOTALS						63.34		18.76		41.86	0.00
512-05573		302-0246673		BROWN		B	LBT4053851DH		LBT996739686		I1541742
01/22/24	01/22/24	81	87635	87635	12-01	150.00		0.00	45	118.32	0.00
01/22/24	01/22/24	81	87486	87486	12-01	42.00		0.00	45	23.06	0.00
01/22/24	01/22/24	81	87498	87498	12-01	37.07		0.00	45	18.13	0.00
01/22/24	01/22/24	81	87581	87581	12-01	42.00		0.00	45	23.06	0.00
01/22/24	01/22/24	81	87633	87633	12-01	318.05		0.00	45	132.88	0.00
01/22/24	01/22/24	81	87634	87634	12-01	105.30		0.00	45	67.11	0.00
01/22/24	01/22/24	81	87640	87640	12-01	37.07		0.00	45	18.13	0.00
01/22/24	01/22/24	81	87641	87641	12-01	37.07		0.00	45	18.13	0.00
01/22/24	01/22/24	81	87651	87651	12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING		TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT		PAYMENT
512-05573	302-0246673		BROWN		B	LBT4053851DH				LBT996739686		I1541742		
01/22/24	01/22/24	81	87635	87635	12-22	-150.00		0.00	252	-150.00		0.00		0.00
01/22/24	01/22/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00		0.00		0.00
01/22/24	01/22/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07		0.00		0.00
01/22/24	01/22/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00		0.00		0.00
01/22/24	01/22/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05		0.00		0.00
01/22/24	01/22/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30		0.00		0.00
01/22/24	01/22/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07		0.00		0.00
01/22/24	01/22/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07		0.00		0.00
01/22/24	01/22/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86		0.00		0.00
CLAIM TOTALS						-818.42		0.00		-818.42		0.00		0.00
512-05573	303-0466487		BROWN		B	UDY609W12514				UDY996618893		I1562420		
02/13/24	02/13/24	81	87486	87486	12-01	42.00		0.00	252	42.00		0.00		0.00
02/13/24	02/13/24	81	87498	87498	12-01	37.07		0.00	252	37.07		0.00		0.00
02/13/24	02/13/24	81	87581	87581	12-01	42.00		0.00	252	42.00		0.00		0.00
02/13/24	02/13/24	81	87633	87633	12-01	318.05		0.00	252	318.05		0.00		0.00
02/13/24	02/13/24	81	87634	87634	12-01	105.30		0.00	252	105.30		0.00		0.00
02/13/24	02/13/24	81	87640	87640	12-01	37.07		0.00	252	37.07		0.00		0.00
02/13/24	02/13/24	81	87641	87641	12-01	37.07		0.00	252	37.07		0.00		0.00
02/13/24	02/13/24	81	87651	87651	12-01	49.86		0.00	252	49.86		0.00		0.00
CLAIM TOTALS						668.42		0.00		668.42		0.00		0.00
512-05573	717-0260653		BROWN		D	PPA851684189				PPA851684189		I1534404		
12/28/23	12/28/23	81	87635	87635	12-01	150.00		0.00	45	118.32		0.00		31.68
12/28/23	12/28/23	81	87486	87486	12-01	42.00		0.00	45	23.06		0.00		18.94
12/28/23	12/28/23	81	87498	87498	12-01	37.07		0.00	45	18.13		0.00		18.94
12/28/23	12/28/23	81	87581	87581	12-01	42.00		0.00	45	23.06		0.00		18.94
12/28/23	12/28/23	81	87631	87631	12-01	330.00		0.00	45	270.81		0.00		59.19
12/28/23	12/28/23	81	87634	87634	12-01	105.30		0.00	45	67.11		0.00		38.19
12/28/23	12/28/23	81	87640	87640	12-01	37.07		0.00	45	18.13		0.00		18.94
12/28/23	12/28/23	81	87641	87641	12-01	37.07		0.00	45	18.13		0.00		18.94
12/28/23	12/28/23	81	87651	87651	12-01	49.86		0.00	45	30.92		0.00		18.94
12/28/23	12/28/23	81	87798	87798	12-01	336.00	96	336.00		0.00		0.00		0.00
CLAIM TOTALS						1166.37		336.00		587.67		0.00		242.70



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0466328		BROWN		E	NGO540w06816		NGO996413397		I1562421
02/12/24	02/12/24	81	84156	12-01		8.00	1	3.08	45	4.92	0.00
02/12/24	02/12/24	81	82570	12-01		8.00	1	4.35	45	3.65	0.00
02/12/24	02/12/24	81	83069	12-01		8.00	1	3.32	45	4.68	0.00
02/12/24	02/12/24	81	84311	12-01		32.00	1	5.88	45	26.12	0.00
02/12/24	02/12/24	81	82010	12-01		16.00	1	6.21	45	9.79	0.00
02/12/24	02/12/24	81	82945	12-01		8.00	1	3.30	45	4.70	0.00
02/12/24	02/12/24	81	82247	12-01		8.00		0.00	45	3.78	0.00
02/12/24	02/12/24	81	83986	12-01		7.00	1	3.01	45	3.99	0.00
02/12/24	02/12/24	81	81007	12-01		120.00		0.00	45	117.84	0.00
02/12/24	02/12/24	81	82043	12-01		7.58	1	4.86	45	2.72	0.00
CLAIM TOTALS						222.58		34.01		182.19	0.00
512-05573		502-0478389		BROWN		R	PPA812428938		BEG849486783		I1563791
02/14/24	02/14/24	81	87486	12-02		42.00		0.00	45	23.06	0.00
02/14/24	02/14/24	81	87498	12-02		37.07		0.00	45	18.13	0.00
02/14/24	02/14/24	81	87581	12-02		42.00		0.00	45	23.06	0.00
02/14/24	02/14/24	81	87633	12-02		318.05		0.00	45	132.88	0.00
02/14/24	02/14/24	81	87634	12-02		105.30		0.00	45	67.11	0.00
02/14/24	02/14/24	81	87640	12-02		37.07		0.00	45	18.13	0.00
02/14/24	02/14/24	81	87641	12-02		37.07		0.00	45	18.13	0.00
02/14/24	02/14/24	81	87651	12-02		49.86		0.00	45	30.92	0.00
CLAIM TOTALS						668.42		0.00		331.42	337.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	502-0478391	BROWN	S	PPA894094792					XAX901373066	I1563793	
02/13/24	02/13/24	81	80053	84999	12-02	15.84		0.00			
02/13/24	02/13/24	81		83036	12-02	14.00		0.00		94	23
02/13/24	02/13/24	81		80061	12-02	20.00		0.00			23
02/13/24	02/13/24	81		36415	12-02	4.50		0.00			23
02/13/24	02/13/24	81		85049	12-02	9.00		0.00			23
02/13/24	02/13/24	81		84156	12-02	8.00		0.00			23
02/13/24	02/13/24	81		82570	12-02	8.00		0.00			23
02/13/24	02/13/24	81		83069	12-02	8.00		0.00			23
02/13/24	02/13/24	81		84311	12-02	32.00		0.00			23
02/13/24	02/13/24	81		82010	12-02	16.00		0.00			23
CLAIM TOTALS						135.34		0.00		4.50	130.84
512-05573	502-0478392	BROWN	S	PPA894094792					XAX901373066	I1563793	
02/13/24	02/13/24	81		82945	12-02	8.00		0.00			23
02/13/24	02/13/24	81		82247	12-02	8.00		0.00			23
02/13/24	02/13/24	81		83986	12-02	7.00		0.00			23
02/13/24	02/13/24	81		81007	12-02	120.00		0.00			23
02/13/24	02/13/24	81		82043	12-02	7.58		0.00			23
CLAIM TOTALS						150.58		0.00		8.00	142.58
512-05573	303-0512075	BROWN	T	EEG872016889					EEG872016889	I1566012	
02/16/24	02/16/24	81		80061	12-01	20.00	1	9.56	45	10.44	0.00
02/16/24	02/16/24	81		84443	12-01	25.20	1	14.13	45	11.07	0.00
02/16/24	02/16/24	81		80048	12-01	12.69	1	7.11	45	5.58	0.00
CLAIM TOTALS						57.89		30.80		27.09	0.00
512-05573	302-0478393	BRYANT	A	MZO912747621					MZO912747621	I1563794	
02/08/24	02/08/24	81		80307	12-01	125.00		0.00	45	76.07	0.00
02/08/24	02/08/24	81		G0482	12-01	174.33		0.00	45	124.97	0.00
CLAIM TOTALS						299.33		0.00		201.04	0.00
512-05573	303-0512076	BRYANT	P	PPA867147449					PPA867147449	I1566013	
02/16/24	02/16/24	81		87389	12-01	36.00		0.00	45	15.76	0.00
											20.24



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512078		BULL		B	NLM130409908001				NLM996293857		I1566015	
02/06/24	02/06/24	81		87651	12-01	49.86	32	49.86		0.00		0.00	0.00
02/06/24	02/06/24	81		87635	12-01	150.00	32	150.00		0.00		0.00	0.00
02/06/24	02/06/24	81		87486	12-01	42.00	32	42.00		0.00		0.00	0.00
02/06/24	02/06/24	81		87498	12-01	37.07	32	37.07		0.00		0.00	0.00
02/06/24	02/06/24	81		87581	12-01	42.00	32	42.00		0.00		0.00	0.00
02/06/24	02/06/24	81		87633	12-01	318.05	32	318.05		0.00		0.00	0.00
02/06/24	02/06/24	81		87634	12-01	105.30	32	105.30		0.00		0.00	0.00
02/06/24	02/06/24	81		87640	12-01	37.07	32	37.07		0.00		0.00	0.00
02/06/24	02/06/24	81		87641	12-01	37.07	32	37.07		0.00		0.00	0.00
02/06/24	02/06/24	81		87651	12-01	49.86		0.00	96	49.86		0.00	0.00
CLAIM TOTALS						868.28		818.42		49.86		0.00	0.00
512-05573	303-0512079		BUMGART		C	MSA828986997				MSA828986997		I1566016	
02/15/24	02/15/24	81		87486	12-01	42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81		87498	12-01	37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81		87581	12-01	42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81		87634	12-01	105.30		0.00	45	67.11		0.00	38.19
02/15/24	02/15/24	81		87640	12-01	37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81		87641	12-01	37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42		0.00	337.00
512-05573	303-0512081		BUMGART		E	MSA828986997				MSA828986997		I1566017	
02/15/24	02/15/24	81		87486	12-01	42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81		87498	12-01	37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81		87581	12-01	42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81		87634	12-01	105.30		0.00	45	67.11		0.00	38.19
02/15/24	02/15/24	81		87640	12-01	37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81		87641	12-01	37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42		0.00	337.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501318	BURKE	C	PPA814170786					PPA814170786	I1564773	
02/14/24	02/14/24	81	80053	12-01	15.84	0.00	45	6.97		0.00	8.87
02/14/24	02/14/24	81	85049	12-01	9.00	0.00	45	5.24		0.00	3.76
02/14/24	02/14/24	81	82607	12-01	22.00	0.00	45	9.34		0.00	12.66
02/14/24	02/14/24	81	82746	12-01	22.00	0.00	45	11.49		0.00	10.51
02/14/24	02/14/24	81	82306	12-01	44.00	0.00	45	19.12		0.00	24.88
02/14/24	02/14/24	81	84481	12-01	24.00	0.00	45	9.77		0.00	14.23
02/14/24	02/14/24	81	83036	12-01	14.00	0.00	45	5.84		0.00	8.16
02/14/24	02/14/24	81	80061	12-01	20.00	0.00	45	10.44		0.00	9.56
02/14/24	02/14/24	81	84443	12-01	25.20	0.00	45	11.07		0.00	14.13
02/14/24	02/14/24	81	84439	12-01	13.00	0.00	45	5.42		0.00	7.58
CLAIM TOTALS						209.04	0.00	94.70		0.00	114.34
512-05573	303-0501319	BURKE	C	PPA814170786					PPA814170786	I1564773	
02/14/24	02/14/24	81	36415	12-01	4.50	0.00	97	4.50		0.00	0.00
512-05573	303-0514120	BURNETT	T	WFO910259399					WFO910259399	I1566018	
02/15/24	02/15/24	81	87635	12-01	150.00	1	31.68	45	118.32	0.00	0.00
02/15/24	02/15/24	81	87486	12-01	42.00	1	18.94	45	23.06	0.00	0.00
02/15/24	02/15/24	81	87498	12-01	37.07	1	18.94	45	18.13	0.00	0.00
02/15/24	02/15/24	81	87581	12-01	42.00	1	18.94	45	23.06	0.00	0.00
02/15/24	02/15/24	81	87633	12-01	318.05	1	185.17	45	132.88	0.00	0.00
02/15/24	02/15/24	81	87634	12-01	105.30	1	38.19	45	67.11	0.00	0.00
02/15/24	02/15/24	81	87640	12-01	37.07	1	18.94	45	18.13	0.00	0.00
02/15/24	02/15/24	81	87641	12-01	37.07	1	18.94	45	18.13	0.00	0.00
02/15/24	02/15/24	81	87651	12-01	49.86	1	18.94	45	30.92	0.00	0.00
CLAIM TOTALS						818.42	368.68	449.74		0.00	0.00
512-05573	303-0454550	BURTON	M	TEA806378870					TEA806378870	I1561312	
02/12/24	02/12/24	81	87491	12-01	49.86	3	3.78	45	30.92	0.00	15.16
02/12/24	02/12/24	81	87511	12-01	42.00	3	3.78	45	23.06	0.00	15.16
02/12/24	02/12/24	81	87529	12-01	99.72	3	7.57	45	61.84	0.00	30.31
02/12/24	02/12/24	81	87591	12-01	42.00	3	3.78	45	23.06	0.00	15.16
02/12/24	02/12/24	81	87661	12-01	32.30	3	3.78	45	13.36	0.00	15.16
CLAIM TOTALS						265.88	22.69	152.24		0.00	90.95



**BlueCross BlueShield
of Alabama**

P.O. BOX 995
BIRMINGHAM, ALABAMA 35298-0001

REMITTANCE NOTICE

512-05573

CORE DIAGNOSTIC LABORATORIES

1930 EDWARDS LAKE RD STE 138

BIRMINGHAM AL 35235-3720

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LOCATION ID		CLAIM	PATIENT			ORIGINAL CONTRACT		CORRECTED CONTRACT		PATIENT CONTROL		NUMBER	
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR WRITE OFF	OTHER	ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0512082		BURWELL		D	BEG848947785		BEG848947785		I1566020		
02/09/24	02/09/24	81	80307	12-01		83.81	A1	83.81		0.00		0.00	0.00
02/09/24	02/09/24	81	60482	12-01		174.33	A1	174.33		0.00		0.00	0.00
CLAIM TOTALS						258.14		258.14		0.00		0.00	0.00
512-05573		303-0501404		BUSSEY		A	LGB912134600		LGB912134600		I1564774		
02/15/24	02/15/24	81	80053	12-01		15.84	3	7.50	45	6.97		0.00	1.37
02/15/24	02/15/24	81	80061	12-01		20.00	3	7.50	45	10.44		0.00	2.06
02/15/24	02/15/24	81	85049	12-01		9.00	3	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						44.84		18.76		22.65		0.00	3.43
512-05573		302-0367756		CAGLE		M	BEG825257382		BEG825257382		I1552189		
02/01/24	02/01/24	81	84550	84999	12-01	6.78		0.00	45	13.28	94	-15.84	9.34
02/01/24	02/01/24	81	80053	12-01		15.84		0.00	97	15.84		0.00	0.00
02/01/24	02/01/24	81	85652	12-01		4.00		0.00	45	1.73		0.00	2.27
02/01/24	02/01/24	81	86431	12-01		20.00		0.00	45	15.23		0.00	4.77
02/01/24	02/01/24	81	85049	12-01		9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						55.62		0.00		51.32		-15.84	20.14
512-05573		302-0246683		CAGLE		V	STH199W2782		STH996718875		I1541752		
01/22/24	01/22/24	81	87635	87635	12-01	150.00		0.00	B12	150.00		0.00	0.00
01/22/24	01/22/24	81	87486	87486	12-01	42.00		0.00	B12	42.00		0.00	0.00
01/22/24	01/22/24	81	87498	87498	12-01	37.07		0.00	B12	37.07		0.00	0.00
01/22/24	01/22/24	81	87581	87581	12-01	42.00		0.00	B12	42.00		0.00	0.00
01/22/24	01/22/24	81	87633	87633	12-01	318.05		0.00	B12	318.05		0.00	0.00
01/22/24	01/22/24	81	87634	87634	12-01	105.30		0.00	B12	105.30		0.00	0.00
01/22/24	01/22/24	81	87640	87640	12-01	37.07		0.00	B12	37.07		0.00	0.00
01/22/24	01/22/24	81	87641	87641	12-01	37.07		0.00	B12	37.07		0.00	0.00
01/22/24	01/22/24	81	87651	87651	12-01	49.86		0.00	B12	49.86		0.00	0.00
CLAIM TOTALS						818.42		0.00		818.42		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-0246683		CAGLE	V	STHA199W2782				STH996718875	I1541752		
01/22/24	01/22/24	81	87635	87635	12-22	-150.00		0.00	252	-150.00		0.00	0.00
01/22/24	01/22/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00		0.00	0.00
01/22/24	01/22/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07		0.00	0.00
01/22/24	01/22/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00		0.00	0.00
01/22/24	01/22/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05		0.00	0.00
01/22/24	01/22/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30		0.00	0.00
01/22/24	01/22/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07		0.00	0.00
01/22/24	01/22/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07		0.00	0.00
01/22/24	01/22/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86		0.00	0.00
CLAIM TOTALS						-818.42		0.00		-818.42		0.00	0.00
512-05573		303-0501405		CALDWELL	M	PPA849064441				PPA849064441	I1564775		
02/14/24	02/14/24	81	84156	12-01		8.00		0.00	45	4.92		0.00	3.08
02/14/24	02/14/24	81	82570	12-01		8.00		0.00	45	3.65		0.00	4.35
02/14/24	02/14/24	81	83069	12-01		8.00		0.00	45	4.68		0.00	3.32
02/14/24	02/14/24	81	84311	12-01		32.00		0.00	45	26.12		0.00	5.88
02/14/24	02/14/24	81	82010	12-01		16.00		0.00	45	9.79		0.00	6.21
02/14/24	02/14/24	81	82945	12-01		8.00		0.00	45	4.70		0.00	3.30
02/14/24	02/14/24	81	82247	12-01		8.00		0.00	45	3.78		0.00	4.22
02/14/24	02/14/24	81	83986	12-01		7.00		0.00	45	3.99		0.00	3.01
02/14/24	02/14/24	81	81007	12-01		120.00		0.00	45	117.84		0.00	2.16
02/14/24	02/14/24	81	82043	12-01		7.58		0.00	45	2.72		0.00	4.86
CLAIM TOTALS						222.58		0.00		182.19		0.00	40.39
512-05573		303-0501406		CALDWELL	M	PPA849064441				PPA849064441	I1564775		
02/14/24	02/14/24	81	87086	12-01		18.53		0.00	97	18.53		0.00	0.00
512-05573		302-0195996		CALLOWAY	C	AQT60429996401				AQT604299964	I1538620		
01/13/24	01/13/24	81	87086	87086	12-01	18.53		0.00	45	11.75		0.00	6.78
01/13/24	01/13/24	81	87186	87186	12-01	13.50		0.00	45	6.23		0.00	7.27
01/13/24	01/13/24	81	87088	87088	12-01	8.09		0.00	45	1.29		0.00	6.80
CLAIM TOTALS						40.12		0.00		19.27		0.00	20.85



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0195996	CALLOWAY	C	AQT60429996401							
01/13/24	01/13/24	81	87086	87086	12-22	-18.53		0.00	45	-11.75	0.00
01/13/24	01/13/24	81	87186	87186	12-22	-13.50		0.00	45	-6.23	0.00
01/13/24	01/13/24	81	87088	87088	12-22	-8.09		0.00	45	-1.29	0.00
CLAIM TOTALS						-40.12		0.00		-19.27	-20.85
512-05573	302-0478398	CALLOWAY	N	KID801163829							
02/14/24	02/14/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/14/24	02/14/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/14/24	02/14/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
02/14/24	02/14/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/14/24	02/14/24	81	87634	12-01		105.30		0.00	45	67.11	0.00
02/14/24	02/14/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/14/24	02/14/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
02/14/24	02/14/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
CLAIM TOTALS						668.42		0.00		331.42	337.00
512-05573	303-0512083	CALVERT	B	CPC833364127							
02/16/24	02/16/24	81	80053	12-01		15.84		0.00	45	6.97	0.00
02/16/24	02/16/24	81	80061	12-01		20.00		0.00	45	10.44	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00		0.00	45	5.24	0.00
CLAIM TOTALS						49.34		0.00		27.15	22.19
512-05573	303-0501407	CAMPBELL	E	DLG908712037							
02/15/24	02/15/24	81	82044	12-01		12.00	27	12.00		0.00	0.00
02/15/24	02/15/24	81	83036	12-01		14.00	27	14.00		0.00	0.00
02/15/24	02/15/24	81	80069	12-01		13.00	27	13.00		0.00	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						43.50		39.00		4.50	0.00
512-05573	303-0512085	CAMPBELL	E	DLG908712037							
02/15/24	02/15/24	81	87086	12-01		18.53	27	18.53		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0501320		CAMPBELL		J	KID842032309		I1564777		
02/14/24	02/14/24	81	82306	12-01		44.00		0.00	45	KID842032309	0.00
02/14/24	02/14/24	81	83036	12-01		14.00	96	14.00			0.00
02/14/24	02/14/24	81	80061	12-01		20.00	96	20.00			0.00
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97		0.00
CLAIM TOTALS						82.50		34.00		23.62	0.00
512-05573		303-0512086		CARPENTER		J	BEG860219570		I1566025		
02/15/24	02/15/24	81	82306	12-01		44.00	96	44.00		BEG860219570	0.00
02/15/24	02/15/24	81	85652	12-01		4.00		0.00	45	1.73	0.00
02/15/24	02/15/24	81	82728	12-01		40.00		0.00	45	28.55	0.00
02/15/24	02/15/24	81	80069	12-01		13.00		0.00	45	5.70	0.00
02/15/24	02/15/24	81	86431	12-01		20.00		0.00	45	15.23	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/15/24	02/15/24	81	85049	12-01		9.00		0.00	45	5.24	0.00
CLAIM TOTALS						134.50		44.00		60.95	0.00
512-05573		302-0293612		CARR		A	PPA856480675		I1545478		
01/25/24	01/25/24	81	87481	12-01		84.00	1	37.88	45	PPA856480675	0.00
01/25/24	01/25/24	81	87491	12-01		49.86	1	18.94	45	46.12	0.00
01/25/24	01/25/24	81	87511	12-01		42.00	1	18.94	45	30.92	0.00
01/25/24	01/25/24	81	87529	12-01		99.72	1	37.88	45	23.06	0.00
01/25/24	01/25/24	81	87591	12-01		42.00	1	18.94	45	61.84	0.00
01/25/24	01/25/24	81	87653	12-01		74.14	1	18.94	45	23.06	0.00
01/25/24	01/25/24	81	87661	12-01		32.30	1	18.94	45	55.20	0.00
01/25/24	01/25/24	81	87563	12-01		42.50	1	18.94	45	13.36	0.00
01/25/24	01/25/24	81	87640	12-01		37.07	1	18.94	45	23.56	0.00
CLAIM TOTALS						503.59		208.34		18.13	0.00
								295.25		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0501470		CARR	M	PHT867121352		PHT867121352		I1564779	
02/15/24	02/15/24	81	87481	12-01		84.00		0.00	45	46.12	0.00
02/15/24	02/15/24	81	87491	12-01		49.86		0.00	45	30.92	0.00
02/15/24	02/15/24	81	87511	12-01		42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81	87529	12-01		99.72		0.00	45	61.84	0.00
02/15/24	02/15/24	81	87591	12-01		42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81	87653	12-01		74.14		0.00	45	55.20	0.00
02/15/24	02/15/24	81	87661	12-01		32.30		0.00	45	13.36	0.00
02/15/24	02/15/24	81	87563	12-01		42.50		0.00	45	23.56	0.00
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
CLAIM TOTALS						503.59		0.00		295.25	0.00
512-05573		302-0517182		CARR	R	V8x775A22371		V8x996877569		I1565195	
02/12/24	02/12/24	81	85060	12-01		47.00	3	14.71	45	32.29	0.00
512-05573		303-3541417		CARROLL	B	PPA838588856		PPA838588856		I1561321	
12/18/23	12/18/23	81	80053	84999	12-01	15.84		0.00	45	38.50	94
12/18/23	12/18/23	81	86677	12-01		35.00		0.00	45	22.81	0.00
12/18/23	12/18/23	81	82977	12-01		10.00		0.00	97	10.00	0.00
12/18/23	12/18/23	81	82248	12-01		15.00		0.00	97	15.00	0.00
12/18/23	12/18/23	81	84100	12-01		7.00		0.00	97	7.00	0.00
12/18/23	12/18/23	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						87.34		0.00		97.81	-32.00
512-05573		303-0514000		CARTER	W	EDU809155327		EDU809155327		I1566029	
02/12/24	02/12/24	81	G0482	12-01		174.33	3	5.00	45	124.97	0.00
512-05573		302-0456382		CHAFIN	K	PPA833002889		PPA833002889		I1561327	
02/08/24	02/08/24	81	G0482	12-01		174.33		0.00	45	124.97	0.00
512-05573		303-0501408		CHAMBERS	A	KID801542472		KID801542472		I1564782	
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0501323		CHAMBERS	J	PPA889323840			PPA889323840	I1564783			
02/15/24	02/15/24	81	80069	84999	12-01	13.00		45	13.18	94	-8.00	7.82
02/15/24	02/15/24	81		36415	12-01	4.50		97	4.50		0.00	0.00
02/15/24	02/15/24	81		85049	12-01	9.00		45	5.24		0.00	3.76
02/15/24	02/15/24	81		84156	12-01	8.00		45	4.92		0.00	3.08
02/15/24	02/15/24	81		82570	12-01	8.00		45	3.65		0.00	4.35
02/15/24	02/15/24	81		83069	12-01	8.00		45	4.68		0.00	3.32
02/15/24	02/15/24	81		84311	12-01	32.00		45	26.12		0.00	5.88
02/15/24	02/15/24	81		82010	12-01	16.00		45	9.79		0.00	6.21
02/15/24	02/15/24	81		82945	12-01	8.00		45	4.70		0.00	3.30
02/15/24	02/15/24	81		82247	12-01	8.00		97	8.00		0.00	0.00
CLAIM TOTALS						114.50			84.78		-8.00	37.72
512-05573	303-0501324		CHAMBERS	J	PPA889323840			PPA889323840	I1564783			
02/15/24	02/15/24	81		83986	12-01	7.00		45	3.99		0.00	3.01
02/15/24	02/15/24	81		81007	12-01	120.00		45	117.84		0.00	2.16
02/15/24	02/15/24	81		82043	12-01	7.58		45	2.72		0.00	4.86
CLAIM TOTALS						134.58			124.55		0.00	10.03
512-05573	303-0392706		CHAMPION	S	GWR031227095067			GWR996298774	I1556430			
12/06/23	12/06/23	81		87640	12-02	37.07	96	37.07	0.00		0.00	0.00
12/06/23	12/06/23	81		87641	12-02	37.07	96	37.07	0.00		0.00	0.00
12/06/23	12/06/23	81		87653	12-02	37.07	96	37.07	0.00		0.00	0.00
12/06/23	12/06/23	81		87481	12-02	42.00	1	18.94	45	23.06	0.00	0.00
12/06/23	12/06/23	81		87481	12-02	42.00	1	18.94	45	23.06	0.00	0.00
12/06/23	12/06/23	81		87481	12-02	42.00	1	18.94	45	23.06	0.00	0.00
CLAIM TOTALS						237.21		168.03	69.18		0.00	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501471		CHANDLER	J	PPA846778456			PPA846778456	I1564784		
02/14/24	02/14/24	81	84153	12-01		27.00	1	15.46	45	11.54	0.00
02/14/24	02/14/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/14/24	02/14/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00
02/14/24	02/14/24	81	83540	12-01		9.71	1	5.44	45	4.27	0.00
02/14/24	02/14/24	81	83550	12-01		13.11	1	7.35	45	5.76	0.00
02/14/24	02/14/24	81	84403	12-01		38.00	1	21.69	45	16.31	0.00
02/14/24	02/14/24	81	83036	12-01		14.00	1	8.16	45	5.84	0.00
02/14/24	02/14/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00
02/14/24	02/14/24	81	84439	12-01		13.00	1	7.58	45	5.42	0.00
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						182.36		101.34		81.02	0.00
512-05573	303-0501472		CHANDLER	J	PPA846778456			PPA846778456	I1564784		
02/14/24	02/14/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
512-05573	303-0501327		CHANEY	B	WMW00306258W			WMW995569836	I1564786		
02/14/24	02/14/24	81	84681	12-01		63.00	1	8.35	45	54.65	0.00
02/14/24	02/14/24	81	86038	12-01		40.00	1	10.16	45	29.84	0.00
CLAIM TOTALS						103.00		18.51		84.49	0.00
512-05573	303-0514007		CHAPMAN	T	LGB901431736			LGB901431736	I1566030		
02/14/24	02/14/24	81	G0482	12-01		174.33	3	7.50	45	124.97	0.00
512-05573	303-0472942		CHARD	A	TEA806651137			TEA806651137	I1563809		
02/14/24	02/14/24	81	87635	12-01		150.00	3	6.33	45	118.32	0.00
02/14/24	02/14/24	81	87486	12-01		42.00	3	3.78	45	23.06	0.00
02/14/24	02/14/24	81	87498	12-01		37.07	3	3.78	45	18.13	0.00
02/14/24	02/14/24	81	87581	12-01		42.00	3	3.78	45	23.06	0.00
02/14/24	02/14/24	81	87633	12-01		318.05	3	37.03	45	132.88	0.00
02/14/24	02/14/24	81	87634	12-01		105.30	3	7.63	45	67.11	0.00
02/14/24	02/14/24	81	87640	12-01		37.07	3	3.78	45	18.13	0.00
02/14/24	02/14/24	81	87641	12-01		37.07	3	3.78	45	18.13	0.00
02/14/24	02/14/24	81	87651	12-01		49.86	3	3.78	45	30.92	0.00
CLAIM TOTALS						818.42		73.67		449.74	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0514015		CHARD	C	KID804061296				KID804061296	I1566031		
02/16/24	02/16/24	81	87486	12-01		42.00	49	42.00	0.00	0.00	0.00	
02/16/24	02/16/24	81	87498	12-01		37.07	49	37.07	0.00	0.00	0.00	
02/16/24	02/16/24	81	87581	12-01		42.00	49	42.00	0.00	0.00	0.00	
02/16/24	02/16/24	81	87633	12-01		318.05	49	318.05	0.00	0.00	0.00	
02/16/24	02/16/24	81	87634	12-01		105.30	49	105.30	0.00	0.00	0.00	
02/16/24	02/16/24	81	87640	12-01		37.07	49	37.07	0.00	0.00	0.00	
02/16/24	02/16/24	81	87641	12-01		37.07	49	37.07	0.00	0.00	0.00	
02/16/24	02/16/24	81	87651	12-01		49.86	49	49.86	0.00	0.00	0.00	
CLAIM TOTALS						668.42		668.42	0.00	0.00	0.00	
512-05573	303-0514129		CHAVERS	B	EDU864412289				EDU864412289	I1566032		
02/15/24	02/15/24	81	87635	12-01		150.00	3	5.00	45	118.32	0.00	26.68
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06	0.00	13.94
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13	0.00	13.94
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06	0.00	13.94
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88	0.00	180.17
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11	0.00	33.19
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13	0.00	13.94
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13	0.00	13.94
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92	0.00	13.94
CLAIM TOTALS						818.42		45.00	449.74	0.00	323.68	
512-05573	303-0404341		CHILDERS	G	ZJY813249320				ZJY813249320	I1557549		
02/07/24	02/07/24	81	87507	12-01		319.55		0.00	45	134.38	0.00	185.17

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS					
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0514130		CLANTON		J	PPA852536948		PPA852536948		I1566034		
02/15/24	02/15/24	81		80053	12-01	15.84		0.00	45	6.97		0.00	8.87
02/15/24	02/15/24	81		84439	12-01	13.00		0.00	45	5.42		0.00	7.58
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/15/24	02/15/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76
02/15/24	02/15/24	81		82607	12-01	22.00		0.00	45	9.34		0.00	12.66
02/15/24	02/15/24	81		83540	12-01	9.71		0.00	45	4.27		0.00	5.44
02/15/24	02/15/24	81		83550	12-01	13.11		0.00	45	5.76		0.00	7.35
02/15/24	02/15/24	81		83001	12-01	27.87		0.00	45	12.25		0.00	15.62
02/15/24	02/15/24	81		82670	12-01	41.00		0.00	45	17.53		0.00	23.47
02/15/24	02/15/24	81		82728	12-01	40.00		0.00	45	28.55		0.00	11.45
CLAIM TOTALS						196.03		0.00		99.83		0.00	96.20
512-05573		303-0514131		CLANTON		J	PPA852536948		PPA852536948		I1566034		
02/15/24	02/15/24	81		84481	12-01	24.00		0.00	45	9.77		0.00	14.23
02/15/24	02/15/24	81		84403	12-01	38.00		0.00	45	16.31		0.00	21.69
02/15/24	02/15/24	81		83036	12-01	14.00		0.00	45	5.84		0.00	8.16
02/15/24	02/15/24	81		84443	12-01	25.20		0.00	45	11.07		0.00	14.13
CLAIM TOTALS						101.20		0.00		42.99		0.00	58.21
512-05573		303-0514132		CLANTON		J	PPA852536948		PPA852536948		I1566035		
02/15/24	02/15/24	81		84144	12-01	31.00		0.00	45	13.47		0.00	17.53
512-05573		303-0466379		CLARK		C	WJG983330817		WJG983330817		I1562453		
02/12/24	02/12/24	81	80053	84999	12-01	15.84	1	9.34	45	19.61	94	-13.11	0.00
02/12/24	02/12/24	81		82607	12-01	22.00	96	22.00		0.00		0.00	0.00
02/12/24	02/12/24	81		82306	12-01	44.00	96	44.00		0.00		0.00	0.00
02/12/24	02/12/24	81		83036	12-01	14.00	1	8.16	45	5.84		0.00	0.00
02/12/24	02/12/24	81		83735	12-01	13.11		0.00	97	13.11		0.00	0.00
02/12/24	02/12/24	81		80061	12-01	20.00	1	9.56	45	10.44		0.00	0.00
02/12/24	02/12/24	81		84443	12-01	25.20	1	14.13	45	11.07		0.00	0.00
02/12/24	02/12/24	81		84439	12-01	13.00	1	7.58	45	5.42		0.00	0.00
02/12/24	02/12/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/12/24	02/12/24	81		85049	12-01	9.00	1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						180.65		118.53		75.23		-13.11	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS					
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-3414805		CLARK		C	WJG983330817				WJG983330817		I1552206	
12/05/23	12/05/23	81	87506	12-01		161.81	50	161.81		0.00		0.00	0.00
12/05/23	12/05/23	81	82274	12-01		48.00	3	1.34	45	34.63		0.00	12.03
CLAIM TOTALS						209.81		163.15		34.63		0.00	12.03
512-05573	303-3414805		CLARK		C	WJG983330817				WJG983330817		I1498734	
12/05/23	12/05/23	81	87507	87507	12-22	-319.55	50	-319.55		0.00		0.00	0.00
12/05/23	12/05/23	81	82274	82274	12-22	-48.00	3	-1.34	45	-34.63		0.00	-12.03
CLAIM TOTALS						-367.55		-320.89		-34.63		0.00	-12.03
512-05573	303-0501409		CLARK		O	PPA861355962				PPA861355962		I1564787	
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
512-05573	303-0501410		CLARK		R	COJ847510361				COJ847510361		I1564788	
02/02/24	02/02/24	81	84403	12-01		38.00		0.00	45	16.31		0.00	21.69
02/02/24	02/02/24	81	84402	12-01		38.00		0.00	45	16.61		0.00	21.39
CLAIM TOTALS						76.00		0.00		32.92		0.00	43.08
512-05573	303-0381698		CLARKE		M	PPA840841389				PPA840841389		I1555186	
02/05/24	02/05/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
02/05/24	02/05/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/05/24	02/05/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
02/05/24	02/05/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/05/24	02/05/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/05/24	02/05/24	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
02/05/24	02/05/24	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
02/05/24	02/05/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42		0.00	337.00
512-05573	303-0393057		CLARKE		M	PPA840841389				PPA840841389		I1556437	
02/05/24	02/05/24	81	87635	12-01		150.00		0.00	45	118.32		0.00	31.68

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0501473		CLAY	S		KID898402726			KID898402726	I1564789		
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	45	23.06	0.00	18.94
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06	0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88	0.00	185.17
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11	0.00	38.19
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92	0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42	0.00	337.00
512-05573	303-0514035		CLAYTON	K		PPA877963444			PPA877963444	I1566036		
02/16/24	02/16/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00	0.00
02/16/24	02/16/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00	0.00
02/16/24	02/16/24	81	82306	12-01		44.00	1	24.88	45	19.12	0.00	0.00
02/16/24	02/16/24	81	83036	12-01		14.00	1	8.16	45	5.84	0.00	0.00
02/16/24	02/16/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00	0.00
02/16/24	02/16/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00	0.00
02/16/24	02/16/24	81	84439	12-01		13.00	1	7.58	45	5.42	0.00	0.00
02/16/24	02/16/24	81	85027	12-01		12.00	1	3.90	45	8.10	0.00	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
CLAIM TOTALS						170.54		89.74		80.80	0.00	0.00
512-05573	303-0501411		CLEMENTS	P		RTC100010320917			RTC996592642	I1564790		
02/15/24	02/15/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00	0.00
512-05573	303-0468616		CLEMONS	W		TVA904738641			TVA904738641	I1562456		
02/12/24	02/12/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00	0.00
02/12/24	02/12/24	81	83036	12-01		14.00		0.00	45	5.84	0.00	8.16
02/12/24	02/12/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00	0.00
02/12/24	02/12/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00	0.00
02/12/24	02/12/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00	0.00
CLAIM TOTALS						84.04		36.32		39.56	0.00	8.16



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0501412		CLUXTON	M	CNC811467325			CNC811467325	I1564791			
02/12/24	02/12/24	81	80307	12-01		83.81	3	9.78	45	34.88	0.00	39.15
02/12/24	02/12/24	81	G0482	12-01		174.33	3	9.87	45	124.97	0.00	39.49
CLAIM TOTALS						258.14		19.65		159.85	0.00	78.64
512-05573	302-0449406		COFFEE	S	F4K5553126AB			F4K996561143	I1560111			
02/09/24	02/09/24	81	80053	12-01		15.84	3	1.77	45	6.97	0.00	7.10
02/09/24	02/09/24	81	82607	12-01		22.00	3	2.53	45	9.34	0.00	10.13
02/09/24	02/09/24	81	82306	12-01		44.00	3	4.98	45	19.12	0.00	19.90
02/09/24	02/09/24	81	80061	12-01		20.00	3	1.91	45	10.44	0.00	7.65
02/09/24	02/09/24	81	84443	12-01		25.20	3	2.83	45	11.07	0.00	11.30
02/09/24	02/09/24	81	84439	12-01		13.00	3	1.52	45	5.42	0.00	6.06
02/09/24	02/09/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
CLAIM TOTALS						144.54		15.54		66.86	0.00	62.14
512-05573	303-0514038		COHN	J	EDU881094405			EDU881094405	I1566038			
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06	0.00	13.94
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13	0.00	13.94
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06	0.00	13.94
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88	0.00	180.17
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11	0.00	33.19
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13	0.00	13.94
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13	0.00	13.94
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92	0.00	13.94
CLAIM TOTALS						668.42		40.00		331.42	0.00	297.00
512-05573	303-0466378		COLE	M	ZTQ980A66761			ZTQ996717470	I1562461			
02/08/24	02/08/24	81	80307	12-01		83.81	1	48.93	45	34.88	0.00	0.00
02/08/24	02/08/24	81	G0482	12-01		174.33	1	49.36	45	124.97	0.00	0.00
CLAIM TOTALS						258.14		98.29		159.85	0.00	0.00



**BlueCross BlueShield
of Alabama**

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REMITTANCE NOTICE

512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
BIRMINGHAM AL 35235-3720

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DATES OF	SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER	ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514039		COLEMAN	J	EDU885355650					EDU885355650	I1566039		
02/16/24	02/16/24	81	87481	12-01	84.00		3	10.00	45	46.12		0.00	27.88
02/16/24	02/16/24	81	87491	12-01	49.86		3	5.00	45	30.92		0.00	13.94
02/16/24	02/16/24	81	87511	12-01	42.00		3	5.00	45	23.06		0.00	13.94
02/16/24	02/16/24	81	87529	12-01	99.72		3	10.00	45	61.84		0.00	27.88
02/16/24	02/16/24	81	87591	12-01	42.00		3	5.00	45	23.06		0.00	13.94
02/16/24	02/16/24	81	87653	12-01	74.14		3	5.00	45	55.20		0.00	13.94
02/16/24	02/16/24	81	87661	12-01	32.30		3	5.00	45	13.36		0.00	13.94
02/16/24	02/16/24	81	87563	12-01	42.50		3	5.00	45	23.56		0.00	13.94
02/16/24	02/16/24	81	87640	12-01	37.07		3	5.00	45	18.13		0.00	13.94
CLAIM TOTALS						503.59		55.00		295.25		0.00	153.34
512-05573	303-0513964		COLIN	N	M9K849436357					M9K849436357	I1566040		
02/16/24	02/16/24	81	80053	12-01	15.84		1	8.87	45	6.97		0.00	0.00
02/16/24	02/16/24	81	82306	12-01	44.00		1	24.88	45	19.12		0.00	0.00
02/16/24	02/16/24	81	84443	12-01	25.20		1	14.13	45	11.07		0.00	0.00
02/16/24	02/16/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00
02/16/24	02/16/24	81	85049	12-01	9.00		1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						98.54		51.64		46.90		0.00	0.00
512-05573	302-0449692		COLLEY	A	L3H588184977					L3H588184977	I1560116		
02/01/24	02/01/24	81	84144	12-01	31.00		1	17.53	45	13.47		0.00	0.00
02/01/24	02/01/24	81	84702	12-01	22.00		1	8.54	45	13.46		0.00	0.00
02/01/24	02/01/24	81	86141	12-01	19.00		1	10.88	45	8.12		0.00	0.00
02/01/24	02/01/24	81	84402	12-01	38.00		1	21.39	45	16.61		0.00	0.00
CLAIM TOTALS						110.00		58.34		51.66		0.00	0.00

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LOCATION ID		CLAIM	PATIENT		ORIGINAL CONTRACT		CORRECTED CONTRACT		PATIENT CONTROL NUMBER		
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0513998		COLLIER		C	ZES909064460		ZES909064460		I1566041
02/16/24	02/16/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30	1	38.19	45	67.11	0.00
02/16/24	02/16/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00
CLAIM TOTALS						668.42		337.00		331.42	0.00
512-05573		303-0431278		COLLINS		M	HUY876512626		HUY876512626		I1558510
02/08/24	02/08/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00
02/08/24	02/08/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00
02/08/24	02/08/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00
02/08/24	02/08/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00
02/08/24	02/08/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00
02/08/24	02/08/24	81	87634	12-01		105.30	1	38.19	45	67.11	0.00
02/08/24	02/08/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00
02/08/24	02/08/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00
02/08/24	02/08/24	81	87635	12-01		150.00	1	31.68	45	118.32	0.00
CLAIM TOTALS						818.42		368.68		449.74	0.00
512-05573		303-0513965		COLVIN		T	EDU809965803		EDU809965803		I1566042
12/27/23	12/27/23	81	87486	12-01		42.00	3	5.00	45	23.06	0.00
12/27/23	12/27/23	81	87498	12-01		37.07	3	5.00	45	18.13	0.00
12/27/23	12/27/23	81	87640	12-01		37.07	3	5.00	45	18.13	0.00
12/27/23	12/27/23	81	87581	12-01		42.00	3	5.00	45	23.06	0.00
12/27/23	12/27/23	81	87633	12-01		318.05	3	5.00	45	132.88	0.00
12/27/23	12/27/23	81	87634	12-01		105.30	3	5.00	45	67.11	0.00
12/27/23	12/27/23	81	87641	12-01		37.07	3	5.00	45	18.13	0.00
12/27/23	12/27/23	81	87651	12-01		49.86	3	5.00	45	30.92	0.00
12/27/23	12/27/23	81	87635	12-01		150.00	3	5.00	45	118.32	0.00
CLAIM TOTALS						818.42		45.00		449.74	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0478279		CONROY		T	PVF909700573			PVF909700573		I1563817
02/13/24	02/13/24	81	80053		12-01	15.84		0.00	45	6.97	0.00
02/13/24	02/13/24	81	82607		12-01	22.00		0.00	45	9.34	0.00
02/13/24	02/13/24	81	83540		12-01	9.71		0.00	45	4.27	0.00
02/13/24	02/13/24	81	83550		12-01	13.11		0.00	45	5.76	0.00
02/13/24	02/13/24	81	82728		12-01	40.00		0.00	45	28.55	0.00
02/13/24	02/13/24	81	84481		12-01	24.00		0.00	45	9.77	0.00
02/13/24	02/13/24	81	83036		12-01	14.00		0.00	45	5.84	0.00
02/13/24	02/13/24	81	84443		12-01	25.20		0.00	45	11.07	0.00
02/13/24	02/13/24	81	84439		12-01	13.00		0.00	45	5.42	0.00
02/13/24	02/13/24	81	36415		12-01	4.50		0.00	97	4.50	0.00
CLAIM TOTALS						181.36		0.00		91.49	0.00
512-05573	302-0478280		CONROY		T	PVF909700573			PVF909700573		I1563817
02/13/24	02/13/24	81	85049		12-01	9.00		0.00	45	5.24	0.00
512-05573	303-0501328		COOK		D	PPA822524258			PPA822524258		I1564795
02/15/24	02/15/24	81	87481		12-01	84.00		0.00	45	46.12	0.00
02/15/24	02/15/24	81	87491		12-01	49.86		0.00	45	30.92	0.00
02/15/24	02/15/24	81	87511		12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81	87529		12-01	99.72		0.00	45	61.84	0.00
02/15/24	02/15/24	81	87591		12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81	87653		12-01	74.14		0.00	45	55.20	0.00
02/15/24	02/15/24	81	87661		12-01	32.30		0.00	45	13.36	0.00
02/15/24	02/15/24	81	87563		12-01	42.50		0.00	45	23.56	0.00
02/15/24	02/15/24	81	87640		12-01	37.07		0.00	45	18.13	0.00
CLAIM TOTALS						503.59		0.00		295.25	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0513999		COOPER		B	KID833143916		KID833143916		I1566043
02/08/24	02/08/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/08/24	02/08/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/08/24	02/08/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
02/08/24	02/08/24	81	87633	12-01		318.05		0.00	96	318.05	0.00
02/08/24	02/08/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/08/24	02/08/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/08/24	02/08/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
CLAIM TOTALS						844.10		0.00		564.23	0.00
512-05573		303-0514001		COPELAND		L	KID800764900		KID800764900		I1566044
02/16/24	02/16/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
512-05573		303-0513966		CORBIN		J	PPA869909061		PPA869909061		I1566045
02/13/24	02/13/24	81	87635	12-01		150.00		0.00	45	118.32	0.00
02/13/24	02/13/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/13/24	02/13/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/13/24	02/13/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
02/13/24	02/13/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/13/24	02/13/24	81	87634	12-01		105.30		0.00	45	67.11	0.00
02/13/24	02/13/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/13/24	02/13/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
02/13/24	02/13/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00
512-05573		303-0514002		CORLEY		A	LGL134741097001		LGL996639806		I1566046
02/16/24	02/16/24	81	87651	12-01		49.86	3	3.79	45	30.92	0.00
512-05573		303-0501416		COTTRELL		M	PPA823433860		PPA823433860		I1564796
02/15/24	02/15/24	81	80061	12-01		20.00	49	20.00		0.00	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						24.50		20.00		4.50	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514003		COWDEN	A	IPM107801752001					IPM994986974	I1566048		
02/15/24	02/15/24	81	83002	12-01		27.78	1	15.56	45	12.22		0.00	0.00
02/15/24	02/15/24	81	83001	12-01		27.87	1	15.62	45	12.25		0.00	0.00
02/15/24	02/15/24	81	82670	12-01		41.00	1	23.47	45	17.53		0.00	0.00
02/15/24	02/15/24	81	84481	12-01		24.00	1	14.23	45	9.77		0.00	0.00
02/15/24	02/15/24	81	84443	12-01		25.20	1	14.13	45	11.07		0.00	0.00
02/15/24	02/15/24	81	84439	12-01		13.00	1	7.58	45	5.42		0.00	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						163.35		90.59		72.76		0.00	0.00
512-05573	303-0514004		COX	L	EIB901247124					EIB901247124	I1566049		
02/16/24	02/16/24	81	84156	12-01		8.00	3	3.08	45	4.92		0.00	0.00
02/16/24	02/16/24	81	82570	12-01		8.00	3	4.35	45	3.65		0.00	0.00
02/16/24	02/16/24	81	83069	12-01		8.00	3	3.32	45	4.68		0.00	0.00
02/16/24	02/16/24	81	84311	12-01		32.00	3	5.88	45	26.12		0.00	0.00
02/16/24	02/16/24	81	82010	12-01		16.00	3	6.21	45	9.79		0.00	0.00
02/16/24	02/16/24	81	82945	12-01		8.00	3	3.30	45	4.70		0.00	0.00
02/16/24	02/16/24	81	82247 84999	12-01		8.00	3	7.50	45	14.50	94	-15.84	1.84
02/16/24	02/16/24	81	83986	12-01		7.00	3	3.01	45	3.99		0.00	0.00
02/16/24	02/16/24	81	81007	12-01		120.00	3	2.16	45	117.84		0.00	0.00
02/16/24	02/16/24	81	82043	12-01		7.58	3	4.86	45	2.72		0.00	0.00
CLAIM TOTALS						222.58		43.67		192.91		-15.84	1.84
512-05573	303-0514005		COX	L	EIB901247124					EIB901247124	I1566049		
02/16/24	02/16/24	81	80053	12-01		15.84		0.00	97	15.84		0.00	0.00
02/16/24	02/16/24	81	83036	12-01		14.00	3	7.50	45	5.84		0.00	0.66
02/16/24	02/16/24	81	80061	12-01		20.00	3	7.50	45	10.44		0.00	2.06
02/16/24	02/16/24	81	84443	12-01		25.20	3	7.50	45	11.07		0.00	6.63
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	3	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						88.54		26.26		52.93		0.00	9.35



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		CONTROL NUMBER	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501417		CRAIG		C	PGX818614682				PGX818614682		I1564797	
02/15/24	02/15/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
02/15/24	02/15/24	81	83036	12-01		14.00	1	8.16	45	5.84		0.00	0.00
02/15/24	02/15/24	81	80061	12-01		20.00	1	9.56	45	10.44		0.00	0.00
02/15/24	02/15/24	81	85027	12-01		12.00	1	3.90	45	8.10		0.00	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						66.34		30.49		35.85		0.00	0.00
512-05573	303-0514006		CRAIG		S	PAS838562667				PAS838562667		I1566050	
02/18/24	02/18/24	81	87481	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/18/24	02/18/24	81	87491	12-01		49.86	1	18.94	45	30.92		0.00	0.00
02/18/24	02/18/24	81	87591	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/18/24	02/18/24	81	87661	12-01		32.30	1	18.94	45	13.36		0.00	0.00
CLAIM TOTALS						166.16		75.76		90.40		0.00	0.00
512-05573	302-0478285		CRANE		P	DVR811595709				DVR811595709		I1563824	
02/13/24	02/13/24	81	84156	12-01		8.00	1	3.08	45	4.92		0.00	0.00
02/13/24	02/13/24	81	82570	12-01		8.00	1	4.35	45	3.65		0.00	0.00
02/13/24	02/13/24	81	83069	12-01		8.00	1	3.32	45	4.68		0.00	0.00
02/13/24	02/13/24	81	84311	12-01		32.00	1	5.88	45	26.12		0.00	0.00
02/13/24	02/13/24	81	82010	12-01		16.00	1	6.21	45	9.79		0.00	0.00
02/13/24	02/13/24	81	82945	12-01		8.00	1	3.30	45	4.70		0.00	0.00
02/13/24	02/13/24	81	82247	12-01		8.00	1	4.22	45	3.78		0.00	0.00
02/13/24	02/13/24	81	83986	12-01		7.00	1	3.01	45	3.99		0.00	0.00
02/13/24	02/13/24	81	81007	12-01		120.00	1	2.16	45	117.84		0.00	0.00
02/13/24	02/13/24	81	82043	12-01		7.58	1	4.86	45	2.72		0.00	0.00
CLAIM TOTALS						222.58		40.39		182.19		0.00	0.00
512-05573	303-0513967		CRANE		P	DVR811595709				DVR811595709		I1566051	
02/13/24	02/13/24	81	G0482	12-01		174.33	3	6.60	45	141.29		0.00	26.44



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE			CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	302-0518954		KREED		D	EDU893133992				EDU893133992		I1566227		
02/16/24	02/16/24	81		80053	12-01	15.84		5.00	45	6.97		0.00	3.87	
02/16/24	02/16/24	81		82607	12-01	22.00	3	5.00	45	9.34		0.00	7.66	
02/16/24	02/16/24	81		82306	12-01	44.00	96	44.00		0.00		0.00	0.00	
02/16/24	02/16/24	81		84443	12-01	25.20	3	5.00	45	11.07		0.00	9.13	
02/16/24	02/16/24	81		84439	12-01	13.00	3	5.00	45	5.42		0.00	2.58	
02/16/24	02/16/24	81		84436	12-01	10.00		0.00	97	10.00		0.00	0.00	
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00	
02/16/24	02/16/24	81		85049	12-01	9.00	3	3.76	45	5.24		0.00	0.00	
CLAIM TOTALS						143.54		67.76		52.54		0.00	23.24	
512-05573	302-0367631		CREEL		M	NGO479A23211				NGO994772920		I1552222		
02/01/24	02/01/24	81	87635	87635	12-01	150.00		0.00	B12	150.00		0.00	0.00	
02/01/24	02/01/24	81	87486	87486	12-01	42.00		0.00	B12	42.00		0.00	0.00	
02/01/24	02/01/24	81	87498	87498	12-01	37.07		0.00	B12	37.07		0.00	0.00	
02/01/24	02/01/24	81	87581	87581	12-01	42.00		0.00	B12	42.00		0.00	0.00	
02/01/24	02/01/24	81	87633	87633	12-01	318.05		0.00	B12	318.05		0.00	0.00	
02/01/24	02/01/24	81	87634	87634	12-01	105.30		0.00	B12	105.30		0.00	0.00	
02/01/24	02/01/24	81	87640	87640	12-01	37.07		0.00	B12	37.07		0.00	0.00	
02/01/24	02/01/24	81	87641	87641	12-01	37.07		0.00	B12	37.07		0.00	0.00	
02/01/24	02/01/24	81	87651	87651	12-01	49.86		0.00	B12	49.86		0.00	0.00	
CLAIM TOTALS						818.42		0.00		818.42		0.00	0.00	
512-05573	302-0367631		CREEL		M	NGO479A23211				NGO994772920		I1552222		
02/01/24	02/01/24	81	87635	87635	12-22	-150.00		0.00	252	-150.00		0.00	0.00	
02/01/24	02/01/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00		0.00	0.00	
02/01/24	02/01/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07		0.00	0.00	
02/01/24	02/01/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00		0.00	0.00	
02/01/24	02/01/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05		0.00	0.00	
02/01/24	02/01/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30		0.00	0.00	
02/01/24	02/01/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07		0.00	0.00	
02/01/24	02/01/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07		0.00	0.00	
02/01/24	02/01/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86		0.00	0.00	
CLAIM TOTALS						-818.42		0.00		-818.42		0.00	0.00	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0513969		CROWDEN	S	PPA875015243			PPA875015243	I1566056		
11/20/23	11/20/23	81	87635	12-01		150.00		45	118.32	0.00	31.68
11/20/23	11/20/23	81	87486	12-01		42.00		45	23.06	0.00	18.94
11/20/23	11/20/23	81	87498	12-01		37.07		45	18.13	0.00	18.94
11/20/23	11/20/23	81	87640	12-01		37.07		45	18.13	0.00	18.94
11/20/23	11/20/23	81	87581	12-01		42.00		45	23.06	0.00	18.94
11/20/23	11/20/23	81	87633	12-01		318.05		45	132.88	0.00	185.17
11/20/23	11/20/23	81	87634	12-01		105.30		45	67.11	0.00	38.19
11/20/23	11/20/23	81	87641	12-01		37.07		45	18.13	0.00	18.94
11/20/23	11/20/23	81	87651	12-01		49.86		45	30.92	0.00	18.94
CLAIM TOTALS						818.42		449.74		0.00	368.68
512-05573	303-0370304		CUCKLER	M	PPA850158797			PPA850158797	I1553566		
02/02/24	02/02/24	81	80053	12-01		15.84		45	6.97	0.00	8.87
02/02/24	02/02/24	81	83036	12-01		14.00		45	5.84	0.00	8.16
02/02/24	02/02/24	81	80061	12-01		20.00		45	10.44	0.00	9.56
02/02/24	02/02/24	81	84443	12-01		25.20		45	11.07	0.00	14.13
02/02/24	02/02/24	81	84439	12-01		13.00		45	5.42	0.00	7.58
02/02/24	02/02/24	81	36415	12-01		4.50		97	4.50	0.00	0.00
02/02/24	02/02/24	81	85049	12-01		9.00		45	5.24	0.00	3.76
CLAIM TOTALS						101.54		49.48		0.00	52.06
512-05573	303-0301409		CURTIS	L	TVA910014745			TVA910014745	I1564799		
01/26/24	01/26/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00
01/26/24	01/26/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00
01/26/24	01/26/24	81	87653	12-01		37.07	1	18.94	45	18.13	0.00
01/26/24	01/26/24	81	87481	12-01		42.00	1	18.94	45	23.06	0.00
01/26/24	01/26/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00
01/26/24	01/26/24	81	82306	12-01		44.00	1	24.88	45	19.12	0.00
01/26/24	01/26/24	81	36415	12-01		4.50	3	0.65	45	1.22	0.00
CLAIM TOTALS						223.71		113.95		107.13	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS					
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0301409		CURTIS		L	TVA910014745		TVA910014745		I1546922		
01/26/24	01/26/24	81	87640	87640	12-22	-37.07	1	-18.94	45	-18.13		0.00	0.00
01/26/24	01/26/24	81	87641	87641	12-22	-37.07	1	-18.94	45	-18.13		0.00	0.00
01/26/24	01/26/24	81	87653	87653	12-22	-37.07	1	-18.94	45	-18.13		0.00	0.00
01/26/24	01/26/24	81	87481	87481	12-22	-42.00	1	-18.94	45	-23.06		0.00	0.00
01/26/24	01/26/24	81	82607	82607	12-22	-22.00	1	-12.66	45	-9.34		0.00	0.00
01/26/24	01/26/24	81	82306	82306	12-22	-44.00	1	-24.88	45	-19.12		0.00	0.00
01/26/24	01/26/24	81	36415	36415	12-22	-4.50		0.00	97	-4.50		0.00	0.00
CLAIM TOTALS						-223.71		-113.30		-110.41		0.00	0.00
512-05573		303-0513970		DANIEL		K	PPA876262499		PPA876262499		I1566058		
12/19/23	12/19/23	81	87635	12-01		150.00		0.00	45	118.32		0.00	31.68
12/19/23	12/19/23	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
12/19/23	12/19/23	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
12/19/23	12/19/23	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
12/19/23	12/19/23	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
12/19/23	12/19/23	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
12/19/23	12/19/23	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
12/19/23	12/19/23	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
12/19/23	12/19/23	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68
512-05573		303-0513971		DAVIS		D	PPA875009867		PPA875009867		I1566060		
11/21/23	11/21/23	81	87635	12-01		150.00		0.00	45	118.32		0.00	31.68
11/21/23	11/21/23	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
11/21/23	11/21/23	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
11/21/23	11/21/23	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
11/21/23	11/21/23	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
11/21/23	11/21/23	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
11/21/23	11/21/23	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
11/21/23	11/21/23	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
11/21/23	11/21/23	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0513972		DAVIS	H	PPA815719479			PPA815719479	I1566061		
11/27/23	11/27/23	81	87640	12-01		37.07	1	18.94	45	18.13	0.00
11/27/23	11/27/23	81	87491	12-01		49.86	1	18.94	45	30.92	0.00
11/27/23	11/27/23	81	87511	12-01		42.00	1	18.94	45	23.06	0.00
11/27/23	11/27/23	81	87529	12-01		99.72	1	37.88	45	61.84	0.00
11/27/23	11/27/23	81	87591	12-01		42.00	1	18.94	45	23.06	0.00
11/27/23	11/27/23	81	87653	12-01		37.07	1	18.94	45	18.13	0.00
11/27/23	11/27/23	81	87661	12-01		32.30	1	18.94	45	13.36	0.00
11/27/23	11/27/23	81	87563	12-01		42.50	1	18.94	45	23.56	0.00
11/27/23	11/27/23	81	87086	12-01		18.53	1	6.78	45	11.75	0.00
11/27/23	11/27/23	81	87186	12-01		13.50	1	7.27	45	6.23	0.00
CLAIM TOTALS						414.55		184.51		230.04	0.00
512-05573	303-0513973		DAVIS	H	PPA815719479			PPA815719479	I1566061		
11/27/23	11/27/23	81	87088	12-01		8.09	1	6.80	45	1.29	0.00
512-05573	303-0514010		DAVIS	J	EDU827465351			EDU827465351	I1566063		
02/16/24	02/16/24	81	83540	12-01		9.71	3	5.00	45	4.27	0.00
02/16/24	02/16/24	81	83550	12-01		13.11	3	5.00	45	5.76	0.00
02/16/24	02/16/24	81	85652	12-01		4.00	3	2.27	45	1.73	0.00
02/16/24	02/16/24	81	82728	12-01		40.00	3	5.00	45	28.55	0.00
02/16/24	02/16/24	81	86677	12-01		35.00	3	5.00	45	22.81	0.00
02/16/24	02/16/24	81	86431	12-01		20.00	3	4.77	45	15.23	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	3	3.76	45	5.24	0.00
CLAIM TOTALS						135.32		30.80		88.09	0.00
512-05573	303-0513976		DAVIS	M	PPA815582463			PPA815582463	I1566066		
02/15/24	02/15/24	81	82044	12-01		12.00		0.00	45	10.01	0.00
02/15/24	02/15/24	81	80053	12-01		15.84		0.00	45	6.97	0.00
02/15/24	02/15/24	81	82306	12-01		44.00		0.00	45	19.12	0.00
02/15/24	02/15/24	81	83036	12-01		14.00		0.00	97	14.00	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						90.34		0.00		54.60	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514011		DAVIS		M	PPA837890276				PPA837890276		I1566064	
02/16/24	02/16/24	81	87481	12-01		84.00		0.00	45	46.12		0.00	37.88
02/16/24	02/16/24	81	87491	12-01		49.86		0.00	45	30.92		0.00	18.94
02/16/24	02/16/24	81	87511	12-01		42.00		0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81	87529	12-01		99.72		0.00	45	61.84		0.00	37.88
02/16/24	02/16/24	81	87591	12-01		42.00		0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81	87653	12-01		74.14		0.00	45	55.20		0.00	18.94
02/16/24	02/16/24	81	87661	12-01		32.30		0.00	45	13.36		0.00	18.94
02/16/24	02/16/24	81	87563	12-01		42.50		0.00	45	23.56		0.00	18.94
02/16/24	02/16/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
CLAIM TOTALS						503.59		0.00		295.25		0.00	208.34
512-05573	303-0513974		DAVIS		M	PPA825324833				PPA825324833		I1566065	
12/07/23	12/07/23	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
12/07/23	12/07/23	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
12/07/23	12/07/23	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
12/07/23	12/07/23	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
12/07/23	12/07/23	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
12/07/23	12/07/23	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
12/07/23	12/07/23	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
12/07/23	12/07/23	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
12/07/23	12/07/23	81	87635	12-01		150.00		0.00	45	118.32		0.00	31.68
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68
512-05573	303-0514009		DAVISON		I	KID807497636				KID807497636		I1566062	
02/16/24	02/16/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
512-05573	303-2753424		DEARMON		S	PGX810699706				PGX810699706		I1436315	
09/27/23	09/27/23	81	87640	87640	12-22	-37.07		0.00	45	-18.13		0.00	-18.94
09/27/23	09/27/23	81	87641	87641	12-22	-37.07		0.00	45	-18.13		0.00	-18.94
09/27/23	09/27/23	81	87653	87653	12-22	-37.07		0.00	45	-18.13		0.00	-18.94
09/27/23	09/27/23	81	87481	87481	12-22	-42.00		0.00	45	-23.06		0.00	-18.94
CLAIM TOTALS						-153.21		0.00		-77.45		0.00	-75.76



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS					
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		772-2753424		DEARMON		S	PGX810699706		PGX810699706		I1436315		
09/27/23	09/27/23	81	87640	87640	12-01	37.07	22	37.07		0.00		0.00	0.00
09/27/23	09/27/23	81	87641	87641	12-01	37.07	22	37.07		0.00		0.00	0.00
09/27/23	09/27/23	81	87653	87653	12-01	37.07	22	37.07		0.00		0.00	0.00
09/27/23	09/27/23	81	87481	87481	12-01	42.00	22	42.00		0.00		0.00	0.00
CLAIM TOTALS						153.21		153.21		0.00		0.00	0.00
512-05573		302-0456369		DEBARDELABEN E		DZJ837298701			DZJ837298701		I1561361		
02/12/24	02/12/24	81	80053	12-01	15.84			0.00	45	6.97		0.00	8.87
02/12/24	02/12/24	81	80061	12-01	20.00			0.00	45	10.44		0.00	9.56
02/12/24	02/12/24	81	85027	12-01	12.00			0.00	45	8.10		0.00	3.90
02/12/24	02/12/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00
CLAIM TOTALS						52.34		0.00		30.01		0.00	22.33
512-05573		303-0514012		DENNIS		M	SCY868450247		SCY868450247		I1566067		
02/16/24	02/16/24	81	87635	12-01	150.00			0.00	45	118.32		0.00	31.68
02/16/24	02/16/24	81	87486	12-01	42.00			0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81	87498	12-01	37.07			0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81	87581	12-01	42.00			0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81	87633	12-01	318.05			0.00	45	132.88		0.00	185.17
02/16/24	02/16/24	81	87634	12-01	105.30			0.00	45	67.11		0.00	38.19
02/16/24	02/16/24	81	87640	12-01	37.07			0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81	87641	12-01	37.07			0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81	87651	12-01	49.86			0.00	45	30.92		0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68
512-05573		303-0091748		DICKSON		E	BOR603870781		BOR603870781		I1528173		
01/04/24	01/04/24	81	83540	12-01	9.71		3	1.08	45	4.27		0.00	4.36
01/04/24	01/04/24	81	83550	12-01	13.11		3	1.47	45	5.76		0.00	5.88
01/04/24	01/04/24	81	82728	12-01	40.00		3	2.29	45	28.55		0.00	9.16
01/04/24	01/04/24	81	85049	12-01	9.00		3	0.75	45	5.24		0.00	3.01
CLAIM TOTALS						71.82		5.59		43.82		0.00	22.41



**BlueCross BlueShield
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REMITTANCE NOTICE

512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
BIRMINGHAM AL 35235-3720

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514013		DINGLER	A		PGX850433403			PGX850433403	I1566069	
02/15/24	02/15/24	81	80053	84999	12-01	15.84		0.00	45	19.61	94 -13.11 9.34
02/15/24	02/15/24	81		85049	12-01	9.00		0.00	45	5.24	0.00 3.76
02/15/24	02/15/24	81		82607	12-01	22.00		0.00	45	9.34	0.00 12.66
02/15/24	02/15/24	81		82306	12-01	44.00	96	44.00		0.00	0.00 0.00
02/15/24	02/15/24	81		83540	12-01	9.71		0.00	45	4.27	0.00 5.44
02/15/24	02/15/24	81		83550	12-01	13.11		0.00	45	5.76	0.00 7.35
02/15/24	02/15/24	81		82670	12-01	41.00		0.00	45	17.53	0.00 23.47
02/15/24	02/15/24	81		83036	12-01	14.00		0.00	45	5.84	0.00 8.16
02/15/24	02/15/24	81		83735	12-01	13.11		0.00	97	13.11	0.00 0.00
02/15/24	02/15/24	81		83525	12-01	17.15		0.00	45	7.88	0.00 9.27
CLAIM TOTALS						198.92		44.00		88.58	-13.11 79.45
512-05573	303-0514014		DINGLER	A		PGX850433403			PGX850433403	I1566069	
02/15/24	02/15/24	81		80061	12-01	20.00		0.00	45	10.44	0.00 9.56
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50	0.00 0.00
CLAIM TOTALS						24.50		0.00		14.94	0.00 9.56
512-05573	303-0514016		DINGLER	A		PGX850433403			PGX850433403	I1566070	
02/15/24	02/15/24	81		84144	12-01	31.00		0.00	45	13.47	0.00 17.53
02/15/24	02/15/24	81		83090	12-01	26.96		0.00	45	12.79	0.00 14.17
CLAIM TOTALS						57.96		0.00		26.26	0.00 31.70
512-05573	303-0501419		DINGMAN	J		EIB901356032			EIB901356032	I1564802	
02/14/24	02/14/24	81		80053	12-01	15.84	3	7.50	45	6.97	0.00 1.37
02/14/24	02/14/24	81		82607	12-01	22.00	3	7.50	45	9.34	0.00 5.16
02/14/24	02/14/24	81		82746	12-01	22.00	3	7.50	45	11.49	0.00 3.01
02/14/24	02/14/24	81		83036	12-01	14.00	3	7.50	45	5.84	0.00 0.66
02/14/24	02/14/24	81		80061	12-01	20.00	3	7.50	45	10.44	0.00 2.06
02/14/24	02/14/24	81		36415	12-01	4.50		0.00	97	4.50	0.00 0.00
02/14/24	02/14/24	81		85049	12-01	9.00	3	3.76	45	5.24	0.00 0.00
02/14/24	02/14/24	81		84156	12-01	8.00	3	3.08	45	4.92	0.00 0.00
02/14/24	02/14/24	81		82570	12-01	8.00	3	4.35	45	3.65	0.00 0.00
02/14/24	02/14/24	81		83069	12-01	8.00	3	3.32	45	4.68	0.00 0.00
CLAIM TOTALS						131.34		52.01		67.07	0.00 12.26



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0501420		DINGMAN		J	EIB901356032		EIB901356032		I1564802		
02/14/24	02/14/24	81		84311	12-01	32.00	3	5.88	45	26.12		0.00	0.00
02/14/24	02/14/24	81		82010	12-01	16.00	3	6.21	45	9.79		0.00	0.00
02/14/24	02/14/24	81		82945	12-01	8.00	3	3.30	45	4.70		0.00	0.00
02/14/24	02/14/24	81		82247	12-01	8.00	3	4.22	45	3.78		0.00	0.00
02/14/24	02/14/24	81		83986	12-01	7.00	3	3.01	45	3.99		0.00	0.00
02/14/24	02/14/24	81		81007	12-01	120.00	3	2.16	45	117.84		0.00	0.00
02/14/24	02/14/24	81		82043	12-01	7.58	3	4.86	45	2.72		0.00	0.00
CLAIM TOTALS						198.58		29.64		168.94		0.00	0.00
512-05573		303-0376191		DOLI		J	N4G000613592		N4G000613592		I1553591		
02/02/24	02/02/24	81		87651	12-01	49.86	1	18.94	45	30.92		0.00	0.00
512-05573		302-0317534		DORN		D	PLNAN5365061		PLN995584338		I1548451		
01/29/24	01/29/24	81		87635	87635	12-01	1	150.00	45	118.32		0.00	0.00
01/29/24	01/29/24	81		87486	87486	12-01	1	42.00	45	23.06		0.00	0.00
01/29/24	01/29/24	81		87498	87498	12-01	1	37.07	45	18.13		0.00	0.00
01/29/24	01/29/24	81		87581	87581	12-01	1	42.00	45	23.06		0.00	0.00
01/29/24	01/29/24	81		87633	87633	12-01	1	318.05	45	132.88		0.00	0.00
01/29/24	01/29/24	81		87634	87634	12-01	1	105.30	45	67.11		0.00	0.00
01/29/24	01/29/24	81		87640	87640	12-01	1	37.07	45	18.13		0.00	0.00
01/29/24	01/29/24	81		87641	87641	12-01	1	37.07	45	18.13		0.00	0.00
01/29/24	01/29/24	81		87651	87651	12-01	1	49.86	45	30.92		0.00	0.00
CLAIM TOTALS						818.42		368.68		449.74		0.00	0.00



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		TOTAL		PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT		
512-05573		302-0317534		DORN		D	PLNAN5365061		PLN995584338		I1548451				
01/29/24	01/29/24	81	87635	87635	12-22	-150.00		0.00	252	-150.00		0.00	0.00		
01/29/24	01/29/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00		0.00	0.00		
01/29/24	01/29/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07		0.00	0.00		
01/29/24	01/29/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00		0.00	0.00		
01/29/24	01/29/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05		0.00	0.00		
01/29/24	01/29/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30		0.00	0.00		
01/29/24	01/29/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07		0.00	0.00		
01/29/24	01/29/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07		0.00	0.00		
01/29/24	01/29/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86		0.00	0.00		
CLAIM TOTALS						-818.42		0.00		-818.42		0.00	0.00		
512-05573		303-0514017		DORNING		J	EDU811655654		EDU811655654		I1566071				
02/15/24	02/15/24	81	84481	12-01		24.00		5.00	45	9.77		0.00	9.23		
02/15/24	02/15/24	81	84443	12-01		25.20		5.00	45	11.07		0.00	9.13		
02/15/24	02/15/24	81	84439	12-01		13.00		5.00	45	5.42		0.00	2.58		
02/15/24	02/15/24	81	84436	12-01		10.00		0.00	97	10.00		0.00	0.00		
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00		
CLAIM TOTALS						76.70		15.00		40.76		0.00	20.94		
512-05573		303-0466528		DOROUGH		M	OPE935A65289		OPE995492209		I1562490				
02/13/24	02/13/24	81	87486	12-01		42.00		0.00	252	42.00		0.00	0.00		
02/13/24	02/13/24	81	87498	12-01		37.07		0.00	252	37.07		0.00	0.00		
02/13/24	02/13/24	81	87640	12-01		37.07		0.00	252	37.07		0.00	0.00		
02/13/24	02/13/24	81	87581	12-01		42.00		0.00	252	42.00		0.00	0.00		
02/13/24	02/13/24	81	87633	12-01		318.05		0.00	252	318.05		0.00	0.00		
02/13/24	02/13/24	81	87634	12-01		105.30		0.00	252	105.30		0.00	0.00		
02/13/24	02/13/24	81	87641	12-01		37.07		0.00	252	37.07		0.00	0.00		
02/13/24	02/13/24	81	87651	12-01		49.86		0.00	252	49.86		0.00	0.00		
CLAIM TOTALS						668.42		0.00		668.42		0.00	0.00		
512-05573		303-0473056		DOROUGH		M	OPE935A65289		OPE995492209		I1563841				
02/13/24	02/13/24	81	87635	12-01		150.00		31.68	45	118.32		0.00	0.00		



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0514018		DRAKE		A	ULA158A76637		ULA995310661		I1566072
02/16/24	02/16/24	81		80053	12-01	15.84	1	8.87	45	6.97	0.00
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81		85049	12-01	9.00	1	3.76	45	5.24	0.00
02/16/24	02/16/24	81		82607	12-01	22.00	1	12.66	45	9.34	0.00
02/16/24	02/16/24	81		82306	12-01	44.00	1	24.88	45	19.12	0.00
02/16/24	02/16/24	81		83540	12-01	9.71	1	5.44	45	4.27	0.00
02/16/24	02/16/24	81		83550	12-01	13.11	1	7.35	45	5.76	0.00
02/16/24	02/16/24	81		82728	12-01	40.00	1	11.45	45	28.55	0.00
02/16/24	02/16/24	81		83036	12-01	14.00	1	8.16	45	5.84	0.00
02/16/24	02/16/24	81		84443	12-01	25.20	1	14.13	45	11.07	0.00
CLAIM TOTALS						197.36		96.70		100.66	0.00
512-05573		303-0514019		DRAKE		A	ULA158A76637		ULA995310661		I1566072
02/16/24	02/16/24	81		84436	12-01	10.00	1	5.78	45	4.22	0.00
02/16/24	02/16/24	81		83525	12-01	17.15	1	9.27	45	7.88	0.00
02/16/24	02/16/24	81		80061	12-01	20.00	1	9.56	45	10.44	0.00
CLAIM TOTALS						47.15		24.61		22.54	0.00
512-05573		303-0514020		DRAKE		W	SEH885181122		SEH885181122		I1566073
02/16/24	02/16/24	81		80053	12-01	15.84		0.00	45	6.97	8.87
02/16/24	02/16/24	81		86431	12-01	20.00		0.00	45	15.23	4.77
02/16/24	02/16/24	81		83525	12-01	17.15		0.00	45	7.88	9.27
02/16/24	02/16/24	81		80061	12-01	20.00		0.00	45	10.44	9.56
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81		85049	12-01	9.00		0.00	45	5.24	3.76
02/16/24	02/16/24	81		82607	12-01	22.00		0.00	45	9.34	12.66
02/16/24	02/16/24	81		82306	12-01	44.00	119	44.00		0.00	0.00
02/16/24	02/16/24	81		83540	12-01	9.71		0.00	45	4.27	5.44
02/16/24	02/16/24	81		83550	12-01	13.11		0.00	45	5.76	7.35
CLAIM TOTALS						175.31		44.00		69.63	61.68



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE			CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514021		DRAKE		W	SEH885181122				SEH885181122		I1566073	
02/16/24	02/16/24	81	85652	12-01		4.00		0.00	45	1.73		0.00	2.27
02/16/24	02/16/24	81	82728	12-01		40.00		0.00	45	28.55		0.00	11.45
02/16/24	02/16/24	81	84481	12-01		24.00		0.00	45	9.77		0.00	14.23
02/16/24	02/16/24	81	83036	12-01		14.00		0.00	45	5.84		0.00	8.16
02/16/24	02/16/24	81	84443	12-01		25.20		0.00	45	11.07		0.00	14.13
02/16/24	02/16/24	81	84436	12-01		10.00		0.00	45	4.22		0.00	5.78
CLAIM TOTALS						117.20		0.00		61.18		0.00	56.02
512-05573	303-0514022		DREW		R	PPA817551688				PPA817551688		I1566074	
02/16/24	02/16/24	81	84153	12-01		27.00		0.00	45	11.54		0.00	15.46
02/16/24	02/16/24	81	80053	12-01		15.84		0.00	45	6.97		0.00	8.87
02/16/24	02/16/24	81	80061	12-01		20.00		0.00	45	10.44		0.00	9.56
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/16/24	02/16/24	81	85049	12-01		9.00		0.00	45	5.24		0.00	3.76
02/16/24	02/16/24	81	82044	12-01		12.00		0.00	45	10.01		0.00	1.99
CLAIM TOTALS						88.34		0.00		48.70		0.00	39.64
512-05573	303-0501422		DUDLEY		J	PPA876879872				PPA876879872		I1564804	
02/15/24	02/15/24	81	80053	84999	12-01	15.84		0.00	45	19.61	94	-13.11	9.34
02/15/24	02/15/24	81		84439	12-01	13.00		0.00	45	5.42		0.00	7.58
02/15/24	02/15/24	81		84436	12-01	10.00		0.00	97	10.00		0.00	0.00
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/15/24	02/15/24	81		86800	12-01	23.00		0.00	45	9.63		0.00	13.37
02/15/24	02/15/24	81		84432	12-01	24.00		0.00	45	10.50		0.00	13.50
02/15/24	02/15/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76
02/15/24	02/15/24	81		82607	12-01	22.00		0.00	45	9.34		0.00	12.66
02/15/24	02/15/24	81		82306	12-01	44.00		0.00	45	19.12		0.00	24.88
02/15/24	02/15/24	81		84481	12-01	24.00		0.00	45	9.77		0.00	14.23
CLAIM TOTALS						189.34		0.00		103.13		-13.11	99.32



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS					
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT		
512-05573	303-0501423		DUDLEY	J	PPA876879872			PPA876879872	I1564804				
02/15/24	02/15/24	81		83036	12-01	14.00		0.00	45	5.84	0.00	8.16	
02/15/24	02/15/24	81		83735	12-01	13.11		0.00	97	13.11	0.00	0.00	
02/15/24	02/15/24	81		80061	12-01	20.00		0.00	45	10.44	0.00	9.56	
02/15/24	02/15/24	81		86376	12-01	21.00		0.00	45	8.77	0.00	12.23	
02/15/24	02/15/24	81		84443	12-01	25.20		0.00	45	11.07	0.00	14.13	
CLAIM TOTALS						93.31		0.00		49.23	0.00	44.08	
512-05573	303-0431324		DUDLEY	N	PPA824534728			PPA824534728	I1558545				
02/06/24	02/06/24	81		G0482	12-01	174.33		0.00	45	124.97	0.00	49.36	
512-05573	303-0501425		DUNCAN	S	PPA861038156			PPA861038156	I1564807				
02/15/24	02/15/24	81		84156	12-01	8.00		0.00	45	4.92	0.00	3.08	
02/15/24	02/15/24	81		82570	12-01	8.00		0.00	45	3.65	0.00	4.35	
02/15/24	02/15/24	81		83069	12-01	8.00		0.00	45	4.68	0.00	3.32	
02/15/24	02/15/24	81		84311	12-01	32.00		0.00	45	26.12	0.00	5.88	
02/15/24	02/15/24	81		82010	12-01	16.00		0.00	45	9.79	0.00	6.21	
02/15/24	02/15/24	81		82945	12-01	8.00		0.00	45	4.70	0.00	3.30	
02/15/24	02/15/24	81	82247	84999	12-01	8.00		0.00	45	14.50	94	-15.84	9.34
02/15/24	02/15/24	81		83986	12-01	7.00		0.00	45	3.99	0.00	3.01	
02/15/24	02/15/24	81		81007	12-01	120.00		0.00	45	117.84	0.00	2.16	
02/15/24	02/15/24	81		82043	12-01	7.58		0.00	45	2.72	0.00	4.86	
CLAIM TOTALS						222.58		0.00		192.91	-15.84	45.51	
512-05573	303-0501426		DUNCAN	S	PPA861038156			PPA861038156	I1564807				
02/15/24	02/15/24	81		80053	12-01	15.84		0.00	97	15.84	0.00	0.00	
02/15/24	02/15/24	81		80061	12-01	20.00		0.00	45	10.44	0.00	9.56	
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50	0.00	0.00	
02/15/24	02/15/24	81		85049	12-01	9.00		0.00	45	5.24	0.00	3.76	
CLAIM TOTALS						49.34		0.00		36.02	0.00	13.32	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501427		DUNKERSON	J	PHT857497080				PHT857497080		I1564808		
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42		0.00	337.00
512-05573	303-0514023		DUNN	C	PPA823238801				PPA823238801		I1566076		
02/14/24	02/14/24	81	83880	12-01		120.00		0.00	45	91.48		0.00	28.52
512-05573	303-0472908		DUTTON	M	NEI800788934				NEI800788934		I1563846		
02/12/24	02/12/24	81	80053	12-01		15.84		0.00	45	6.97		0.00	8.87
02/12/24	02/12/24	81	85049	12-01		9.00		0.00	45	5.24		0.00	3.76
02/12/24	02/12/24	81	82607	12-01		22.00		0.00	45	9.34		0.00	12.66
02/12/24	02/12/24	81	82746	12-01		22.00		0.00	45	11.49		0.00	10.51
02/12/24	02/12/24	81	82306	12-01		44.00		0.00	45	19.12		0.00	24.88
02/12/24	02/12/24	81	84481	12-01		24.00		0.00	45	9.77		0.00	14.23
02/12/24	02/12/24	81	83036	12-01		14.00		0.00	45	5.84		0.00	8.16
02/12/24	02/12/24	81	84443	12-01		25.20		0.00	45	11.07		0.00	14.13
02/12/24	02/12/24	81	84439	12-01		13.00		0.00	45	5.42		0.00	7.58
02/12/24	02/12/24	81	83540	12-01		9.00		0.00	45	3.56		0.00	5.44
CLAIM TOTALS						198.04		0.00		87.82		0.00	110.22
512-05573	303-0472909		DUTTON	M	NEI800788934				NEI800788934		I1563846		
02/12/24	02/12/24	81	80061	12-01		20.00		0.00	45	10.44		0.00	9.56

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514024	DYSART	Y	NLB812741301					NLB812741301	I1566078	
02/16/24	02/16/24	81	80053	12-01	15.84	1	8.87	45	6.97	0.00	0.00
02/16/24	02/16/24	81	83036	12-01	14.00	1	8.16	45	5.84	0.00	0.00
02/16/24	02/16/24	81	80061	12-01	20.00	1	9.56	45	10.44	0.00	0.00
02/16/24	02/16/24	81	36415	12-01	4.50		0.00	97	4.50	0.00	0.00
02/16/24	02/16/24	81	85049	12-01	9.00	1	3.76	45	5.24	0.00	0.00
CLAIM TOTALS						63.34		30.35	32.99	0.00	0.00
512-05573	303-0514025	DYSART	Y	NLB812741301					NLB812741301	I1566079	
02/16/24	02/16/24	81	84443	12-01	27.89	1	14.13	45	13.76	0.00	0.00
512-05573	303-0468622	EDDY	M	ZJY817586264					ZJY817586264	I1562497	
02/08/24	02/08/24	81	86038	12-01	40.00		0.00	45	29.84	0.00	10.16
512-05573	302-0478292	EDDY	M	ZJY817586264					ZJY817586264	I1563848	
02/08/24	02/08/24	81	84144	12-01	31.00		0.00	45	13.47	0.00	17.53
02/08/24	02/08/24	81	82672	12-01	60.00		0.00	45	41.77	0.00	18.23
CLAIM TOTALS						91.00	0.00		55.24	0.00	35.76
512-05573	303-0514026	EDWARDS	A	PPA815562636					PPA815562636	I1566080	
02/16/24	02/16/24	81	87635	12-01	150.00		0.00	45	118.32	0.00	31.68
02/16/24	02/16/24	81	87486	12-01	42.00		0.00	45	23.06	0.00	18.94
02/16/24	02/16/24	81	87498	12-01	37.07		0.00	45	18.13	0.00	18.94
02/16/24	02/16/24	81	87581	12-01	42.00		0.00	45	23.06	0.00	18.94
02/16/24	02/16/24	81	87633	12-01	318.05		0.00	45	132.88	0.00	185.17
02/16/24	02/16/24	81	87634	12-01	105.30		0.00	45	67.11	0.00	38.19
02/16/24	02/16/24	81	87640	12-01	37.07		0.00	45	18.13	0.00	18.94
02/16/24	02/16/24	81	87641	12-01	37.07		0.00	45	18.13	0.00	18.94
02/16/24	02/16/24	81	87651	12-01	49.86		0.00	45	30.92	0.00	18.94
CLAIM TOTALS						818.42	0.00		449.74	0.00	368.68

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0514133		EDWARDS		M	V2K885164766		V2K885164766		I1566081		
10/31/23	10/31/23	81		87491	12-01	49.86	1	18.94	45	30.92		0.00	0.00
10/31/23	10/31/23	81		87591	12-01	42.00	1	18.94	45	23.06		0.00	0.00
10/31/23	10/31/23	81		87661	12-01	32.30	1	18.94	45	13.36		0.00	0.00
CLAIM TOTALS						124.16		56.82		67.34		0.00	0.00
512-05573		303-0501428		EDWARDS		W	PPA828704216		PPA828704216		I1564809		
02/13/24	02/13/24	81		84156	12-01	8.00		0.00	45	4.92		0.00	3.08
02/13/24	02/13/24	81		82570	12-01	8.00		0.00	45	3.65		0.00	4.35
02/13/24	02/13/24	81		83069	12-01	8.00		0.00	45	4.68		0.00	3.32
02/13/24	02/13/24	81		84311	12-01	32.00		0.00	45	26.12		0.00	5.88
02/13/24	02/13/24	81		82010	12-01	16.00		0.00	45	9.79		0.00	6.21
02/13/24	02/13/24	81		82945	12-01	8.00		0.00	45	4.70		0.00	3.30
02/13/24	02/13/24	81		82247	12-01	8.00		0.00	45	3.78		0.00	4.22
02/13/24	02/13/24	81		83986	12-01	7.00		0.00	45	3.99		0.00	3.01
02/13/24	02/13/24	81		81007	12-01	120.00		0.00	45	117.84		0.00	2.16
02/13/24	02/13/24	81		82043	12-01	7.58		0.00	45	2.72		0.00	4.86
CLAIM TOTALS						222.58		0.00		182.19		0.00	40.39
512-05573		303-0501430		EDWARDS		W	PPA828704216		PPA828704216		I1564810		
02/14/24	02/14/24	81		80053	12-01	15.84		0.00	45	6.97		0.00	8.87
02/14/24	02/14/24	81		84403	12-01	38.00		0.00	45	16.31		0.00	21.69
02/14/24	02/14/24	81		80061	12-01	20.00		0.00	45	10.44		0.00	9.56
02/14/24	02/14/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/14/24	02/14/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						87.34		0.00		43.46		0.00	43.88



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0472913	EIPP	V	WMW1569777W00				WMW996512529	I1563852			
02/14/24	02/14/24	81	87635	12-01		150.00	1	31.68	45	118.32	0.00	0.00
02/14/24	02/14/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00	0.00
02/14/24	02/14/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/14/24	02/14/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00	0.00
02/14/24	02/14/24	81	87633	12-01		318.05	96	318.05		0.00	0.00	0.00
02/14/24	02/14/24	81	87634	12-01		105.30	1	38.19	45	67.11	0.00	0.00
02/14/24	02/14/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/14/24	02/14/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/14/24	02/14/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00	0.00
CLAIM TOTALS						818.42		501.56		316.86	0.00	0.00
512-05573	303-0466366	ELLIS	H	SAC244w16248				SAC996770357	I1562500			
02/11/24	02/11/24	81	84156	12-01		8.00	1	3.08	45	4.92	0.00	0.00
02/11/24	02/11/24	81	82570	12-01		8.00	1	4.35	45	3.65	0.00	0.00
02/11/24	02/11/24	81	83069	12-01		8.00	1	3.32	45	4.68	0.00	0.00
02/11/24	02/11/24	81	84311	12-01		32.00	1	5.88	45	26.12	0.00	0.00
02/11/24	02/11/24	81	82010	12-01		16.00	1	6.21	45	9.79	0.00	0.00
02/11/24	02/11/24	81	82945	12-01		8.00	1	3.30	45	4.70	0.00	0.00
02/11/24	02/11/24	81	82247	12-01		8.00		0.00	45	3.78	0.00	4.22
02/11/24	02/11/24	81	83986	12-01		7.00	1	3.01	45	3.99	0.00	0.00
02/11/24	02/11/24	81	81007	12-01		120.00		0.00	45	117.84	0.00	2.16
02/11/24	02/11/24	81	82043	12-01		7.58	1	4.86	45	2.72	0.00	0.00
CLAIM TOTALS						222.58		34.01		182.19	0.00	6.38
512-05573	303-0514134	ELMORE	C	EDU889646935				EDU889646935	I1566083			
11/02/23	11/02/23	81	87491	12-01		49.86	3	5.00	45	30.92	0.00	13.94
11/02/23	11/02/23	81	87511	12-01		42.00	3	5.00	45	23.06	0.00	13.94
11/02/23	11/02/23	81	87591	12-01		42.00	3	5.00	45	23.06	0.00	13.94
11/02/23	11/02/23	81	87661	12-01		32.30	3	5.00	45	13.36	0.00	13.94
11/02/23	11/02/23	81	87086	12-01		18.53	3	5.00	45	11.75	0.00	1.78
11/02/23	11/02/23	81	87186	12-01		13.50	3	5.00	45	6.23	0.00	2.27
11/02/23	11/02/23	81	87088	12-01		8.09	3	5.00	45	1.29	0.00	1.80
CLAIM TOTALS						206.28		35.00		109.67	0.00	61.61



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER	ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501431		ELNAHAM	A	PPA809692804					PPA809692804		I1564811	
02/15/24	02/15/24	81	87651	12-01	49.86			0.00	45	30.92		0.00	18.94
512-05573	503-0472915		ELSTON	A	NAF837484126					XAK806023505		I1563854	
02/14/24	02/14/24	81	87635	12-02	150.00			0.00		0.00	23	150.00	0.00
02/14/24	02/14/24	81	87486	12-02	42.00			0.00		0.00	23	42.00	0.00
02/14/24	02/14/24	81	87498	12-02	37.07			0.00		0.00	23	37.07	0.00
02/14/24	02/14/24	81	87581	12-02	42.00			0.00		0.00	23	42.00	0.00
02/14/24	02/14/24	81	87633	12-02	318.05			0.00		0.00	23	318.05	0.00
02/14/24	02/14/24	81	87634	12-02	105.30			0.00		0.00	23	105.30	0.00
02/14/24	02/14/24	81	87640	12-02	37.07			0.00		0.00	23	37.07	0.00
02/14/24	02/14/24	81	87641	12-02	37.07			0.00		0.00	23	37.07	0.00
02/14/24	02/14/24	81	87651	12-02	49.86			0.00		0.00	23	49.86	0.00
CLAIM TOTALS						818.42		0.00		0.00		818.42	0.00
512-05573	303-3422476		EVERETT	E	BEG843748143					BEG843748143		I1499810	
12/06/23	12/06/23	81	80053	80053	12-01	15.84		0.00	45	6.97		0.00	8.87
12/06/23	12/06/23	81	82607	82607	12-01	22.00		0.00	45	9.34		0.00	12.66
12/06/23	12/06/23	81	84403	84403	12-01	38.00		0.00	45	16.31		0.00	21.69
12/06/23	12/06/23	81	83036	83036	12-01	14.00		0.00	45	5.84		0.00	8.16
12/06/23	12/06/23	81	80061	80061	12-01	20.00		0.00	45	10.44		0.00	9.56
12/06/23	12/06/23	81	84443	84443	12-01	25.20		0.00	45	11.07		0.00	14.13
12/06/23	12/06/23	81	85027	85027	12-01	12.00		0.00	45	8.10		0.00	3.90
12/06/23	12/06/23	81	36415	36415	12-01	4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						151.54		0.00		72.57		0.00	78.97
512-05573	303-0454555		FARLEY	T	MWX840372319					MWX840372319		I1561390	
02/08/24	02/08/24	81	G0482	12-01	174.33		1	49.36	45	124.97		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514030		FARR	A	PGX864977442					PGX864977442	I1566085		
02/14/24	02/14/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/14/24	02/14/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
02/14/24	02/14/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
02/14/24	02/14/24	81	87633	12-01		318.05		0.00	96	318.05		0.00	0.00
02/14/24	02/14/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
02/14/24	02/14/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/14/24	02/14/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
CLAIM TOTALS						844.10		0.00		564.23		0.00	279.87
512-05573	302-0505716		FERGUSON	K	STAS00120886					STA995372577	I1564814		
02/15/24	02/15/24	81	87486	12-01		42.00	3	2.84	45	23.06		0.00	16.10
02/15/24	02/15/24	81	87498	12-01		37.07	3	2.84	45	18.13		0.00	16.10
02/15/24	02/15/24	81	87640	12-01		37.07	3	2.84	45	18.13		0.00	16.10
02/15/24	02/15/24	81	87581	12-01		42.00	3	2.84	45	23.06		0.00	16.10
02/15/24	02/15/24	81	87633	12-01		318.05	3	27.77	45	132.88		0.00	157.40
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.72	45	67.11		0.00	32.47
02/15/24	02/15/24	81	87641	12-01		37.07	3	2.84	45	18.13		0.00	16.10
02/15/24	02/15/24	81	87651	12-01		49.86	3	2.84	45	30.92		0.00	16.10
CLAIM TOTALS						668.42		50.53		331.42		0.00	286.47
512-05573	303-0501433		FERRALL	A	PPA830355731					PPA830355731	I1564815		
02/13/24	02/13/24	81	82570	12-01		8.00		0.00	45	3.65		0.00	4.35
02/13/24	02/13/24	81	82043	12-01		7.58		0.00	45	2.72		0.00	4.86
CLAIM TOTALS						15.58		0.00		6.37		0.00	9.21
512-05573	303-0514031		FERRALL	A	PPA830355731					PPA830355731	I1566088		
02/13/24	02/13/24	81	80307	12-01		83.81		0.00	45	34.88		0.00	48.93
02/13/24	02/13/24	81	G0482	12-01		174.33		0.00	45	129.32		0.00	45.01
CLAIM TOTALS						258.14		0.00		164.20		0.00	93.94



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512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR WRITE OFF	OTHER	ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0513978		FIELDS	S	PVF909750179					PVF909750179	I1566089		
12/28/23	12/28/23	81	87635	12-01		150.00	3	6.33	45	118.32		0.00	25.35
12/28/23	12/28/23	81	87486	12-01		42.00	3	3.78	45	23.06		0.00	15.16
12/28/23	12/28/23	81	87498	12-01		37.07	3	3.78	45	18.13		0.00	15.16
12/28/23	12/28/23	81	87640	12-01		37.07	3	3.78	45	18.13		0.00	15.16
12/28/23	12/28/23	81	87581	12-01		42.00	3	3.78	45	23.06		0.00	15.16
12/28/23	12/28/23	81	87633	12-01		318.05	3	37.03	45	132.88		0.00	148.14
12/28/23	12/28/23	81	87634	12-01		105.30	3	7.63	45	67.11		0.00	30.56
12/28/23	12/28/23	81	87641	12-01		37.07	3	3.78	45	18.13		0.00	15.16
12/28/23	12/28/23	81	87651	12-01		49.86	3	3.78	45	30.92		0.00	15.16
CLAIM TOTALS						818.42		73.67		449.74		0.00	295.01
512-05573	303-0381500		FILASEK	J	AQI015w18104					AQI996909124	I1555207		
02/05/24	02/05/24	81	87651	87651	12-01	49.86		0.00	45	30.92		0.00	18.94
512-05573	303-0381500		FILASEK	J	AQI015w18104					AQI996909124	I1555207		
02/05/24	02/05/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86		0.00	0.00
512-05573	303-0501434		FISHER	H	NZT857627554729					NZT996079610	I1564816		
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.68	45	18.13		0.00	13.26
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.68	45	23.06		0.00	13.26
02/15/24	02/15/24	81	87633	12-01		318.05	3	55.55	45	132.88		0.00	129.62
02/15/24	02/15/24	81	87634	12-01		70.20		0.00	97	70.20		0.00	0.00
CLAIM TOTALS						467.32		66.91		244.27		0.00	156.14
512-05573	303-0514032		FISHER	M	PPA836002171					PPA836002171	I1566091		
02/16/24	02/16/24	81	84153	12-01		27.00		0.00	45	11.54		0.00	15.46
02/16/24	02/16/24	81	80053	12-01		15.84		0.00	45	6.97		0.00	8.87
02/16/24	02/16/24	81	84403	12-01		38.00		0.00	45	16.31		0.00	21.69
02/16/24	02/16/24	81	83036	12-01		14.00		0.00	45	5.84		0.00	8.16
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/16/24	02/16/24	81	85049	12-01		9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						108.34		0.00		50.40		0.00	57.94



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DATES OF	SERVICE	ORIG	PROCEDURES	FILING	TOTAL						OTHER	ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0472919		FISHER		R	PLN693W14023				PLN996689101		I1563859	
02/14/24	02/14/24	81		87651	12-01	49.86		0.00	252	49.86		0.00	0.00
512-05573	303-0514033		FLEMING		G	BEG829749930				BEG829749930		I1566092	
02/16/24	02/16/24	81		87635	12-01	150.00	3	7.92	45	118.32		0.00	23.76
02/16/24	02/16/24	81		87486	12-01	42.00	3	4.74	45	23.06		0.00	14.20
02/16/24	02/16/24	81		87498	12-01	37.07	3	4.74	45	18.13		0.00	14.20
02/16/24	02/16/24	81		87581	12-01	42.00	3	4.74	45	23.06		0.00	14.20
02/16/24	02/16/24	81		87633	12-01	318.05	3	46.29	45	132.88		0.00	138.88
02/16/24	02/16/24	81		87634	12-01	105.30	3	9.55	45	67.11		0.00	28.64
02/16/24	02/16/24	81		87640	12-01	37.07	3	4.74	45	18.13		0.00	14.20
02/16/24	02/16/24	81		87641	12-01	37.07	3	4.74	45	18.13		0.00	14.20
02/16/24	02/16/24	81		87651	12-01	49.86	3	4.74	45	30.92		0.00	14.20
CLAIM TOTALS						818.42		92.20		449.74		0.00	276.48
512-05573	303-0514135		FLETCHER		B	LGB912126880				LGB912126880		I1566093	
02/09/24	02/09/24	81		87635	12-01	150.00	3	7.50	45	118.32		0.00	24.18
02/09/24	02/09/24	81		87486	12-01	42.00	3	7.50	45	23.06		0.00	11.44
02/09/24	02/09/24	81		87498	12-01	37.07	3	7.50	45	18.13		0.00	11.44
02/09/24	02/09/24	81		87581	12-01	42.00	3	7.50	45	23.06		0.00	11.44
02/09/24	02/09/24	81		87633	12-01	318.05	3	7.50	45	132.88		0.00	177.67
02/09/24	02/09/24	81		87634	12-01	105.30	3	7.50	45	67.11		0.00	30.69
02/09/24	02/09/24	81		87640	12-01	37.07	3	7.50	45	18.13		0.00	11.44
02/09/24	02/09/24	81		87641	12-01	37.07	3	7.50	45	18.13		0.00	11.44
02/09/24	02/09/24	81		87651	12-01	49.86	3	7.50	45	30.92		0.00	11.44
CLAIM TOTALS						818.42		67.50		449.74		0.00	301.18



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0381502		FLETCHER	M	WMW00225428W			WMW996896204	I1555209		
01/09/24	01/09/24	81	82627	12-01		33.00					
								B13	33.00	0.00	0.00
01/09/24	01/09/24	81	84144	12-01		31.00			B13	31.00	0.00
										0.00	0.00
01/09/24	01/09/24	81	82672	12-01		60.00			B13	60.00	0.00
										0.00	0.00
01/09/24	01/09/24	81	83970	12-01		123.00			B13	123.00	0.00
										0.00	0.00
01/09/24	01/09/24	81	84482	12-01		48.00			B13	48.00	0.00
										0.00	0.00
01/09/24	01/09/24	81	86141	12-01		19.00			B13	19.00	0.00
										0.00	0.00
01/09/24	01/09/24	81	84402	12-01		38.00			B13	38.00	0.00
										0.00	0.00
01/09/24	01/09/24	81	86038	12-01		40.00			B13	40.00	0.00
										0.00	0.00
01/09/24	01/09/24	81	84443	12-01		27.89			B13	27.89	0.00
										0.00	0.00
CLAIM TOTALS						419.89				419.89	0.00
											0.00
512-05573	303-0514034		FOLCAREELLI	S	PGX817920951			PGX817920951	I1566094		
02/16/24	02/16/24	81	87486	12-01		42.00					
								45	23.06	0.00	18.94
02/16/24	02/16/24	81	87498	12-01		37.07			45	18.13	0.00
										0.00	18.94
02/16/24	02/16/24	81	87581	12-01		42.00			45	23.06	0.00
										0.00	18.94
02/16/24	02/16/24	81	87633	12-01		318.05			45	132.88	0.00
										0.00	185.17
02/16/24	02/16/24	81	87634	12-01		105.30			45	67.11	0.00
										0.00	38.19
02/16/24	02/16/24	81	87640	12-01		37.07			45	18.13	0.00
										0.00	18.94
02/16/24	02/16/24	81	87641	12-01		37.07			45	18.13	0.00
										0.00	18.94
02/16/24	02/16/24	81	87651	12-01		49.86			45	30.92	0.00
										0.00	18.94
CLAIM TOTALS						668.42				331.42	0.00
											337.00
512-05573	303-0501329		FORBUS	C	EIB901378921			EIB901378921	I1564819		
02/14/24	02/14/24	81	81001	12-01		5.00					
							3	2.66	45	2.34	0.00
02/14/24	02/14/24	81	82570	12-01		8.00			45	3.65	0.00
										0.00	0.00
02/14/24	02/14/24	81	84156	12-01		8.00			45	4.92	0.00
							3	3.08		0.00	0.00
CLAIM TOTALS						21.00		10.09		10.91	0.00
											0.00
512-05573	303-0501330		FORBUS	C	EIB901378921			EIB901378921	I1564820		
02/14/24	02/14/24	81	81015	12-01		4.50					
									97	4.50	0.00
											0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0513979		FORSYTHE	M		PPA887009322			PPA887009322	I1566095	
02/15/24	02/15/24	81	80053	12-01		15.84		0.00	45	6.97	0.00
02/15/24	02/15/24	81	84436	12-01		10.00		0.00	97	10.00	0.00
02/15/24	02/15/24	81	85049	12-01		9.00		0.00	45	5.24	0.00
02/15/24	02/15/24	81	82306	12-01		44.00		0.00	45	19.12	0.00
02/15/24	02/15/24	81	83540	12-01		9.71		0.00	45	4.27	0.00
02/15/24	02/15/24	81	83550	12-01		13.11		0.00	45	5.76	0.00
02/15/24	02/15/24	81	82728	12-01		40.00		0.00	45	28.55	0.00
02/15/24	02/15/24	81	84481	12-01		24.00		0.00	45	9.77	0.00
02/15/24	02/15/24	81	83036	12-01		14.00		0.00	45	5.84	0.00
02/15/24	02/15/24	81	80061	12-01		20.00		0.00	45	10.44	0.00
CLAIM TOTALS						199.66		0.00		105.96	0.00
512-05573	303-0513980		FORSYTHE	M		PPA887009322			PPA887009322	I1566095	
02/15/24	02/15/24	81	84443	12-01		25.20		0.00	45	11.07	0.00
02/15/24	02/15/24	81	84439	12-01		13.00		0.00	45	5.42	0.00
CLAIM TOTALS						38.20		0.00		16.49	0.00
512-05573	303-0514136		FORTSON	E		PPA877785682			PPA877785682	I1566096	
02/12/24	02/12/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/12/24	02/12/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/12/24	02/12/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
02/12/24	02/12/24	81	87633	12-01		318.05		0.00	96	318.05	0.00
02/12/24	02/12/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/12/24	02/12/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/12/24	02/12/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
CLAIM TOTALS						844.10		0.00		564.23	0.00
512-05573	303-0512132		FOSTER	K		KID850275705			KID850275705	I1566097	
02/12/24	02/12/24	81	86140	12-01		15.00		0.00	45	10.65	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING		TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER	ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT		PAYMENT
512-05573	303-0513981		FOWLER	S	EDU885747172					EDU885747172		I1566098		
12/19/23	12/19/23	81	87635	12-01		150.00		5.00	45	118.32		0.00		26.68
12/19/23	12/19/23	81	87486	12-01		42.00	3	5.00	45	23.06		0.00		13.94
12/19/23	12/19/23	81	87498	12-01		37.07	3	5.00	45	18.13		0.00		13.94
12/19/23	12/19/23	81	87640	12-01		37.07	3	5.00	45	18.13		0.00		13.94
12/19/23	12/19/23	81	87581	12-01		42.00	3	5.00	45	23.06		0.00		13.94
12/19/23	12/19/23	81	87633	12-01		318.05	3	5.00	45	132.88		0.00		180.17
12/19/23	12/19/23	81	87634	12-01		105.30	3	5.00	45	67.11		0.00		33.19
12/19/23	12/19/23	81	87641	12-01		37.07	3	5.00	45	18.13		0.00		13.94
12/19/23	12/19/23	81	87651	12-01		49.86	3	5.00	45	30.92		0.00		13.94
CLAIM TOTALS						818.42		45.00		449.74		0.00		323.68
512-05573	303-0512096		FRANCISCO	G	PPA898153514					PPA898153514		I1566099		
02/16/24	02/16/24	81	80053	12-01		15.84		0.00	45	6.97		0.00		8.87
02/16/24	02/16/24	81	83036	12-01		14.00		0.00	45	5.84		0.00		8.16
02/16/24	02/16/24	81	80061	12-01		20.00		0.00	45	10.44		0.00		9.56
02/16/24	02/16/24	81	84443	12-01		25.20		0.00	45	11.07		0.00		14.13
02/16/24	02/16/24	81	85027	12-01		12.00		0.00	45	8.10		0.00		3.90
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50		0.00		0.00
CLAIM TOTALS						91.54		0.00		46.92		0.00		44.62
512-05573	303-0514137		FRANKLIN	A	PPA817601521					PPA817601521		I1566101		
02/12/24	02/12/24	81	87635	12-01		150.00		31.68	45	118.32		0.00		0.00
02/12/24	02/12/24	81	87486	12-01		42.00	1	18.94	45	23.06		0.00		0.00
02/12/24	02/12/24	81	87498	12-01		37.07	1	18.94	45	18.13		0.00		0.00
02/12/24	02/12/24	81	87581	12-01		42.00	1	18.94	45	23.06		0.00		0.00
02/12/24	02/12/24	81	87633	12-01		318.05	1	185.17	45	132.88		0.00		0.00
02/12/24	02/12/24	81	87634	12-01		105.30	1	38.19	45	67.11		0.00		0.00
02/12/24	02/12/24	81	87640	12-01		37.07	1	18.94	45	18.13		0.00		0.00
02/12/24	02/12/24	81	87641	12-01		37.07	1	18.94	45	18.13		0.00		0.00
02/12/24	02/12/24	81	87651	12-01		49.86	1	18.94	45	30.92		0.00		0.00
CLAIM TOTALS						818.42		368.68		449.74		0.00		0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512108		FRANKLIN	A	LGB912140100				LGB912140100	I1566100	
02/16/24	02/16/24	81	84153	12-01		27.00	3	7.50	45	11.54	0.00
02/16/24	02/16/24	81	80053	12-01		15.84	3	7.50	45	6.97	0.00
02/16/24	02/16/24	81	84403	12-01		38.00	3	7.50	45	16.31	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	3	3.76	45	5.24	0.00
CLAIM TOTALS						94.34		26.26		44.56	0.00
512-05573	302-0317546		FRANKS	J	BEG839672494				BEG839672494	I1548478	
01/25/24	01/25/24	81	G0482	12-01		174.33		0.00	45	124.97	0.00
512-05573	303-0514138		FRAZIER	C	PPA858001746				PPA858001746	I1566102	
02/16/24	02/16/24	81	87635	12-01		150.00		0.00	45	118.32	0.00
02/16/24	02/16/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30		0.00	45	67.11	0.00
02/16/24	02/16/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00
512-05573	303-0472931		FREE	C	HST809383442				HST809383442	I1563871	
02/14/24	02/14/24	81	87635	12-01		150.00		0.00	45	118.32	0.00
02/14/24	02/14/24	81	87502	12-01		81.38		0.00	45	40.19	0.00
CLAIM TOTALS						231.38		0.00		158.51	0.00
512-05573	302-0456343		FRYE	B	TVA905344280				TVA905344280	I1561409	
02/12/24	02/12/24	81	87635	12-01		150.00	1	31.68	45	118.32	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR WRITE	OFF	OTHER	ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0468625		FRYE		B	TVA905344280				TVA905344280		I1562525	
02/12/24	02/12/24	81	87486	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/12/24	02/12/24	81	87498	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/12/24	02/12/24	81	87581	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/12/24	02/12/24	81	87633	12-01		318.05	1	185.17	45	132.88		0.00	0.00
02/12/24	02/12/24	81	87634	12-01		105.30	1	38.19	45	67.11		0.00	0.00
02/12/24	02/12/24	81	87640	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/12/24	02/12/24	81	87641	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/12/24	02/12/24	81	87651	12-01		49.86	1	18.94	45	30.92		0.00	0.00
CLAIM TOTALS						668.42		337.00		331.42		0.00	0.00
512-05573	303-0501437		FULGHAM		J	KID815311178				KID815311178		I1564823	
02/15/24	02/15/24	81	87635	12-01		150.00		0.00	45	118.32		0.00	31.68
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01		70.20		0.00	97	70.20		0.00	0.00
CLAIM TOTALS						617.32		0.00		362.59		0.00	254.73
512-05573	303-0501438		FULLER		S	UCN866925621				UCN866925621		I1564824	
02/15/24	02/15/24	81	80053	12-01		15.84	3	2.93	45	6.97		0.00	5.94
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/15/24	02/15/24	81	85049	12-01		9.00	3	1.24	45	5.24		0.00	2.52
CLAIM TOTALS						29.34		4.17		16.71		0.00	8.46
512-05573	303-0512119		FULLER		S	UCN866925621				UCN866925621		I1566104	
02/15/24	02/15/24	81	86665	12-01		70.00	3	10.07	45	39.50		0.00	20.43
02/15/24	02/15/24	81	86664	12-01		30.00	3	4.24	45	17.15		0.00	8.61
CLAIM TOTALS						100.00		14.31		56.65		0.00	29.04



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512128		GAASTRA	G	BEG828606072			BEG828606072	I1566106		
02/13/24	02/13/24	81	87486	12-01		42.00		45 23.06		0.00	18.94
02/13/24	02/13/24	81	87498	12-01		37.07		45 18.13		0.00	18.94
02/13/24	02/13/24	81	87640	12-01		37.07		45 18.13		0.00	18.94
02/13/24	02/13/24	81	87581	12-01		42.00		45 23.06		0.00	18.94
02/13/24	02/13/24	81	87633	12-01		318.05		45 132.88		0.00	185.17
02/13/24	02/13/24	81	87634	12-01		105.30		45 67.11		0.00	38.19
02/13/24	02/13/24	81	87641	12-01		37.07		45 18.13		0.00	18.94
02/13/24	02/13/24	81	87651	12-01		49.86		45 30.92		0.00	18.94
02/13/24	02/13/24	81	87635	12-01		150.00		45 118.32		0.00	31.68
CLAIM TOTALS						818.42		449.74		0.00	368.68
512-05573	303-0513982		GAASTRA	G	BEG828606072			BEG828606072	I1566107		
02/13/24	02/13/24	81	88175	12-01		81.00		45 42.87		0.00	38.13
02/13/24	02/13/24	81	87624	12-01		35.09	119	0.00		0.00	0.00
CLAIM TOTALS						116.09		42.87		0.00	38.13
512-05573	302-0293642		GARDINO	C	AJS941w18550			AJS996912354	I1545537		
01/25/24	01/25/24	81	87635	87635	12-01	150.00		B12 150.00		0.00	0.00
01/25/24	01/25/24	81	87486	87486	12-01	42.00		B12 42.00		0.00	0.00
01/25/24	01/25/24	81	87498	87498	12-01	37.07		B12 37.07		0.00	0.00
01/25/24	01/25/24	81	87581	87581	12-01	42.00		B12 42.00		0.00	0.00
01/25/24	01/25/24	81	87633	87633	12-01	318.05		B12 318.05		0.00	0.00
01/25/24	01/25/24	81	87634	87634	12-01	105.30		B12 105.30		0.00	0.00
01/25/24	01/25/24	81	87640	87640	12-01	37.07		B12 37.07		0.00	0.00
01/25/24	01/25/24	81	87641	87641	12-01	37.07		B12 37.07		0.00	0.00
01/25/24	01/25/24	81	87651	87651	12-01	49.86		B12 49.86		0.00	0.00
CLAIM TOTALS						818.42		818.42		0.00	0.00



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACT		OTHER ADJUSTMENTS	
								PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0293642		GARDINO	C	AJS941W18550				AJS996912354	I1545537	
01/25/24	01/25/24	81	87635	87635	12-22	-150.00		0.00	252	-150.00	0.00
01/25/24	01/25/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00	0.00
01/25/24	01/25/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07	0.00
01/25/24	01/25/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00	0.00
01/25/24	01/25/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05	0.00
01/25/24	01/25/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30	0.00
01/25/24	01/25/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07	0.00
01/25/24	01/25/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07	0.00
01/25/24	01/25/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86	0.00
CLAIM TOTALS						-818.42		0.00		-818.42	0.00
512-05573	303-0512130		GARDNER	T	PPA859153313				PPA859153313	I1566108	
02/16/24	02/16/24	81	87651	12-01	49.86			0.00	45	30.92	18.94
512-05573	302-0478295		GARDNER	Z	CQM129696828001				CQM996254249	I1563878	
02/13/24	02/13/24	81	80053	12-01	15.84			0.00	45	6.97	8.87
02/13/24	02/13/24	81	36415	12-01	4.50			0.00	97	4.50	0.00
CLAIM TOTALS						20.34		0.00		11.47	8.87
512-05573	302-0367795		GARNETT	H	PPA810231105				PPA810231105	I1552264	
02/01/24	02/01/24	81	80053	12-01	15.84			0.00	45	6.97	8.87
02/01/24	02/01/24	81	36415	12-01	4.50			0.00	97	4.50	0.00
02/01/24	02/01/24	81	85049	12-01	9.00			0.00	45	5.24	3.76
02/01/24	02/01/24	81	82607	12-01	22.00			0.00	45	9.34	12.66
02/01/24	02/01/24	81	82306	12-01	44.00			0.00	45	19.12	24.88
02/01/24	02/01/24	81	83540	12-01	9.71			0.00	45	4.27	5.44
02/01/24	02/01/24	81	83550	12-01	13.11			0.00	45	5.76	7.35
02/01/24	02/01/24	81	84481	12-01	24.00			0.00	45	9.77	14.23
02/01/24	02/01/24	81	83036	12-01	14.00			0.00	45	5.84	8.16
02/01/24	02/01/24	81	86376	12-01	21.00			0.00	45	8.77	12.23
CLAIM TOTALS						177.16		0.00		79.58	97.58



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-0367796		GARNETT		H	PPA810231105		PPA810231105		I1552264
02/01/24	02/01/24	81	84443	12-01		25.20		0.00	45	11.07	0.00
02/01/24	02/01/24	81	84436	12-01		10.00		0.00	45	4.22	0.00
02/01/24	02/01/24	81	80061	12-01		20.00		0.00	45	10.44	0.00
CLAIM TOTALS						55.20		0.00		25.73	0.00
512-05573		302-1097929		GARNETT		R	UNR252M97027		UNR996112664		I1299770
04/13/23	04/13/23	81	87491	87491	12-01	49.86		0.00	B12	49.86	0.00
04/13/23	04/13/23	81	87511	87511	12-01	42.00		0.00	B12	42.00	0.00
04/13/23	04/13/23	81	87529	87529	12-01	99.72		0.00	B12	99.72	0.00
04/13/23	04/13/23	81	87591	87591	12-01	42.00		0.00	B12	42.00	0.00
04/13/23	04/13/23	81	87661	87661	12-01	32.30		0.00	B12	32.30	0.00
04/13/23	04/13/23	81	87798	87798	12-01	126.00		0.00	B12	126.00	0.00
CLAIM TOTALS						391.88		0.00		391.88	0.00
512-05573		302-1097929		GARNETT		R	UNR252M97027		UNR996112664		I1299770
04/13/23	04/13/23	81	87491	87491	12-22	-49.86		0.00	B12	-49.86	0.00
04/13/23	04/13/23	81	87511	87511	12-22	-42.00		0.00	B12	-42.00	0.00
04/13/23	04/13/23	81	87529	87529	12-22	-99.72		0.00	B12	-99.72	0.00
04/13/23	04/13/23	81	87591	87591	12-22	-42.00		0.00	B12	-42.00	0.00
04/13/23	04/13/23	81	87661	87661	12-22	-32.30		0.00	B12	-32.30	0.00
04/13/23	04/13/23	81	87798	87798	12-22	-126.00		0.00	B12	-126.00	0.00
CLAIM TOTALS						-391.88		0.00		-391.88	0.00
512-05573		303-0512131		GARRARD		S	DNX883039417		DNX883039417		I1566110
02/14/24	02/14/24	81	G0482	12-01		174.33		0.00	45	124.97	0.00
512-05573		303-0513983		GAUTNEY		A	TOAAN1323921		TOA994458904		I1566111
02/15/24	02/15/24	81	80053	12-01		15.84		0.00	45	6.97	0.00
02/15/24	02/15/24	81	83036	12-01		14.00		0.00	45	5.84	0.00
02/15/24	02/15/24	81	80061	12-01		20.00		0.00	45	10.44	0.00
02/15/24	02/15/24	81	84443	12-01		25.20		0.00	45	11.07	0.00
02/15/24	02/15/24	81	85049	12-01		9.00		0.00	45	5.24	0.00
CLAIM TOTALS						84.04		0.00		39.56	0.00



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FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512133		GAZELL	L	NLM130409692001				NLM996269812	I1566112	
02/06/24	02/06/24	81	80307	12-01		83.81	1	48.93	45	34.88	0.00
02/06/24	02/06/24	81	G0482	12-01		174.33	1	49.36	45	124.97	0.00
CLAIM TOTALS						258.14		98.29		159.85	0.00
512-05573	303-0514140		GIBSON	G	YAQ868943953M				YAQ996196777	I1566114	
02/18/24	02/18/24	81	87507	12-01		319.55	50	319.55		0.00	0.00
512-05573	303-0472961		GIBSON	J	EIB901481210				EIB901481210	I1563884	
02/14/24	02/14/24	81	84153	12-01		27.00	3	7.50	45	11.54	7.96
02/14/24	02/14/24	81	80053	12-01		15.84	3	7.50	45	6.97	1.37
02/14/24	02/14/24	81	84403	12-01		38.00	3	7.50	45	16.31	14.19
02/14/24	02/14/24	81	83036	12-01		14.00	3	7.50	45	5.84	0.66
02/14/24	02/14/24	81	80061	12-01		20.00	3	7.50	45	10.44	2.06
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/14/24	02/14/24	81	85049	12-01		9.00	3	3.76	45	5.24	0.00
CLAIM TOTALS						128.34		41.26		60.84	26.24
512-05573	303-0503193		GIBSON	J	EIB901481210				EIB901481210	I1564829	
02/14/24	02/14/24	81	84156	12-01		8.00	3	3.08	45	4.92	0.00
02/14/24	02/14/24	81	82570	12-01		8.00	3	4.35	45	3.65	0.00
02/14/24	02/14/24	81	83069	12-01		8.00	3	3.32	45	4.68	0.00
02/14/24	02/14/24	81	84311	12-01		32.00	3	5.88	45	26.12	0.00
02/14/24	02/14/24	81	82010	12-01		16.00	3	6.21	45	9.79	0.00
02/14/24	02/14/24	81	82945	12-01		8.00	3	3.30	45	4.70	0.00
02/14/24	02/14/24	81	82247	12-01		8.00	3	4.22	45	3.78	0.00
02/14/24	02/14/24	81	83986	12-01		7.00	3	3.01	45	3.99	0.00
02/14/24	02/14/24	81	81007	12-01		120.00	3	2.16	45	117.84	0.00
02/14/24	02/14/24	81	82043	12-01		7.58	3	4.86	45	2.72	0.00
CLAIM TOTALS						222.58		40.39		182.19	0.00
512-05573	303-0512135		GIBSON	L	SCH909836300				SCH909836300	I1566115	
02/14/24	02/14/24	81	80307	12-01		83.81		0.00	45	34.88	48.93
02/14/24	02/14/24	81	G0482	12-01		174.33		0.00	45	124.97	49.36
CLAIM TOTALS						258.14		0.00		159.85	98.29



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DATES OF SERVICE		ORIG		PROCEDURES		TOTAL		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512097	GILCHRIST	J	PPA867544797							
02/13/24	02/13/24	81	G0482	12-01		174.33		0.00	45	PPA867544797 124.97	I1566116 0.00 49.36
512-05573	303-0466414	GILLES	A	VYI204339426							
02/13/24	02/13/24	81	87651	12-01		49.86		0.00	45	VYI204339426 30.92	I1562535 0.00 18.94
512-05573	303-0512098	GILLILAND	W	PGX811762116							
02/12/24	02/12/24	81	G0482	12-01		174.33	A1	174.33		PGX811762116 0.00	I1566117 0.00 0.00
512-05573	303-0468626	GIST	D	NEC801197823							
02/12/24	02/12/24	81	80053	12-01		15.84	1	8.87	45	NEC801197823 6.97	I1562536 0.00 0.00
02/12/24	02/12/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00 0.00
02/12/24	02/12/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00 0.00
02/12/24	02/12/24	81	83540	12-01		9.71	1	5.44	45	4.27	0.00 0.00
02/12/24	02/12/24	81	83550	12-01		13.11	1	7.35	45	5.76	0.00 0.00
02/12/24	02/12/24	81	82728	12-01		40.00	1	11.45	45	28.55	0.00 0.00
02/12/24	02/12/24	81	84403	12-01		38.00	1	21.69	45	16.31	0.00 0.00
02/12/24	02/12/24	81	83036	12-01		14.00	1	8.16	45	5.84	0.00 0.00
02/12/24	02/12/24	81	84481	12-01		24.00	1	14.23	45	9.77	0.00 0.00
02/12/24	02/12/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00 0.00
CLAIM TOTALS						210.86		107.74		103.12	0.00 0.00
512-05573	303-0468627	GIST	D	NEC801197823							
02/12/24	02/12/24	81	84439	12-01		13.00	1	7.58	45	NEC801197823 5.42	I1562536 0.00 0.00
02/12/24	02/12/24	81	36415	12-01		4.50		0.00	97	4.50	0.00 0.00
CLAIM TOTALS						17.50		7.58		9.92	0.00 0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0478298		GIVENS		J	NLM114087596001				NLM994746067		I1563887	
02/14/24	02/14/24	81		84153	12-01	27.00				0.00		0.00	0.00
02/14/24	02/14/24	81		84439	12-01	13.00	50	0.00		5.42		0.00	7.58
02/14/24	02/14/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/14/24	02/14/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76
02/14/24	02/14/24	81		80053	12-01	15.84		0.00	45	6.97		0.00	8.87
02/14/24	02/14/24	81		82607	12-01	22.00		0.00	45	9.34		0.00	12.66
02/14/24	02/14/24	81		82746	12-01	22.00		0.00	45	11.49		0.00	10.51
02/14/24	02/14/24	81		83540	12-01	9.71		0.00	45	4.27		0.00	5.44
02/14/24	02/14/24	81		83550	12-01	13.11		0.00	45	5.76		0.00	7.35
02/14/24	02/14/24	81		82728	12-01	40.00		0.00	45	28.55		0.00	11.45
CLAIM TOTALS						176.16		27.00		81.54		0.00	67.62
512-05573	302-0478299		GIVENS		J	NLM114087596001				NLM994746067		I1563887	
02/14/24	02/14/24	81		84481	12-01	24.00		0.00	45	9.77		0.00	14.23
02/14/24	02/14/24	81		84403	12-01	38.00		0.00	45	16.31		0.00	21.69
02/14/24	02/14/24	81		80061	12-01	20.00		0.00	45	10.44		0.00	9.56
02/14/24	02/14/24	81		84443	12-01	25.20		0.00	45	11.07		0.00	14.13
CLAIM TOTALS						107.20		0.00		47.59		0.00	59.61
512-05573	303-0501475		GIVENS		K	NLM114087596001				NLM994746067		I1564830	
02/14/24	02/14/24	81		80053	12-01	15.84		0.00	45	6.97		0.00	8.87
02/14/24	02/14/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76
02/14/24	02/14/24	81		82607	12-01	22.00		0.00	45	9.34		0.00	12.66
02/14/24	02/14/24	81		83540	12-01	9.71		0.00	45	4.27		0.00	5.44
02/14/24	02/14/24	81		83550	12-01	13.11		0.00	45	5.76		0.00	7.35
02/14/24	02/14/24	81		82728	12-01	40.00		0.00	45	28.55		0.00	11.45
02/14/24	02/14/24	81		84481	12-01	24.00		0.00	45	9.77		0.00	14.23
02/14/24	02/14/24	81		83036	12-01	14.00		0.00	45	5.84		0.00	8.16
02/14/24	02/14/24	81		80061	12-01	20.00		0.00	45	10.44		0.00	9.56
02/14/24	02/14/24	81		84443	12-01	25.20		0.00	45	11.07		0.00	14.13
CLAIM TOTALS						192.86		0.00		97.25		0.00	95.61



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501476		GIVENS	K	NLM114087596001				NLM994746067	I1564830	
02/14/24	02/14/24	81	84439	12-01		13.00		0.00	45	5.42	0.00
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						17.50		0.00		9.92	0.00
512-05573	303-0513986		GLADDEN	M	EIB901324029				EIB901324029	I1566119	
02/16/24	02/16/24	81	87498	12-01		37.07	3	7.50	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00	3	7.50	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05	3	7.50	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		70.20		0.00	97	70.20	0.00
02/16/24	02/16/24	81	87635	12-01		150.00	3	7.50	45	118.32	0.00
CLAIM TOTALS						617.32		30.00		362.59	0.00
512-05573	303-0512099		GLADDEN	S	BEG848782541				BEG848782541	I1566120	
02/16/24	02/16/24	81	84403	12-01		38.00	3	5.42	45	16.31	0.00
02/16/24	02/16/24	81	80061	12-01		20.00	3	2.39	45	10.44	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	3	0.94	45	5.24	0.00
CLAIM TOTALS						71.50		8.75		36.49	0.00
512-05573	303-0503209		GLASS	N	BEG847380692				BEG847380692	I1564831	
02/15/24	02/15/24	81	80053	84999	12-01	15.84	3	2.34	45	14.50	-8.00
02/15/24	02/15/24	81	80061	12-01		20.00	3	2.39	45	10.44	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/15/24	02/15/24	81	85049	12-01		9.00	3	0.94	45	5.24	0.00
02/15/24	02/15/24	81	84156	12-01		8.00	3	0.77	45	4.92	0.00
02/15/24	02/15/24	81	82570	12-01		8.00	3	1.09	45	3.65	0.00
02/15/24	02/15/24	81	83069	12-01		8.00	3	0.83	45	4.68	0.00
02/15/24	02/15/24	81	84311	12-01		32.00	3	1.47	45	26.12	0.00
02/15/24	02/15/24	81	82010	12-01		16.00	3	1.55	45	9.79	0.00
02/15/24	02/15/24	81	82945	12-01		8.00	3	0.83	45	4.70	0.00
CLAIM TOTALS						129.34		12.21		88.54	-8.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503210		GLASS	N		BEG847380692				BEG847380692	I1564831		
02/15/24	02/15/24	81	82247	12-01		8.00		0.00	97	8.00		0.00	0.00
02/15/24	02/15/24	81	83986	12-01		7.00	3	0.75	45	3.99		0.00	2.26
02/15/24	02/15/24	81	81007	12-01		120.00	3	0.54	45	117.84		0.00	1.62
02/15/24	02/15/24	81	82043	12-01		7.58	3	1.22	45	2.72		0.00	3.64
CLAIM TOTALS						142.58		2.51		132.55		0.00	7.52
512-05573	303-0501331		GOBBLE	B		TVA903201417				TVA903201417	I1564833		
02/15/24	02/15/24	81	87635	12-01		150.00	1	31.68	45	118.32		0.00	0.00
02/15/24	02/15/24	81	87486	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/15/24	02/15/24	81	87498	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/15/24	02/15/24	81	87581	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/15/24	02/15/24	81	87633	12-01		318.05	1	185.17	45	132.88		0.00	0.00
02/15/24	02/15/24	81	87634	12-01		105.30	1	38.19	45	67.11		0.00	0.00
02/15/24	02/15/24	81	87640	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/15/24	02/15/24	81	87641	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/15/24	02/15/24	81	87651	12-01		49.86	1	18.94	45	30.92		0.00	0.00
CLAIM TOTALS						818.42		368.68		449.74		0.00	0.00
512-05573	303-0513987		GOEDDE-BENNETT			EDU864710071				EDU864710071	I1566122		
02/15/24	02/15/24	81	82607	12-01		22.00	49	22.00		0.00		0.00	0.00
02/15/24	02/15/24	81	82746	12-01		22.00	49	22.00		0.00		0.00	0.00
02/15/24	02/15/24	81	82306	12-01		44.00	96	44.00		0.00		0.00	0.00
02/15/24	02/15/24	81	82728	12-01		40.00	49	40.00		0.00		0.00	0.00
02/15/24	02/15/24	81	84443	12-01		25.20	49	25.20		0.00		0.00	0.00
02/15/24	02/15/24	81	80048	12-01		12.69	49	12.69		0.00		0.00	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/15/24	02/15/24	81	85049	12-01		9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						179.39		165.89		9.74		0.00	3.76



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS					
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT		
512-05573	303-0513987		GOEDDE-BENNETI	EDU864710071					EDU864710071	I1566122			
02/15/24	02/15/24	81	82607	12-01		22.00	3	5.00	45	9.34	0.00	7.66	
02/15/24	02/15/24	81	82746	12-01		22.00	3	5.00	45	11.49	0.00	5.51	
02/15/24	02/15/24	81	82728	12-01		40.00	3	5.00	45	28.55	0.00	6.45	
02/15/24	02/15/24	81	84443	12-01		25.20	3	5.00	45	11.07	0.00	9.13	
02/15/24	02/15/24	81	80048	12-01		12.69	3	5.00	45	5.58	0.00	2.11	
CLAIM TOTALS						121.89		25.00		66.03	0.00	30.86	
512-05573	302-0449433		GOLWAY	J	BEG850363238				BEG850363238	I1560184			
02/07/24	02/07/24	81	87481	12-01		42.00		0.00	45	23.06	0.00	18.94	
02/07/24	02/07/24	81	87640	12-01		37.07		0.00	45	18.13	0.00	18.94	
02/07/24	02/07/24	81	87641	12-01		37.07		0.00	45	18.13	0.00	18.94	
02/07/24	02/07/24	81	87653	12-01		37.07		0.00	45	18.13	0.00	18.94	
02/07/24	02/07/24	81	87529	12-01		99.72		0.00	45	61.84	0.00	37.88	
CLAIM TOTALS						252.93		0.00		139.29	0.00	113.64	
512-05573	303-0503221		GOMEZ	T	PPA806951716				PPA806951716	I1564834			
02/15/24	02/15/24	81	82248	84999	12-01	15.00	1	2.81	45	20.19	94	-8.00	0.00
02/15/24	02/15/24	81		82247	12-01	8.00		0.00	97	8.00		0.00	0.00
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						27.50		2.81		32.69		-8.00	0.00
512-05573	303-0376228		GOMEZ	Z	YAQ868092309M				YAQ995745938	I1561420			
02/02/24	02/02/24	81	87506	12-01		161.81	50	161.81		0.00	0.00	0.00	
512-05573	303-0376228		GOMEZ	Z	YAQ868092309M				YAQ995745938	I1553649			
02/02/24	02/02/24	81	87507	87507	12-22	-319.55	50	-319.55		0.00	0.00	0.00	



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DATES OF		SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503222		GONZALEZ	K		EDU831924067				EDU831924067	I1564835		
02/15/24	02/15/24	81	87635	12-01		150.00	3	5.00	45	118.32		0.00	26.68
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06		0.00	13.94
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13		0.00	13.94
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06		0.00	13.94
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88		0.00	180.17
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11		0.00	33.19
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13		0.00	13.94
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13		0.00	13.94
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92		0.00	13.94
CLAIM TOTALS						818.42		45.00		449.74		0.00	323.68
512-05573	303-0503225		GOODSON	S		KID800174545				KID800174545	I1564836		
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
512-05573	303-0513988		GOODWIN	M		MNX831133081				MNX831133081	I1566125		
02/17/24	02/17/24	81	87635	12-01		150.00	1	31.68	45	118.32		0.00	0.00
02/17/24	02/17/24	81	87486	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/17/24	02/17/24	81	87498	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/17/24	02/17/24	81	87581	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/17/24	02/17/24	81	87633	12-01		318.05	1	185.17	45	132.88		0.00	0.00
02/17/24	02/17/24	81	87634	12-01		105.30	1	38.19	45	67.11		0.00	0.00
02/17/24	02/17/24	81	87640	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/17/24	02/17/24	81	87641	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/17/24	02/17/24	81	87651	12-01		49.86	1	18.94	45	30.92		0.00	0.00
CLAIM TOTALS						818.42		368.68		449.74		0.00	0.00
512-05573	303-0503184		GOOLSBY	J		EDU813901587				EDU813901587	I1564839		
01/29/24	01/29/24	81	80307	12-01		83.81	119	83.81		0.00		0.00	0.00
01/29/24	01/29/24	81	60482	12-01		174.33	119	174.33		0.00		0.00	0.00
CLAIM TOTALS						258.14		258.14		0.00		0.00	0.00



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DATES OF		SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR WRITE	OFF	OTHER	ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT		CODES	AMOUNT	PAYMENT
512-05573	303-0503226		GOOLSBY		J	EDU813901587					EDU813901587		I1564837	
02/12/24	02/12/24	81		80307	12-01	83.81		119	83.81		0.00		0.00	0.00
02/12/24	02/12/24	81		60482	12-01	174.33		119	174.33		0.00		0.00	0.00
CLAIM TOTALS						258.14		258.14		0.00			0.00	0.00
512-05573	303-0503227		GOOLSBY		J	EDU813901587					EDU813901587		I1564838	
12/19/23	12/19/23	81		80307	12-01	83.81		119	83.81		0.00		0.00	0.00
12/19/23	12/19/23	81		60482	12-01	174.33		119	174.33		0.00		0.00	0.00
CLAIM TOTALS						258.14		258.14		0.00			0.00	0.00
512-05573	303-0513989		GORMLEY		A	PPA849612995					PPA849612995		I1566126	
02/15/24	02/15/24	81		87086	12-01	18.53			0.00	45	11.75		0.00	6.78
512-05573	303-0512100		GOTTWALD		D	EDU878974786					EDU878974786		I1566127	
02/16/24	02/16/24	81		87486	12-01	42.00		3	5.00	45	23.06		0.00	13.94
02/16/24	02/16/24	81		87498	12-01	37.07		3	5.00	45	18.13		0.00	13.94
02/16/24	02/16/24	81		87640	12-01	37.07		3	5.00	45	18.13		0.00	13.94
02/16/24	02/16/24	81		87581	12-01	42.00		3	5.00	45	23.06		0.00	13.94
02/16/24	02/16/24	81		87633	12-01	318.05		3	5.00	45	132.88		0.00	180.17
02/16/24	02/16/24	81		87634	12-01	105.30		3	5.00	45	67.11		0.00	33.19
02/16/24	02/16/24	81		87641	12-01	37.07		3	5.00	45	18.13		0.00	13.94
02/16/24	02/16/24	81		87651	12-01	49.86		3	5.00	45	30.92		0.00	13.94
CLAIM TOTALS						668.42		40.00		331.42			0.00	297.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503185		GOWENS	C	PPA824201039					PPA824201039		I1564840	
02/14/24	02/14/24	81	80053	84999	12-01	15.84		0.00	45	19.61	94	-13.11	9.34
02/14/24	02/14/24	81		82607	12-01	22.00		0.00	45	9.34		0.00	12.66
02/14/24	02/14/24	81		82306	12-01	44.00	96	44.00		0.00		0.00	0.00
02/14/24	02/14/24	81		83036	12-01	14.00		0.00	45	5.84		0.00	8.16
02/14/24	02/14/24	81		83735	12-01	13.11		0.00	97	13.11		0.00	0.00
02/14/24	02/14/24	81		80061	12-01	20.00		0.00	45	10.44		0.00	9.56
02/14/24	02/14/24	81		84443	12-01	25.20		0.00	45	11.07		0.00	14.13
02/14/24	02/14/24	81		84439	12-01	13.00		0.00	45	5.42		0.00	7.58
02/14/24	02/14/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/14/24	02/14/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						180.65		44.00		84.57		-13.11	65.19
512-05573	303-0501439		GARBEN	D	COJ881080853					COJ881080853		I1564825	
02/14/24	02/14/24	81		82306	12-01	44.00	96	44.00		0.00		0.00	0.00
02/14/24	02/14/24	81		83036	12-01	14.00		0.00	45	5.84		0.00	8.16
02/14/24	02/14/24	81		80069	12-01	13.00		0.00	45	5.70		0.00	7.30
02/14/24	02/14/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/14/24	02/14/24	81		82044	12-01	12.00		0.00	45	10.01		0.00	1.99
02/14/24	02/14/24	81		87086	12-01	18.53		0.00	45	11.75		0.00	6.78
CLAIM TOTALS						106.03		44.00		37.80		0.00	24.23
512-05573	303-0501440		GARBEN	D	COJ881080853					COJ881080853		I1564826	
02/14/24	02/14/24	81		86665	12-01	70.00		0.00	45	39.50		0.00	30.50
02/14/24	02/14/24	81		86664	12-01	30.00		0.00	45	17.15		0.00	12.85
CLAIM TOTALS						100.00		0.00		56.65		0.00	43.35



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0392836	GRAGG	B	PPA816010069				PPA816010069	I1556509			
02/06/24	02/06/24	81	82044	12-01		12.00		0.00	45	10.01	0.00	1.99
02/06/24	02/06/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
02/06/24	02/06/24	81	85049	12-01		9.00		0.00	45	5.24	0.00	3.76
02/06/24	02/06/24	81	84153	12-01		27.00		0.00	45	11.54	0.00	15.46
02/06/24	02/06/24	81	80053	12-01		15.84		0.00	45	6.97	0.00	8.87
02/06/24	02/06/24	81	82607	12-01		22.00		0.00	45	9.34	0.00	12.66
02/06/24	02/06/24	81	82746	12-01		22.00		0.00	45	11.49	0.00	10.51
02/06/24	02/06/24	81	84481	12-01		24.00		0.00	45	9.77	0.00	14.23
02/06/24	02/06/24	81	83036	12-01		14.00		0.00	45	5.84	0.00	8.16
02/06/24	02/06/24	81	80061	12-01		20.00		0.00	45	10.44	0.00	9.56
CLAIM TOTALS						170.34		0.00		85.14	0.00	85.20
512-05573	303-0392837	GRAGG	B	PPA816010069				PPA816010069	I1556509			
02/06/24	02/06/24	81	84443	12-01		25.20		0.00	45	11.07	0.00	14.13
02/06/24	02/06/24	81	84439	12-01		13.00		0.00	45	5.42	0.00	7.58
CLAIM TOTALS						38.20		0.00		16.49	0.00	21.71
512-05573	303-0512101	GRAGG	B	PPA816010069				PPA816010069	I1566128			
02/06/24	02/06/24	81	84402	12-01		38.00		0.00	45	16.61	0.00	21.39
512-05573	303-0472985	GRAHAM	J	AIR80233794100				AIR802337941	I1563891			
02/14/24	02/14/24	81	84153	12-01		27.00	1	15.46	45	11.54	0.00	0.00
02/14/24	02/14/24	81	83525	12-01		17.15	1	9.27	45	7.88	0.00	0.00
02/14/24	02/14/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00	0.00
02/14/24	02/14/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00	0.00
02/14/24	02/14/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00	0.00
02/14/24	02/14/24	81	82306	12-01		44.00	1	24.88	45	19.12	0.00	0.00
02/14/24	02/14/24	81	82670	12-01		41.00	1	23.47	45	17.53	0.00	0.00
02/14/24	02/14/24	81	84481	12-01		24.00	1	14.23	45	9.77	0.00	0.00
02/14/24	02/14/24	81	84403	12-01		38.00	1	21.69	45	16.31	0.00	0.00
02/14/24	02/14/24	81	86376	12-01		21.00	1	12.23	45	8.77	0.00	0.00
CLAIM TOTALS						269.99		152.32		117.67	0.00	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0472986		GRAHAM	J	AIR80233794100					AIR802337941		I1563891		
02/14/24	02/14/24	81	84443	12-01	25.20		1	14.13	45	11.07		0.00	0.00	
02/14/24	02/14/24	81	84436	12-01	10.00		1	5.78	45	4.22		0.00	0.00	
CLAIM TOTALS						35.20		19.91		15.29		0.00	0.00	
512-05573	303-0503186		GRAHAM	J	AIR80233794100					AIR802337941		I1564841		
02/14/24	02/14/24	81	82627	12-01	33.00		1	18.69	45	14.31		0.00	0.00	
512-05573	303-0501332		GRAHAM	K	ZGP807869766					ZGP807869766		I1564842		
02/15/24	02/15/24	81	83036	12-01	14.00		1	8.16	45	5.84		0.00	0.00	
02/15/24	02/15/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00	
CLAIM TOTALS						18.50		8.16		10.34		0.00	0.00	
512-05573	303-0501477		GRAHAM	K	PPA854624893					PPA854624893		I1564843		
02/15/24	02/15/24	81	87635	12-01	150.00			0.00	45	118.32		0.00	31.68	
02/15/24	02/15/24	81	87486	12-01	42.00			0.00	45	23.06		0.00	18.94	
02/15/24	02/15/24	81	87498	12-01	37.07			0.00	45	18.13		0.00	18.94	
02/15/24	02/15/24	81	87640	12-01	37.07			0.00	45	18.13		0.00	18.94	
02/15/24	02/15/24	81	87581	12-01	42.00			0.00	45	23.06		0.00	18.94	
02/15/24	02/15/24	81	87633	12-01	318.05			0.00	45	132.88		0.00	185.17	
02/15/24	02/15/24	81	87634	12-01	105.30			0.00	45	67.11		0.00	38.19	
02/15/24	02/15/24	81	87641	12-01	37.07			0.00	45	18.13		0.00	18.94	
02/15/24	02/15/24	81	87651	12-01	49.86			0.00	45	30.92		0.00	18.94	
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68	
512-05573	303-0503187		GRAHAM	T	ZGP807869766					ZGP807869766		I1564844		
02/15/24	02/15/24	81	84550	12-01	6.78		1	3.80	45	2.98		0.00	0.00	
02/15/24	02/15/24	81	83036	12-01	14.00		1	8.16	45	5.84		0.00	0.00	
02/15/24	02/15/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00	
CLAIM TOTALS						25.28		11.96		13.32		0.00	0.00	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512102		GRANADE	J		AXX851423453				AXX851423453	I1566129		
02/06/24	02/06/24	81	84207	12-01		56.00		0.00	45	32.38		0.00	23.62
02/06/24	02/06/24	81	84134	12-01		73.00		0.00	45	61.04		0.00	11.96
02/06/24	02/06/24	81	84425	12-01		63.00		0.00	45	45.16		0.00	17.84
CLAIM TOTALS						192.00		0.00		138.58		0.00	53.42
512-05573	303-0265929		GRANT	W		GYV068A77146				GYV996097125	I1543780		
01/23/24	01/23/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
01/23/24	01/23/24	81	83036	12-01		14.00		0.00	45	5.84		0.00	8.16
01/23/24	01/23/24	81	80061	12-01		20.00		0.00	45	10.44		0.00	9.56
CLAIM TOTALS						49.84		8.87		23.25		0.00	17.72
512-05573	303-0265889		GRAVES	D		XAC847107512				XAC847107512	I1543782		
01/22/24	01/22/24	81	82044	12-01		12.00	1	1.99	45	10.01		0.00	0.00
01/22/24	01/22/24	81	84153	12-01		27.00	1	15.46	45	11.54		0.00	0.00
01/22/24	01/22/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
01/22/24	01/22/24	81	83036	12-01		14.00	1	8.16	45	5.84		0.00	0.00
01/22/24	01/22/24	81	80061	12-01		20.00	1	9.56	45	10.44		0.00	0.00
01/22/24	01/22/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
01/22/24	01/22/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						102.34		47.80		54.54		0.00	0.00
512-05573	303-0513990		GRAVIET	G		BHP834754756				BHP834754756	I1566130		
02/16/24	02/16/24	81	84403	12-01		38.00	1	21.69	45	16.31		0.00	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						51.50		25.45		26.05		0.00	0.00
512-05573	303-0503188		GRAY	B		EDU877498451				EDU877498451	I1564845		
02/14/24	02/14/24	81	84702	12-01		22.00	3	5.00	45	13.46		0.00	3.54

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0449434	GRAY		H	PPA887080769				PPA887080769	I1560188	
02/09/24	02/09/24	81	80053	12-01	15.84	49		15.84	0.00	0.00	0.00
02/09/24	02/09/24	81	82533	12-01	24.00	49		24.00	0.00	0.00	0.00
02/09/24	02/09/24	81	85049	12-01	9.00	49		9.00	0.00	0.00	0.00
02/09/24	02/09/24	81	82306	12-01	44.00	96		44.00	0.00	0.00	0.00
02/09/24	02/09/24	81	83540	12-01	9.71	49		9.71	0.00	0.00	0.00
02/09/24	02/09/24	81	83550	12-01	13.11	49		13.11	0.00	0.00	0.00
02/09/24	02/09/24	81	82670	12-01	41.00	49		41.00	0.00	0.00	0.00
02/09/24	02/09/24	81	84481	12-01	24.00	49		24.00	0.00	0.00	0.00
02/09/24	02/09/24	81	84403	12-01	38.00	49		38.00	0.00	0.00	0.00
02/09/24	02/09/24	81	83036	12-01	14.00	49		14.00	0.00	0.00	0.00
CLAIM TOTALS					232.66			232.66	0.00	0.00	0.00
512-05573	302-0449435	GRAY		H	PPA887080769				PPA887080769	I1560188	
02/09/24	02/09/24	81	80061	12-01	20.00			0.00	45	10.44	9.56
02/09/24	02/09/24	81	84443	12-01	25.20	49		25.20	0.00	0.00	0.00
02/09/24	02/09/24	81	84439	12-01	13.00	49		13.00	0.00	0.00	0.00
CLAIM TOTALS					58.20			38.20	10.44	0.00	9.56
512-05573	302-0518918	GRAY		J	P7C844369983				P7C844369983	I1566131	
11/20/23	11/20/23	81	87635	12-01	150.00			0.00	45	118.32	31.68
11/20/23	11/20/23	81	87486	12-01	42.00			0.00	45	23.06	18.94
11/20/23	11/20/23	81	87498	12-01	37.07			0.00	45	18.13	18.94
11/20/23	11/20/23	81	87640	12-01	37.07			0.00	45	18.13	18.94
11/20/23	11/20/23	81	87581	12-01	42.00			0.00	45	23.06	18.94
11/20/23	11/20/23	81	87633	12-01	318.05			0.00	45	132.88	185.17
11/20/23	11/20/23	81	87634	12-01	105.30			0.00	45	67.11	38.19
11/20/23	11/20/23	81	87641	12-01	37.07			0.00	45	18.13	18.94
11/20/23	11/20/23	81	87651	12-01	49.86			0.00	45	30.92	18.94
CLAIM TOTALS					818.42			0.00	449.74	0.00	368.68



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS					
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501333		GRAY		L	BLU837954521				BLU837954521	I1564847		
02/14/24	02/14/24	81		80053	12-01	15.84		0.00	45	6.97		0.00	8.87
02/14/24	02/14/24	81		82306	12-01	44.00		0.00	45	19.12		0.00	24.88
02/14/24	02/14/24	81		83036	12-01	14.00		0.00	45	5.84		0.00	8.16
02/14/24	02/14/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/14/24	02/14/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						87.34		0.00		41.67		0.00	45.67
512-05573	302-0518885		GRAY		L	BLU837954521				BLU837954521	I1566132		
02/14/24	02/14/24	81		82570	12-01	8.00		0.00	45	3.65		0.00	4.35
02/14/24	02/14/24	81		82043	12-01	7.58		0.00	45	2.72		0.00	4.86
CLAIM TOTALS						15.58		0.00		6.37		0.00	9.21
512-05573	302-0447151		GRAY		S	LGB912128894				LGB912128894	I1566133		
02/07/24	02/07/24	81		87086	12-01	18.53	3	6.78	45	11.75		0.00	0.00
02/07/24	02/07/24	81		87186	12-01	13.50	3	7.27	45	6.23		0.00	0.00
02/07/24	02/07/24	81		87088	87088	12-01	8.09	3	6.80	45	1.29	0.00	0.00
CLAIM TOTALS						40.12		20.85		19.27		0.00	0.00
512-05573	302-0447151		GRAY		S	LGB912128894				LGB912128894	I1560189		
02/07/24	02/07/24	81		87186	87186	12-22	-13.50	3	-7.27	45	-6.23	0.00	0.00
512-05573	303-0503190		GREEN		L	PPA825633857				PPA825633857	I1564848		
02/13/24	02/13/24	81		82784	12-01	19.00		0.00	45	11.19		0.00	7.81
02/13/24	02/13/24	81		86231	12-01	24.00		0.00	45	13.84		0.00	10.16
02/13/24	02/13/24	81		86258	12-01	34.50		0.00	45	16.20		0.00	18.30
CLAIM TOTALS						77.50		0.00		41.23		0.00	36.27
512-05573	303-0512103		GREGORY		J	PPA832293486				PPA832293486	I1566136		
02/06/24	02/06/24	81		84402	12-01	38.00		0.00	45	16.61		0.00	21.39

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**BlueCross BlueShield
of Alabama**

P.O. BOX 995
BIRMINGHAM, ALABAMA 35298-0001

REMITTANCE NOTICE

512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512104		GRESHAM		T	RTC100010321190			RTC996559216	I1566137	
02/16/24	02/16/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/16/24	02/16/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00
02/16/24	02/16/24	81	82306	12-01		44.00	1	24.88	45	19.12	0.00
02/16/24	02/16/24	81	83036	12-01		14.00	1	8.16	45	5.84	0.00
02/16/24	02/16/24	81	84481	12-01		24.00	1	14.23	45	9.77	0.00
02/16/24	02/16/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00
02/16/24	02/16/24	81	86376	12-01		21.00	1	12.23	45	8.77	0.00
02/16/24	02/16/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00
02/16/24	02/16/24	81	84436	12-01		10.00	1	5.78	45	4.22	0.00
02/16/24	02/16/24	81	86800	12-01		23.00	1	13.37	45	9.63	0.00
CLAIM TOTALS						219.04		123.87		95.17	0.00
512-05573	303-0512105		GRESHAM		T	RTC100010321190			RTC996559216	I1566137	
02/16/24	02/16/24	81	84432	12-01		24.00	1	13.50	45	10.50	0.00
512-05573	302-0518895		GRIFFIN		F	KID812677527			KID812677527	I1566138	
02/16/24	02/16/24	81	87507	12-01		319.55		0.00	45	134.38	0.00
02/16/24	02/16/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30		0.00	45	67.11	0.00
02/16/24	02/16/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
CLAIM TOTALS						987.97		0.00		465.80	0.00
512-05573	303-0503191		GRIFFITH		N	KID855327395			KID855327395	I1564849	
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
512-05573	303-0503192		GRIFFITH		N	KID855327395			KID855327395	I1564850	
02/12/24	02/12/24	81	87651	12-01		49.86		0.00	45	30.92	0.00



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DATES OF SERVICE		ORIG		PROCEDURES		TOTAL		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512106	GROSS	S	PPA827486394							
02/14/24	02/14/24	81	G0482	12-01		174.33	3	4.94	45	124.97	44.42
512-05573	303-0503194	GUNTER	I	EDU815210971							
02/08/24	02/08/24	81	88305	12-01		107.29	3	5.00	45	12.29	90.00
02/08/24	02/08/24	81	88342	12-01		145.00	3	5.00	45	51.00	89.00
CLAIM TOTALS						252.29		10.00		63.29	179.00
512-05573	303-0501336	GUTIERREZ	K	KID896708373							
02/14/24	02/14/24	81	80053	12-01		15.84		0.00	45	6.97	8.87
02/14/24	02/14/24	81	83036	12-01		14.00		0.00	45	5.84	8.16
02/14/24	02/14/24	81	84443	12-01		25.20		0.00	45	11.07	14.13
02/14/24	02/14/24	81	84439	12-01		13.00		0.00	45	5.42	7.58
02/14/24	02/14/24	81	83525	12-01		17.15		0.00	45	7.88	9.27
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/14/24	02/14/24	81	85049	12-01		9.00		0.00	45	5.24	3.76
CLAIM TOTALS						98.69		0.00		46.92	51.77
512-05573	303-0472950	GUVEN	M	KHH862410310							
02/14/24	02/14/24	81	87635	12-01		150.00	3	6.34	45	118.32	25.34
02/14/24	02/14/24	81	87486	12-01		42.00	3	3.79	45	23.06	15.15
02/14/24	02/14/24	81	87498	12-01		37.07	3	3.79	45	18.13	15.15
02/14/24	02/14/24	81	87581	12-01		42.00	3	3.79	45	23.06	15.15
02/14/24	02/14/24	81	87633	12-01		318.05	3	37.03	45	132.88	148.14
02/14/24	02/14/24	81	87634	12-01		105.30	3	7.64	45	67.11	30.55
02/14/24	02/14/24	81	87640	12-01		37.07	3	3.79	45	18.13	15.15
02/14/24	02/14/24	81	87641	12-01		37.07	3	3.79	45	18.13	15.15
02/14/24	02/14/24	81	87651	12-01		49.86	3	3.79	45	30.92	15.15
CLAIM TOTALS						818.42		73.75		449.74	294.93



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-0478301		GWIN	M	ARS809804310			ARS809804310	I1563902	
02/13/24	02/13/24	81		80053	12-01	15.84	1	8.87	45	6.97	0.00
02/13/24	02/13/24	81		84443	12-01	25.20	1	14.13	45	11.07	0.00
02/13/24	02/13/24	81		84439	12-01	13.00	1	7.58	45	5.42	0.00
02/13/24	02/13/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
02/13/24	02/13/24	81		85049	12-01	9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						67.54		34.34		33.20	0.00
512-05573		303-0501337		HALL	A	LGB912136248			LGB912136248	I1564855	
02/14/24	02/14/24	81		80053	12-01	15.84	49	15.84		0.00	0.00
02/14/24	02/14/24	81		85049	12-01	9.00		0.00	45	5.24	3.76
02/14/24	02/14/24	81		82306	12-01	44.00	96	44.00		0.00	0.00
02/14/24	02/14/24	81		82670	12-01	41.00	49	41.00		0.00	0.00
02/14/24	02/14/24	81		84481	12-01	24.00	49	24.00		0.00	0.00
02/14/24	02/14/24	81		84403	12-01	38.00	49	38.00		0.00	0.00
02/14/24	02/14/24	81		83036	12-01	14.00	49	14.00		0.00	0.00
02/14/24	02/14/24	81		80061	12-01	20.00		0.00	45	10.44	9.56
02/14/24	02/14/24	81		84443	12-01	25.20	49	25.20		0.00	0.00
02/14/24	02/14/24	81		84439	12-01	13.00	49	13.00		0.00	0.00
CLAIM TOTALS						244.04		215.04		15.68	13.32
512-05573		303-0501338		HALL	A	LGB912136248			LGB912136248	I1564855	
02/14/24	02/14/24	81		82533	12-01	24.00	49	24.00		0.00	0.00
512-05573		303-0472954		HALL	C	w9F618A24379			w9F996722075	I1563904	
02/14/24	02/14/24	81		87486	12-01	42.00		0.00	252	42.00	0.00
02/14/24	02/14/24	81		87498	12-01	37.07		0.00	252	37.07	0.00
02/14/24	02/14/24	81		87581	12-01	42.00		0.00	252	42.00	0.00
02/14/24	02/14/24	81		87633	12-01	318.05		0.00	252	318.05	0.00
02/14/24	02/14/24	81		87634	12-01	105.30		0.00	252	105.30	0.00
02/14/24	02/14/24	81		87640	12-01	37.07		0.00	252	37.07	0.00
02/14/24	02/14/24	81		87641	12-01	37.07		0.00	252	37.07	0.00
02/14/24	02/14/24	81		87651	12-01	49.86		0.00	252	49.86	0.00
CLAIM TOTALS						668.42		0.00		668.42	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0472955		HALL		D	W9F2252950AB				W9F996722075	I1563905	
02/14/24	02/14/24	81		87486	12-01	42.00		0.00	252	42.00	0.00	0.00
02/14/24	02/14/24	81		87498	12-01	37.07		0.00	252	37.07	0.00	0.00
02/14/24	02/14/24	81		87581	12-01	42.00		0.00	252	42.00	0.00	0.00
02/14/24	02/14/24	81		87633	12-01	318.05		0.00	252	318.05	0.00	0.00
02/14/24	02/14/24	81		87634	12-01	105.30		0.00	252	105.30	0.00	0.00
02/14/24	02/14/24	81		87640	12-01	37.07		0.00	252	37.07	0.00	0.00
02/14/24	02/14/24	81		87641	12-01	37.07		0.00	252	37.07	0.00	0.00
02/14/24	02/14/24	81		87651	12-01	49.86		0.00	252	49.86	0.00	0.00
CLAIM TOTALS						668.42		0.00		668.42	0.00	0.00
512-05573	303-0503195		HALLMARK		J	NKF875831861				NKF875831861	I1564856	
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	45	30.92	0.00	18.94
512-05573	303-0512107		HALLMARK		J	NKF875831861				NKF875831861	I1566140	
02/15/24	02/15/24	81		87481	12-01	168.00		0.00	45	92.24	0.00	75.76
02/15/24	02/15/24	81		87500	12-01	33.00		0.00	45	14.06	0.00	18.94
02/15/24	02/15/24	81		87529	12-01	99.72		0.00	45	61.84	0.00	37.88
02/15/24	02/15/24	81		87551	12-01	144.72		0.00	45	106.84	0.00	37.88
02/15/24	02/15/24	81		87563	12-01	42.50		0.00	45	23.56	0.00	18.94
02/15/24	02/15/24	81		87640	12-01	37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81		87641	12-01	37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81		87653	12-01	37.07		0.00	45	18.13	0.00	18.94
CLAIM TOTALS						599.15		0.00		352.93	0.00	246.22
512-05573	303-0512109		HALLMARK		R	PPA817738608				PPA817738608	I1566141	
02/16/24	02/16/24	81		85652	12-01	4.00		0.00	45	1.73	0.00	2.27
02/16/24	02/16/24	81		82728	12-01	40.00		0.00	45	28.55	0.00	11.45
02/16/24	02/16/24	81		84403	12-01	38.00		0.00	45	16.31	0.00	21.69
02/16/24	02/16/24	81		86431	12-01	20.00		0.00	45	15.23	0.00	4.77
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50	0.00	0.00
CLAIM TOTALS						106.50		0.00		66.32	0.00	40.18

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FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512110		HAMBRICK	S	C5F811494348								
02/07/24	02/07/24	81	G0480	12-01	125.00		1	49.36	45	75.64	I1566142	0.00	0.00
512-05573	303-0514142		HAMMOND	S	E1B901454201								
02/14/24	02/14/24	81	87086	12-01	18.53		3	6.78	45	11.75	I1566143	0.00	0.00
02/14/24	02/14/24	81	87186	12-01	13.50		3	7.27	45	6.23		0.00	0.00
02/14/24	02/14/24	81	87088	12-01	8.09		3	6.80	45	1.29		0.00	0.00
CLAIM TOTALS						40.12		20.85		19.27		0.00	0.00
512-05573	303-0472958		HAMPTON	A	BHP830618897								
02/13/24	02/13/24	81	87491	12-01	49.86		1	18.94	45	30.92	I1563911	0.00	0.00
02/13/24	02/13/24	81	87511	12-01	42.00		1	18.94	45	23.06		0.00	0.00
02/13/24	02/13/24	81	87529	12-01	49.86		1	18.94	45	30.92		0.00	0.00
02/13/24	02/13/24	81	87591	12-01	42.00		1	18.94	45	23.06		0.00	0.00
02/13/24	02/13/24	81	87661	12-01	32.30		1	18.94	45	13.36		0.00	0.00
CLAIM TOTALS						216.02		94.70		121.32		0.00	0.00
512-05573	303-0503196		HAMPTON	A	BHP830618897								
02/13/24	02/13/24	81	87086	12-01	18.53		1	6.78	45	11.75	I1564857	0.00	0.00
02/13/24	02/13/24	81	87186	12-01	13.50		1	7.27	45	6.23		0.00	0.00
02/13/24	02/13/24	81	87088	12-01	8.09		1	6.80	45	1.29		0.00	0.00
CLAIM TOTALS						40.12		20.85		19.27		0.00	0.00
512-05573	302-0456311		HANBACK	S	TVA909262644								
02/08/24	02/08/24	81	86038	12-01	40.00		1	10.16	45	29.84	I1561431	0.00	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0518909		HAND		M	PPA873000463				PPA873000463	I1566144		
02/16/24	02/16/24	81		84156	12-01	8.00		0.00	45	4.92		0.00	3.08
02/16/24	02/16/24	81		82570	12-01	8.00		0.00	45	3.65		0.00	4.35
02/16/24	02/16/24	81		83069	12-01	8.00		0.00	45	4.68		0.00	3.32
02/16/24	02/16/24	81		84311	12-01	32.00		0.00	45	26.12		0.00	5.88
02/16/24	02/16/24	81		82010	12-01	16.00		0.00	45	9.79		0.00	6.21
02/16/24	02/16/24	81		82945	12-01	8.00		0.00	45	4.70		0.00	3.30
02/16/24	02/16/24	81	82247	84999	12-01	8.00		0.00	45	13.01	94	-12.69	7.68
02/16/24	02/16/24	81		83986	12-01	7.00		0.00	45	3.99		0.00	3.01
02/16/24	02/16/24	81		81007	12-01	120.00		0.00	45	117.84		0.00	2.16
02/16/24	02/16/24	81		82043	12-01	7.58		0.00	45	2.72		0.00	4.86
CLAIM TOTALS						222.58		0.00		191.42		-12.69	43.85
512-05573	302-0518910		HAND		M	PPA873000463				PPA873000463	I1566144		
02/16/24	02/16/24	81		80048	12-01	12.69		0.00	97	12.69		0.00	0.00
02/16/24	02/16/24	81		85027	12-01	12.00		0.00	45	8.10		0.00	3.90
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/16/24	02/16/24	81		87086	12-01	18.53		0.00	97	18.53		0.00	0.00
CLAIM TOTALS						47.72		0.00		43.82		0.00	3.90
512-05573	303-0512111		HANDLEY		M	PPA879895726				PPA879895726	I1566145		
02/16/24	02/16/24	81		87635	12-01	150.00		0.00	45	118.32		0.00	31.68
02/16/24	02/16/24	81		87486	12-01	42.00		0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88		0.00	185.17
02/16/24	02/16/24	81		87634	12-01	105.30		0.00	45	67.11		0.00	38.19
02/16/24	02/16/24	81		87640	12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81		87641	12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81		87651	12-01	49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACT		NUMBER	
								WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0376310		HARBIN		J	TVA902816594			TVA902816594	I1553677	
02/02/24	02/02/24	81	80053	80053	12-01	15.84	1	8.87	45	6.97	0.00
02/02/24	02/02/24	81	82607	82607	12-01	22.00	1	12.66	45	9.34	0.00
02/02/24	02/02/24	81	83036	83036	12-01	14.00		0.00	45	5.84	8.16
02/02/24	02/02/24	81	84443	84443	12-01	25.20	1	14.13	45	11.07	0.00
02/02/24	02/02/24	81	84439	84439	12-01	13.00	1	7.58	45	5.42	0.00
02/02/24	02/02/24	81	83540	83540	12-01	9.00	1	5.44	45	3.56	0.00
02/02/24	02/02/24	81	36415	36415	12-01	4.50		0.00	97	4.50	0.00
02/02/24	02/02/24	81	85049	85049	12-01	9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						112.54		52.44		51.94	8.16
512-05573	303-0376310		HARBIN		J	TVA902816594			TVA902816594	I1553677	
02/02/24	02/02/24	81	80053	80053	12-22	-15.84	22	-15.84		0.00	0.00
02/02/24	02/02/24	81	82607	82607	12-22	-22.00	22	-22.00		0.00	0.00
02/02/24	02/02/24	81	83036	83036	12-22	-14.00	22	-14.00		0.00	0.00
02/02/24	02/02/24	81	84443	84443	12-22	-25.20	22	-25.20		0.00	0.00
02/02/24	02/02/24	81	84439	84439	12-22	-13.00	22	-13.00		0.00	0.00
02/02/24	02/02/24	81	83540	83540	12-22	-9.00	22	-9.00		0.00	0.00
02/02/24	02/02/24	81	36415	36415	12-22	-4.50		0.00	97	-4.50	0.00
02/02/24	02/02/24	81	85049	85049	12-22	-9.00	22	-9.00		0.00	0.00
CLAIM TOTALS						-112.54		-108.04		-4.50	0.00
512-05573	303-0503197		HARBISON		H	BEG830684759			BEG830684759	I1564858	
02/15/24	02/15/24	81	87635	12-01		150.00		0.00	45	118.32	31.68
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	45	23.06	18.94
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13	18.94
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88	185.17
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11	38.19
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	45	18.13	18.94
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92	18.94
CLAIM TOTALS						818.42		0.00		449.74	368.68



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	302-0518917		HARDIN	J	EDU882284936					EDU882284936		I1566146		
02/15/24	02/15/24	81	84153	12-01	27.00		3	5.00	45	11.54		0.00	10.46	
02/15/24	02/15/24	81	80053	12-01	15.84		3	5.00	45	6.97		0.00	3.87	
02/15/24	02/15/24	81	84403	12-01	38.00		3	5.00	45	16.31		0.00	16.69	
02/15/24	02/15/24	81	83036	12-01	14.00		3	5.00	45	5.84		0.00	3.16	
02/15/24	02/15/24	81	80061	12-01	20.00		3	5.00	45	10.44		0.00	4.56	
02/15/24	02/15/24	81	84443	12-01	25.20		3	5.00	45	11.07		0.00	9.13	
02/15/24	02/15/24	81	84439	12-01	13.00		3	5.00	45	5.42		0.00	2.58	
CLAIM TOTALS						153.04		35.00		67.59		0.00	50.45	
512-05573	303-0503198		HARDIN	J	AXX863535357					AXX863535357		I1564859		
02/14/24	02/14/24	81	84156	12-01	8.00			0.00	45	4.92		0.00	3.08	
02/14/24	02/14/24	81	82570	12-01	8.00			0.00	45	3.65		0.00	4.35	
02/14/24	02/14/24	81	83069	12-01	8.00			0.00	45	4.68		0.00	3.32	
02/14/24	02/14/24	81	84311	12-01	32.00			0.00	45	26.12		0.00	5.88	
02/14/24	02/14/24	81	82010	12-01	16.00			0.00	45	9.79		0.00	6.21	
02/14/24	02/14/24	81	82945	12-01	8.00			0.00	45	4.70		0.00	3.30	
02/14/24	02/14/24	81	82247	12-01	8.00			0.00	45	3.78		0.00	4.22	
02/14/24	02/14/24	81	83986	12-01	7.00			0.00	45	3.99		0.00	3.01	
02/14/24	02/14/24	81	81007	12-01	120.00			0.00	45	117.84		0.00	2.16	
02/14/24	02/14/24	81	82043	12-01	7.58			0.00	45	2.72		0.00	4.86	
CLAIM TOTALS						222.58		0.00		182.19		0.00	40.39	
512-05573	303-0503199		HARDIN	J	AXX863535357					AXX863535357		I1564859		
02/14/24	02/14/24	81	87086	12-01	18.53			0.00	97	18.53		0.00	0.00	

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512112		HARDMAN	T	EDU883954408				EDU883954408	I1566147	
02/16/24	02/16/24	81	80053	12-01	15.84	3	5.00	45	6.97	0.00	3.87
02/16/24	02/16/24	81	82607	12-01	22.00	3	5.00	45	9.34	0.00	7.66
02/16/24	02/16/24	81	82306	12-01	44.00	96	44.00		0.00	0.00	0.00
02/16/24	02/16/24	81	83540	12-01	9.71	3	5.00	45	4.27	0.00	0.44
02/16/24	02/16/24	81	83550	12-01	13.11	3	5.00	45	5.76	0.00	2.35
02/16/24	02/16/24	81	82670	12-01	41.00	3	5.00	45	17.53	0.00	18.47
02/16/24	02/16/24	81	84403	12-01	38.00	3	5.00	45	16.31	0.00	16.69
02/16/24	02/16/24	81	83036	12-01	14.00	3	5.00	45	5.84	0.00	3.16
02/16/24	02/16/24	81	80061	12-01	20.00	3	5.00	45	10.44	0.00	4.56
02/16/24	02/16/24	81	36415	12-01	4.50		0.00	97	4.50	0.00	0.00
CLAIM TOTALS						222.16		84.00	80.96	0.00	57.20
512-05573	303-0512113		HARDMAN	T	EDU883954408				EDU883954408	I1566147	
02/16/24	02/16/24	81	85049	12-01	9.00	3	3.76	45	5.24	0.00	0.00
512-05573	303-0512114		HARRIS	G	LGB901426776				LGB901426776	I1566148	
02/15/24	02/15/24	81	84153	12-01	27.00	3	7.50	45	11.54	0.00	7.96
02/15/24	02/15/24	81	80053	12-01	15.84	3	7.50	45	6.97	0.00	1.37
02/15/24	02/15/24	81	82670	12-01	41.00	3	7.50	45	17.53	0.00	15.97
02/15/24	02/15/24	81	84403	12-01	38.00	3	7.50	45	16.31	0.00	14.19
02/15/24	02/15/24	81	80061	12-01	20.00	3	7.50	45	10.44	0.00	2.06
02/15/24	02/15/24	81	85049	12-01	9.00	3	3.76	45	5.24	0.00	0.00
CLAIM TOTALS						150.84	41.26		68.03	0.00	41.55
512-05573	302-0518919		HARRIS	L	PPA862383490				PPA862383490	I1566150	
02/15/24	02/15/24	81	80053	12-01	15.84	1	8.87	45	6.97	0.00	0.00
02/15/24	02/15/24	81	82306	12-01	44.00	1	24.88	45	19.12	0.00	0.00
02/15/24	02/15/24	81	82728	12-01	40.00	1	11.45	45	28.55	0.00	0.00
02/15/24	02/15/24	81	84443	12-01	25.20	1	14.13	45	11.07	0.00	0.00
02/15/24	02/15/24	81	36415	12-01	4.50		0.00	97	4.50	0.00	0.00
02/15/24	02/15/24	81	85049	12-01	9.00	1	3.76	45	5.24	0.00	0.00
CLAIM TOTALS						138.54	63.09		75.45	0.00	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR WRITE	OFF	OTHER	ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0447163		HARRISON	C	TRT872652899					TRT872652899		I1560209	
02/02/24	02/02/24	81	88305	12-01	107.29		1	95.00	45	12.29			0.00
02/02/24	02/02/24	81	88342	12-01	145.00		1	94.00	45	51.00			0.00
02/02/24	02/02/24	81	0753T	12-01	50.00		96	50.00		0.00			0.00
CLAIM TOTALS								239.00		63.29			0.00
512-05573	303-0512115		HARRISON	H	PPA885376187					PPA885376187		I1566149	
02/13/24	02/13/24	81	80307	12-01	83.81			0.00	45	34.88			0.00
02/13/24	02/13/24	81	G0482	12-01	174.33			0.00	45	141.29			0.00
CLAIM TOTALS								0.00		176.17			0.00
512-05573	303-0392855		HARRISON	N	UCR540A24477					UCR995144737		I1556533	
02/05/24	02/05/24	81	80053	84999	12-01	15.84		0.00	45	14.50	94	-8.00	9.34
02/05/24	02/05/24	81		82607	12-01	22.00		0.00	45	9.34		0.00	12.66
02/05/24	02/05/24	81		82746	12-01	22.00		0.00	45	11.49		0.00	10.51
02/05/24	02/05/24	81		82306	12-01	44.00		0.00	45	19.12		0.00	24.88
02/05/24	02/05/24	81		83540	12-01	9.71		0.00	45	4.27		0.00	5.44
02/05/24	02/05/24	81		83550	12-01	13.11		0.00	45	5.76		0.00	7.35
02/05/24	02/05/24	81		80061	12-01	20.00		0.00	45	10.44		0.00	9.56
02/05/24	02/05/24	81		84443	12-01	25.20		0.00	45	11.07		0.00	14.13
02/05/24	02/05/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/05/24	02/05/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS								0.00		95.73		-8.00	97.63

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0392856		HARRISON	N	UCR540A24477			UCR995144737	I1556533		
02/05/24	02/05/24	81	84156	12-01		8.00		45	4.92	0.00	3.08
02/05/24	02/05/24	81	82570	12-01		8.00		45	3.65	0.00	4.35
02/05/24	02/05/24	81	83069	12-01		8.00		45	4.68	0.00	3.32
02/05/24	02/05/24	81	84311	12-01		32.00		45	26.12	0.00	5.88
02/05/24	02/05/24	81	82010	12-01		16.00		45	9.79	0.00	6.21
02/05/24	02/05/24	81	82945	12-01		8.00		45	4.70	0.00	3.30
02/05/24	02/05/24	81	82247	12-01		8.00		97	8.00	0.00	0.00
02/05/24	02/05/24	81	83986	12-01		7.00		45	3.99	0.00	3.01
02/05/24	02/05/24	81	81007	12-01		120.00		45	117.84	0.00	2.16
02/05/24	02/05/24	81	82043	12-01		7.58		45	2.72	0.00	4.86
CLAIM TOTALS						222.58			186.41	0.00	36.17
512-05573	303-0392857		HARRISON	S	UCR540A24477			UCR995144737	I1556534		
02/05/24	02/05/24	81	80053 84999	12-01		15.84		45	14.50	94 -8.00	9.34
02/05/24	02/05/24	81	84403	12-01		38.00		45	16.31	0.00	21.69
02/05/24	02/05/24	81	83036	12-01		14.00		45	5.84	0.00	8.16
02/05/24	02/05/24	81	80061	12-01		20.00		45	10.44	0.00	9.56
02/05/24	02/05/24	81	36415	12-01		4.50		97	4.50	0.00	0.00
02/05/24	02/05/24	81	85049	12-01		9.00		45	5.24	0.00	3.76
02/05/24	02/05/24	81	84156	12-01		8.00		45	4.92	0.00	3.08
02/05/24	02/05/24	81	82570	12-01		8.00		45	3.65	0.00	4.35
02/05/24	02/05/24	81	83069	12-01		8.00		45	4.68	0.00	3.32
02/05/24	02/05/24	81	84311	12-01		32.00		45	26.12	0.00	5.88
CLAIM TOTALS						157.34			96.20	-8.00	69.14
512-05573	303-0392858		HARRISON	S	UCR540A24477			UCR995144737	I1556534		
02/05/24	02/05/24	81	82010	12-01		16.00		45	9.79	0.00	6.21
02/05/24	02/05/24	81	82945	12-01		8.00		45	4.70	0.00	3.30
02/05/24	02/05/24	81	82247	12-01		8.00		97	8.00	0.00	0.00
02/05/24	02/05/24	81	83986	12-01		7.00		45	3.99	0.00	3.01
02/05/24	02/05/24	81	81007	12-01		120.00		45	117.84	0.00	2.16
02/05/24	02/05/24	81	82043	12-01		7.58		45	2.72	0.00	4.86
CLAIM TOTALS						166.58			147.04	0.00	19.54



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0472968		HART		T	QDB803w03784				QDB996277168		I1563923	
02/14/24	02/14/24	81	82044	12-01		12.00	1	1.99	45	10.01		0.00	0.00
02/14/24	02/14/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
02/14/24	02/14/24	81	85652	12-01		4.00	1	2.27	45	1.73		0.00	0.00
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/14/24	02/14/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						45.34		16.89		28.45		0.00	0.00
512-05573	303-0512116		HART		T	QDB803w03784				QDB996277168		I1566151	
02/14/24	02/14/24	81	86200	12-01		20.00	1	10.88	45	9.12		0.00	0.00
02/14/24	02/14/24	81	86431	12-01		20.00	1	4.77	45	15.23		0.00	0.00
02/14/24	02/14/24	81	86038	12-01		40.00	1	10.16	45	29.84		0.00	0.00
CLAIM TOTALS						80.00		25.81		54.19		0.00	0.00
512-05573	303-0512117		HASTINGS		I	VMC821454191				VMC821454191		I1566152	
02/16/24	02/16/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
02/16/24	02/16/24	81	80061	12-01		20.00	1	9.56	45	10.44		0.00	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						40.34		18.43		21.91		0.00	0.00
512-05573	303-0503201		HATCHER		S	PPA867262115				PPA867262115		I1564861	
02/15/24	02/15/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
02/15/24	02/15/24	81	80061	12-01		20.00	1	9.56	45	10.44		0.00	0.00
02/15/24	02/15/24	81	85027	12-01		12.00	1	3.90	45	8.10		0.00	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/15/24	02/15/24	81	83036	12-01		14.00	1	8.16	45	5.84		0.00	0.00
CLAIM TOTALS						66.34		30.49		35.85		0.00	0.00



**BlueCross BlueShield
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CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0120540		HAWTHORNE	L		PPA847461055				PPA847461055	I1532819		
01/10/24	01/10/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
01/10/24	01/10/24	81	82607	12-01		22.00	1	12.66	45	9.34		0.00	0.00
01/10/24	01/10/24	81	82306	12-01		44.00	1	24.88	45	19.12		0.00	0.00
01/10/24	01/10/24	81	83036	12-01		14.00	1	8.16	45	5.84		0.00	0.00
01/10/24	01/10/24	81	80061	12-01		20.00	1	9.56	45	10.44		0.00	0.00
01/10/24	01/10/24	81	85027	12-01		12.00	1	3.90	45	8.10		0.00	0.00
01/10/24	01/10/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						132.34		68.03		64.31		0.00	0.00
512-05573	303-0501478		HAYDEN	W		QDB060w03784				QDB996300406	I1564862		
02/06/24	02/06/24	81	88305	12-01		107.29	1	95.00	45	12.29		0.00	0.00
02/06/24	02/06/24	81	88313	12-01		81.00	1	67.07	45	13.93		0.00	0.00
02/06/24	02/06/24	81	88312	12-01		174.00	1	174.00		0.00		0.00	0.00
CLAIM TOTALS						362.29		336.07		26.22		0.00	0.00
512-05573	303-0512118		HAYES	K		PPA887004682				PPA887004682	I1566153		
02/14/24	02/14/24	81	82330	12-01		27.38		0.00	45	21.50		0.00	5.88
02/14/24	02/14/24	81	86665	12-01		70.00		0.00	45	39.50		0.00	30.50
02/14/24	02/14/24	81	86664	12-01		30.00		0.00	45	17.15		0.00	12.85
02/14/24	02/14/24	81	82784	12-01		19.00		0.00	45	11.19		0.00	7.81
02/14/24	02/14/24	81	86231	12-01		24.00		0.00	45	13.84		0.00	10.16
02/14/24	02/14/24	81	86258	12-01		34.50		0.00	45	16.20		0.00	18.30
02/14/24	02/14/24	81	86038	12-01		40.00		0.00	45	29.84		0.00	10.16
CLAIM TOTALS						244.88		0.00		149.22		0.00	95.66

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DATES OF		SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0503202		HAYES		T	PPA882399303		PPA882399303		I1564863		
02/15/24	02/15/24	81	87635	12-01		150.00		0.00	45	118.32		0.00	31.68
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68
512-05573		303-0512120		HAYNES		N	MMM124978950001		MMM995927728		I1566154		
02/07/24	02/07/24	81	84402	12-01		38.00	3	4.28	45	16.61		0.00	17.11
512-05573		503-0404466		HAZELWOOD		T	LGB901452446		PPA822969203		I1557609		
02/06/24	02/06/24	81	87640	12-02		37.07		0.00	45	18.13	23	11.44	7.50
02/06/24	02/06/24	81	87641	12-02		37.07		0.00	45	18.13	23	11.44	7.50
02/06/24	02/06/24	81	87653	12-02		37.07		0.00	45	18.13	23	11.44	7.50
02/06/24	02/06/24	81	87481	12-02		42.00		0.00	45	23.06	23	11.44	7.50
02/06/24	02/06/24	81	87481	12-02		42.00		0.00	45	23.06	23	11.44	7.50
02/06/24	02/06/24	81	87640	12-02		37.07		0.00	45	18.13		0.00	18.94
02/06/24	02/06/24	81	87653	12-02		37.07		0.00	45	18.13		0.00	18.94
02/06/24	02/06/24	81	87641	12-02		37.07		0.00	45	18.13		0.00	18.94
CLAIM TOTALS						306.42		0.00		154.90		57.20	94.32
512-05573		303-0466402		HAZELWOOD		T	PPA822969203		PPA822969203		I1562567		
02/06/24	02/06/24	81	87640	12-02		37.07		0.00	B13	25.63	23	11.44	0.00
02/06/24	02/06/24	81	87641	12-02		37.07		0.00	B13	25.63	23	11.44	0.00
02/06/24	02/06/24	81	87653	12-02		37.07		0.00	B13	25.63	23	11.44	0.00
02/06/24	02/06/24	81	87481	12-02		42.00		0.00	B13	30.56	23	11.44	0.00
02/06/24	02/06/24	81	87481	12-02		42.00		0.00	B13	30.56	23	11.44	0.00
CLAIM TOTALS						195.21		0.00		138.01		57.20	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER	ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512121		HEATON	G		PPA824821636				PPA824821636		I1566156	
02/13/24	02/13/24	81	84481	12-01		24.00		0.00	45	9.77		0.00	14.23
02/13/24	02/13/24	81	84443	12-01		25.20		0.00	45	11.07		0.00	14.13
02/13/24	02/13/24	81	84439	12-01		13.00		0.00	45	5.42		0.00	7.58
02/13/24	02/13/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						66.70		0.00		30.76		0.00	35.94
512-05573	303-0512122		HEFLIN	L		VHU838409555				VHU838409555		I1566157	
02/13/24	02/13/24	81	80307	12-01		83.81		0.00	45	34.88		0.00	48.93
02/13/24	02/13/24	81	G0482	12-01		174.33		0.00	45	124.97		0.00	49.36
CLAIM TOTALS						258.14		0.00		159.85		0.00	98.29
512-05573	303-0501479		HEIM	M		PPA831279685				PPA831279685		I1564864	
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42		0.00	337.00
512-05573	303-0512123		HENRY	D		CZQAN1602817				CZQ994616992		I1566159	
02/16/24	02/16/24	81	80053	12-01		15.84		0.00	45	6.97		0.00	8.87
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						20.34		0.00		11.47		0.00	8.87



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573		303-0473065		HENRY		G	CQM130819819001				CQM996307201		I1563929	
02/14/24	02/14/24	81		87486	12-01	42.00	3	3.79	45	23.06			0.00	15.15
02/14/24	02/14/24	81		87498	12-01	37.07	3	3.79	45	18.13			0.00	15.15
02/14/24	02/14/24	81		87581	12-01	42.00	3	3.79	45	23.06			0.00	15.15
02/14/24	02/14/24	81		87633	12-01	318.05	3	37.03	45	132.88			0.00	148.14
02/14/24	02/14/24	81		87634	12-01	105.30	3	7.64	45	67.11			0.00	30.55
02/14/24	02/14/24	81		87640	12-01	37.07	3	3.79	45	18.13			0.00	15.15
02/14/24	02/14/24	81		87641	12-01	37.07	3	3.79	45	18.13			0.00	15.15
02/14/24	02/14/24	81		87651	12-01	49.86	3	3.79	45	30.92			0.00	15.15
CLAIM TOTALS						668.42		67.41		331.42			0.00	269.59
512-05573		303-0514117		HENRY		R	CZQAN1602817				CZQ994616992		I1566160	
02/16/24	02/16/24	81		84153	12-01	27.00		0.00	45	11.54			0.00	15.46
02/16/24	02/16/24	81		80053	12-01	15.84		0.00	45	6.97			0.00	8.87
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50			0.00	0.00
CLAIM TOTALS						47.34		0.00		23.01			0.00	24.33
512-05573		302-0160824		HENRY		T	DUS0636165MB				DUS996853186		I1535876	
01/11/24	01/11/24	81	87486	87486	12-01	42.00	1	18.94	45	23.06			0.00	0.00
01/11/24	01/11/24	81	87498	87498	12-01	37.07	1	18.94	45	18.13			0.00	0.00
01/11/24	01/11/24	81	87581	87581	12-01	42.00	1	18.94	45	23.06			0.00	0.00
01/11/24	01/11/24	81	87633	87633	12-01	318.05	1	185.17	45	132.88			0.00	0.00
01/11/24	01/11/24	81	87634	87634	12-01	105.30	1	38.19	45	67.11			0.00	0.00
01/11/24	01/11/24	81	87640	87640	12-01	37.07	1	18.94	45	18.13			0.00	0.00
01/11/24	01/11/24	81	87641	87641	12-01	37.07	1	18.94	45	18.13			0.00	0.00
01/11/24	01/11/24	81	87651	87651	12-01	49.86	1	18.94	45	30.92			0.00	0.00
CLAIM TOTALS						668.42		337.00		331.42			0.00	0.00



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF	
FROM		THRU		POT		ORIG		CHGD		/STAT	
CHARGES		CODES		AMOUNT		CODES		AMOUNT		CODES	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
PAYMENT		PAYMENT		PAYMENT		PAYMENT		PAYMENT		PAYMENT	
512-05573	302-0160824	HENRY	T	DUS0636165MB				DUS996853186	I1535876		
01/11/24	01/11/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00	0.00
01/11/24	01/11/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07	0.00
01/11/24	01/11/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00	0.00
01/11/24	01/11/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05	0.00
01/11/24	01/11/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30	0.00
01/11/24	01/11/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07	0.00
01/11/24	01/11/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07	0.00
01/11/24	01/11/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86	0.00
CLAIM TOTALS						-668.42		0.00		-668.42	0.00
512-05573	303-0503203	HENRY	W	PPA850173928				PPA850173928	I1564865		
02/14/24	02/14/24	81	84156	12-01	8.00	49	8.00	0.00		0.00	0.00
02/14/24	02/14/24	81	82570	12-01	8.00	49	8.00	0.00		0.00	0.00
02/14/24	02/14/24	81	83069	12-01	8.00	49	8.00	0.00		0.00	0.00
02/14/24	02/14/24	81	84311	12-01	32.00	49	32.00	0.00		0.00	0.00
02/14/24	02/14/24	81	82010	12-01	16.00	49	16.00	0.00		0.00	0.00
02/14/24	02/14/24	81	82945	12-01	8.00	49	8.00	0.00		0.00	0.00
02/14/24	02/14/24	81	82247	12-01	8.00	49	8.00	0.00		0.00	0.00
02/14/24	02/14/24	81	83986	12-01	7.00	49	7.00	0.00		0.00	0.00
02/14/24	02/14/24	81	81007	12-01	120.00	49	120.00	0.00		0.00	0.00
02/14/24	02/14/24	81	82043	12-01	7.58	49	7.58	0.00		0.00	0.00
CLAIM TOTALS					222.58		222.58	0.00		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0503204		HENRY		W	PPA850173928		PPA850173928		I1564865
02/14/24	02/14/24	81		80053	12-01	15.84	49	15.84		0.00	0.00
02/14/24	02/14/24	81		85049	12-01	9.00	49	9.00		0.00	0.00
02/14/24	02/14/24	81		82607	12-01	22.00	49	22.00		0.00	0.00
02/14/24	02/14/24	81		82306	12-01	44.00	96	44.00		0.00	0.00
02/14/24	02/14/24	81		83540	12-01	9.71	49	9.71		0.00	0.00
02/14/24	02/14/24	81		83550	12-01	13.11	49	13.11		0.00	0.00
02/14/24	02/14/24	81		82728	12-01	40.00	49	40.00		0.00	0.00
02/14/24	02/14/24	81		83036	12-01	14.00	49	14.00		0.00	0.00
02/14/24	02/14/24	81		84443	12-01	25.20	49	25.20		0.00	0.00
02/14/24	02/14/24	81		84436	12-01	10.00	49	10.00		0.00	0.00
CLAIM TOTALS						202.86		202.86		0.00	0.00
512-05573		303-0503205		HENRY		W	PPA850173928		PPA850173928		I1564865
02/14/24	02/14/24	81		80061	12-01	20.00	49	20.00		0.00	0.00
02/14/24	02/14/24	81		36415	12-01	4.50			97	4.50	0.00
CLAIM TOTALS						24.50		20.00		4.50	0.00
512-05573		559-0460121		HERB		L	NIW726W18632		CFT996915642		I1558610
02/03/24	02/03/24	81		87086	12-01	18.53		0.00	45	11.75	0.00
02/03/24	02/03/24	81		87186	12-01	13.50		0.00	45	6.23	0.00
02/03/24	02/03/24	81		87088	12-01	8.09		0.00	45	1.29	0.00
CLAIM TOTALS						40.12		0.00		19.27	0.00
512-05573		303-0466407		HERRON		M	XUP202916076		XUP202916076		I1562573
02/13/24	02/13/24	81		87635	12-01	150.00		0.00	45	118.32	0.00
02/13/24	02/13/24	81		87486	12-01	42.00		0.00	45	23.06	0.00
02/13/24	02/13/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/13/24	02/13/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
02/13/24	02/13/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/13/24	02/13/24	81		87634	12-01	105.30		0.00	45	67.11	0.00
02/13/24	02/13/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
02/13/24	02/13/24	81		87641	12-01	37.07		0.00	45	18.13	0.00
02/13/24	02/13/24	81		87651	12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00



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DATES OF SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR WRITE OFF	OTHER	ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503206		HESTER		N	PPA884938920				PPA884938920	I1564867		
11/15/23	11/15/23	81	84436	12-02		10.00		0.00	45	4.22		0.00	5.78
11/15/23	11/15/23	81	82607	12-02		22.00		0.00	45	9.34		0.00	12.66
11/15/23	11/15/23	81	82306	12-02		44.00	96	44.00		0.00		0.00	0.00
CLAIM TOTALS						76.00		44.00		13.56		0.00	18.44
512-05573	303-0503207		HESTER		N	PPA884938920				PPA884938920	I1564868		
11/15/23	11/15/23	81	83735	12-02		13.11		0.00	45	7.49		0.00	5.62
512-05573	303-0512125		HICKMAN		M	PPA889480857				PPA889480857	I1566162		
02/13/24	02/13/24	81	G0482	12-01		174.33	1	49.36	45	124.97		0.00	0.00
512-05573	303-0472975		HILL		E	EDU801054276				EDU801054276	I1563931		
01/11/24	01/11/24	81	87498	12-01		37.07	3	5.00	45	18.13		0.00	13.94
01/11/24	01/11/24	81	87581	12-01		42.00	3	5.00	45	23.06		0.00	13.94
01/11/24	01/11/24	81	87633	12-01		318.05	3	5.00	45	132.88		0.00	180.17
CLAIM TOTALS						397.12		15.00		174.07		0.00	208.05
512-05573	303-0503208		HILL		O	PPA813419167				PPA813419167	I1564869		
02/13/24	02/13/24	81	82150	12-01		18.00		0.00	45	12.56		0.00	5.44
02/13/24	02/13/24	81	83690	12-01		14.00		0.00	45	8.20		0.00	5.80
02/13/24	02/13/24	81	82784	12-01		19.00		0.00	45	11.19		0.00	7.81
02/13/24	02/13/24	81	86231	12-01		24.00		0.00	45	13.84		0.00	10.16
02/13/24	02/13/24	81	86258	12-01		34.50		0.00	45	16.20		0.00	18.30
CLAIM TOTALS						109.50		0.00		61.99		0.00	47.51

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0478305		HILL		P	NLM117074288001				NLM995149087	I1563932		
02/13/24	02/13/24	81		84156	12-01	8.00	3	0.31	45	4.92		0.00	2.77
02/13/24	02/13/24	81		82570	12-01	8.00	3	0.44	45	3.65		0.00	3.91
02/13/24	02/13/24	81		83069	12-01	8.00	3	0.33	45	4.68		0.00	2.99
02/13/24	02/13/24	81		84311	12-01	32.00	3	0.59	45	26.12		0.00	5.29
02/13/24	02/13/24	81		82010	12-01	16.00	3	0.62	45	9.79		0.00	5.59
02/13/24	02/13/24	81		82945	12-01	8.00	3	0.33	45	4.70		0.00	2.97
02/13/24	02/13/24	81		82247	12-01	8.00	3	0.42	45	3.78		0.00	3.80
02/13/24	02/13/24	81		83986	12-01	7.00	3	0.30	45	3.99		0.00	2.71
02/13/24	02/13/24	81		81007	12-01	120.00	3	0.22	45	117.84		0.00	1.94
02/13/24	02/13/24	81		82043	12-01	7.58	3	0.49	45	2.72		0.00	4.37
CLAIM TOTALS						222.58		4.05		182.19		0.00	36.34
512-05573	302-0518920		HILL		P	NLM117074288001				NLM995149087	I1566163		
02/13/24	02/13/24	81		G0482	12-01	174.33	3	3.30	45	141.29		0.00	29.74
512-05573	302-0172545		HINES		E	PPA897265079				PPA897265079	I1564870		
11/07/23	11/07/23	81	84550	84999	12-01	6.78		0.00	45	13.28	94	-15.84	9.34
11/07/23	11/07/23	81		80053	12-01	15.84		0.00	97	15.84		0.00	0.00
11/07/23	11/07/23	81		80061	12-01	20.00		0.00	45	10.44		0.00	9.56
11/07/23	11/07/23	81		85027	12-01	12.00		0.00	45	8.10		0.00	3.90
11/07/23	11/07/23	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
11/07/23	11/07/23	81		83036	12-01	14.00		0.00	45	5.84		0.00	8.16
CLAIM TOTALS						73.12		0.00		58.00		-15.84	30.96
512-05573	302-0172545		HINES		E	PPA897265079				PPA897265079	I1537059		
11/07/23	11/07/23	81	84550	84999	12-22	-6.78		0.00	45	-13.28	96	15.84	-9.34
11/07/23	11/07/23	81		80061	12-22	-20.00		0.00	45	-10.44		0.00	-9.56
11/07/23	11/07/23	81		85027	12-22	-12.00		0.00	45	-8.10		0.00	-3.90
11/07/23	11/07/23	81		83036	12-22	-14.00		0.00	45	-5.84		0.00	-8.16
CLAIM TOTALS						-52.78		0.00		-37.66		15.84	-30.96



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512126		HIPP		A	LGB912127152				LGB912127152		I1566164	
02/15/24	02/15/24	81	80053	12-01		15.84	3	7.50	45	6.97		0.00	1.37
02/15/24	02/15/24	81	84443	12-01		25.20	3	7.50	45	11.07		0.00	6.63
02/15/24	02/15/24	81	84436	12-01		10.00	3	5.78	45	4.22		0.00	0.00
02/15/24	02/15/24	81	80061	12-01		20.00	3	7.50	45	10.44		0.00	2.06
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/15/24	02/15/24	81	85049	12-01		9.00	3	3.76	45	5.24		0.00	0.00
02/15/24	02/15/24	81	82607	12-01		22.00	3	7.50	45	9.34		0.00	5.16
02/15/24	02/15/24	81	82306	12-01		44.00	96	44.00		0.00		0.00	0.00
02/15/24	02/15/24	81	83540	12-01		9.71	3	5.44	45	4.27		0.00	0.00
02/15/24	02/15/24	81	83550	12-01		13.11	3	7.35	45	5.76		0.00	0.00
CLAIM TOTALS						173.36		96.33		61.81		0.00	15.22
512-05573	303-0512127		HIPP		A	LGB912127152				LGB912127152		I1566164	
02/15/24	02/15/24	81	83002	12-01		27.78	3	7.50	45	12.22		0.00	8.06
02/15/24	02/15/24	81	83001	12-01		27.87	3	7.50	45	12.25		0.00	8.12
02/15/24	02/15/24	81	82670	12-01		41.00	3	7.50	45	17.53		0.00	15.97
02/15/24	02/15/24	81	82728	12-01		40.00	3	7.50	45	28.55		0.00	3.95
02/15/24	02/15/24	81	84403	12-01		38.00	3	7.50	45	16.31		0.00	14.19
02/15/24	02/15/24	81	83036	12-01		14.00	3	7.50	45	5.84		0.00	0.66
CLAIM TOTALS						188.65		45.00		92.70		0.00	50.95
512-05573	303-0512129		HIPP		A	LGB912127152				LGB912127152		I1566165	
02/15/24	02/15/24	81	82627	12-01		33.00	3	7.50	45	14.31		0.00	11.19
512-05573	302-0518921		HOLDER-BARNETN			TVA904663473				TVA904663473		I1566166	
02/15/24	02/15/24	81	87086	12-01		18.53	22	18.53		0.00		0.00	0.00
512-05573	302-0518961		HOLLINGER		W	SYF834304073				SYF834304073		I1566168	
02/13/24	02/13/24	81	80307	12-01		83.81		0.00	45	34.88		0.00	48.93
02/13/24	02/13/24	81	G0482	12-01		174.33		0.00	45	141.29		0.00	33.04
CLAIM TOTALS						258.14		0.00		176.17		0.00	81.97



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0472978		HOLLINGSWORTH		NLG3HZN59775380		NLG994975215		I1563937	
02/14/24	02/14/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/14/24	02/14/24	81	82306	12-01		44.00	1	24.88	45	19.12	0.00
02/14/24	02/14/24	81	83540	12-01		9.71	1	5.44	45	4.27	0.00
02/14/24	02/14/24	81	83550	12-01		13.11	1	7.35	45	5.76	0.00
02/14/24	02/14/24	81	82728	12-01		40.00	1	11.45	45	28.55	0.00
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/14/24	02/14/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						136.16		61.75		74.41	0.00
512-05573		303-0514143		HOLLINS		R P8B784w12390		P8B996895435		I1566167	
11/09/23	11/09/23	81	87491	12-01		49.86	1	18.94	45	30.92	0.00
11/09/23	11/09/23	81	87591	12-01		42.00	1	18.94	45	23.06	0.00
11/09/23	11/09/23	81	87661	12-01		32.30	1	18.94	45	13.36	0.00
CLAIM TOTALS						124.16		56.82		67.34	0.00
512-05573		302-0518964		HOLT		L VHU858797069		VHU858797069		I1566169	
02/16/24	02/16/24	81	87498	12-01		37.07	49	37.07		0.00	0.00
02/16/24	02/16/24	81	87581	12-01		42.00	49	42.00		0.00	0.00
02/16/24	02/16/24	81	87633	12-01		318.05	49	318.05		0.00	0.00
02/16/24	02/16/24	81	87634	12-01		70.20		0.00	97	70.20	0.00
CLAIM TOTALS						467.32		397.12		70.20	0.00
512-05573		303-0044041		HOPSON		C DUS0564256MB		DUS996580542		I1521434	
01/02/24	01/02/24	81	87635	87635	12-01	150.00	1	31.68	45	118.32	0.00
01/02/24	01/02/24	81	87486	87486	12-01	42.00	1	18.94	45	23.06	0.00
01/02/24	01/02/24	81	87498	87498	12-01	37.07	1	18.94	45	18.13	0.00
01/02/24	01/02/24	81	87581	87581	12-01	42.00	1	18.94	45	23.06	0.00
01/02/24	01/02/24	81	87633	87633	12-01	318.05	1	185.17	45	132.88	0.00
01/02/24	01/02/24	81	87634	87634	12-01	105.30	1	38.19	45	67.11	0.00
01/02/24	01/02/24	81	87640	87640	12-01	37.07	1	18.94	45	18.13	0.00
01/02/24	01/02/24	81	87641	87641	12-01	37.07	1	18.94	45	18.13	0.00
01/02/24	01/02/24	81	87651	87651	12-01	49.86	1	18.94	45	30.92	0.00
CLAIM TOTALS						818.42		368.68		449.74	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0044041		HOPSON	C	DUS0564256MB			DUS996580542	I1521434		
01/02/24	01/02/24	81	87635	87635	12-22	-150.00		252	-150.00		0.00
01/02/24	01/02/24	81	87486	87486	12-22	-42.00		252	-42.00		0.00
01/02/24	01/02/24	81	87498	87498	12-22	-37.07		252	-37.07		0.00
01/02/24	01/02/24	81	87581	87581	12-22	-42.00		252	-42.00		0.00
01/02/24	01/02/24	81	87633	87633	12-22	-318.05		252	-318.05		0.00
01/02/24	01/02/24	81	87634	87634	12-22	-105.30		252	-105.30		0.00
01/02/24	01/02/24	81	87640	87640	12-22	-37.07		252	-37.07		0.00
01/02/24	01/02/24	81	87641	87641	12-22	-37.07		252	-37.07		0.00
01/02/24	01/02/24	81	87651	87651	12-22	-49.86		252	-49.86		0.00
CLAIM TOTALS						-818.42		0.00	-818.42		0.00
512-05573	302-0518945		HORTON	E	PPA802965127			PPA802965127	I1566171		
02/15/24	02/15/24	81	80053	12-01	15.84		45	6.97		0.00	8.87
02/15/24	02/15/24	81	85652	12-01	4.00		45	1.73		0.00	2.27
02/15/24	02/15/24	81	36415	12-01	4.50		97	4.50		0.00	0.00
02/15/24	02/15/24	81	85049	12-01	9.00		45	5.24		0.00	3.76
CLAIM TOTALS						33.34		0.00	18.44		0.00
512-05573	303-0473067		HORTON	M	SLF137786656001			SLF996913341	I1563941		
02/13/24	02/13/24	81	80053	12-01	15.84	1	8.87	45	6.97		0.00
02/13/24	02/13/24	81	83036	12-01	14.00	1	8.16	45	5.84		0.00
02/13/24	02/13/24	81	85027	12-01	12.00	1	3.90	45	8.10		0.00
02/13/24	02/13/24	81	36415	12-01	4.50		0.00	97	4.50		0.00
CLAIM TOTALS						46.34	20.93	25.41		0.00	0.00
512-05573	303-0501480		HORTON	M	PPA849457291			PPA849457291	I1564872		
02/09/24	02/09/24	81	82672	12-01	60.00		0.00	45	41.77		0.00
											18.23

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0478306	HOUSER	J	NLM112518820001				NLM994455077	I1563943		
02/14/24	02/14/24	81	84153	12-01		27.00	50	27.00		0.00	0.00
02/14/24	02/14/24	81	82947	12-01		7.00		0.00	45	3.70	3.30
02/14/24	02/14/24	81	87389	12-01		36.00		0.00	45	15.76	20.24
02/14/24	02/14/24	81	80061	12-01		20.00		0.00	45	10.44	9.56
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						94.50		27.00		34.40	33.10
512-05573	302-0518922	HOWARD	B	EIB901350738				EIB901350738	I1566173		
02/15/24	02/15/24	81	80053	12-01		15.84	3	7.50	45	6.97	1.37
02/15/24	02/15/24	81	80061	12-01		20.00	3	7.50	45	10.44	2.06
02/15/24	02/15/24	81	84443	12-01		25.20	3	7.50	45	11.07	6.63
02/15/24	02/15/24	81	85049	12-01		9.00	3	3.76	45	5.24	0.00
CLAIM TOTALS						70.04		26.26		33.72	10.06
512-05573	302-0518959	HOWARD	C	BEG871832606				BEG871832606	I1566174		
02/15/24	02/15/24	81	84153	12-01		27.00		0.00	45	11.54	15.46
02/15/24	02/15/24	81	86376	12-01		21.00		0.00	45	8.77	12.23
02/15/24	02/15/24	81	84443	12-01		25.20		0.00	45	11.07	14.13
02/15/24	02/15/24	81	84436	12-01		10.00		0.00	45	4.22	5.78
02/15/24	02/15/24	81	83525	12-01		17.15		0.00	45	7.88	9.27
02/15/24	02/15/24	81	80061	12-01		20.00		0.00	45	10.44	9.56
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/15/24	02/15/24	81	85049	12-01		9.00		0.00	45	5.24	3.76
02/15/24	02/15/24	81	80053	12-01		15.84		0.00	45	6.97	8.87
02/15/24	02/15/24	81	82607	12-01		22.00		0.00	45	9.34	12.66
CLAIM TOTALS						171.69		0.00		79.97	91.72

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**BlueCross BlueShield
of Alabama**

P.O. BOX 995
BIRMINGHAM, ALABAMA 35298-0001

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512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-0518960		HOWARD		C	BEG871832606		BEG871832606		I1566174
02/15/24	02/15/24	81		82306	12-01	44.00	96	44.00		0.00	0.00
02/15/24	02/15/24	81		83540	12-01	9.71		0.00		4.27	5.44
02/15/24	02/15/24	81		83550	12-01	13.11		0.00	45	5.76	7.35
02/15/24	02/15/24	81		82670	12-01	41.00		0.00	45	17.53	23.47
02/15/24	02/15/24	81		82728	12-01	40.00		0.00	45	28.55	11.45
02/15/24	02/15/24	81		84481	12-01	24.00		0.00	45	9.77	14.23
02/15/24	02/15/24	81		84403	12-01	38.00		0.00	45	16.31	21.69
02/15/24	02/15/24	81		83036	12-01	14.00		0.00	45	5.84	8.16
CLAIM TOTALS						223.82		44.00		88.03	91.79
512-05573		302-0518962		HOWARD		C	BEG871832606		BEG871832606		I1566175
02/15/24	02/15/24	81		82627	12-01	33.00		0.00	45	14.31	18.69
02/15/24	02/15/24	81		84681	12-01	63.00		0.00	45	54.65	8.35
CLAIM TOTALS						96.00		0.00		68.96	27.04
512-05573		302-0367837		HOWARD		H	KID800899808		KID800899808		I1564873
01/31/24	01/31/24	81		82043	12-01	7.58		0.00	45	2.72	4.86
01/31/24	01/31/24	81		87086	87086	12-01		0.00	45	11.75	6.78
CLAIM TOTALS						26.11		0.00		14.47	11.64
512-05573		302-0367837		HOWARD		H	KID800899808		KID800899808		I1552317
01/31/24	01/31/24	81		82043	82043	12-22		0.00	45	-2.72	-4.86
512-05573		303-0514144		HOWARD		I	PPA871687482		PPA871687482		I1566176
02/14/24	02/14/24	81		87486	12-01	42.00		0.00	45	23.06	18.94
02/14/24	02/14/24	81		87498	12-01	37.07		0.00	45	18.13	18.94
02/14/24	02/14/24	81		87581	12-01	42.00		0.00	45	23.06	18.94
02/14/24	02/14/24	81		87633	12-01	318.05		0.00	45	132.88	185.17
02/14/24	02/14/24	81		87634	12-01	105.30		0.00	45	67.11	38.19
02/14/24	02/14/24	81		87640	12-01	37.07		0.00	45	18.13	18.94
02/14/24	02/14/24	81		87641	12-01	37.07		0.00	45	18.13	18.94
02/14/24	02/14/24	81		87651	12-01	49.86		0.00	45	30.92	18.94
CLAIM TOTALS						668.42		0.00		331.42	337.00



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACT		OTHER ADJUSTMENTS	
								WRITE OFF			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0381542	HOWELL	K	NUR939M98080							
02/03/24	02/03/24	81	87651	87651	12-01	49.86	3	6.25	45	NUR996479490 30.92	I1555268 0.00 12.69
512-05573	303-0381542	HOWELL	K	NUR939M98080							
02/03/24	02/03/24	81	87651	87651	12-22	-49.86		0.00	252	NUR996479490 -49.86	I1555268 0.00 0.00
512-05573	303-0392916	HOWSE	P	PPA888430674							
02/06/24	02/06/24	81	80053	84999	12-01	15.84		0.00	45	PPA888430674 19.61	I1556566 94 -13.11 9.34
02/06/24	02/06/24	81		83735	12-01	13.11		0.00	97	13.11	0.00 0.00
02/06/24	02/06/24	81		36415	12-01	4.50		0.00	97	4.50	0.00 0.00
CLAIM TOTALS						33.45		0.00		37.22	-13.11 9.34
512-05573	303-0503211	HOYLE	C	EDU877690200							
02/13/24	02/13/24	81	82330	12-01		27.38	3	5.00	45	EDU877690200 21.50	I1564874 0.00 0.88
512-05573	302-0518963	HUDDLESTON	C	H5K3HZN22130050							
02/16/24	02/16/24	81	80053	12-01		15.84		0.00	45	H5K996277046 6.97	I1566177 0.00 8.87
02/16/24	02/16/24	81		82607	12-01	22.00	3	10.99	45	9.34	0.00 1.67
02/16/24	02/16/24	81		82306	12-01	44.00	3	24.88	45	19.12	0.00 0.00
02/16/24	02/16/24	81		84443	12-01	25.20	3	14.13	45	11.07	0.00 0.00
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50	0.00 0.00
02/16/24	02/16/24	81		85049	12-01	9.00		0.00	45	5.24	0.00 3.76
CLAIM TOTALS						120.54		50.00		56.24	0.00 14.30
512-05573	302-0518965	HUDSON	C	BUE552M97764							
02/15/24	02/15/24	81	80053	12-01		15.84	3	1.77	45	BUE996664910 6.97	I1566178 0.00 7.10
02/15/24	02/15/24	81		80061	12-01	20.00		0.00	45	10.44	0.00 9.56
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50	0.00 0.00
02/15/24	02/15/24	81		85049	12-01	9.00	3	0.75	45	5.24	0.00 3.01
CLAIM TOTALS						49.34		2.52		27.15	0.00 19.67

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DATES OF SERVICE		ORIG	PROCEDURES	FILING		TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT		PAYMENT
512-05573	302-0518923		HUDSON		C	PPA840969089					PPA840969089		I1566179	
02/15/24	02/15/24	81	82306	12-01		44.00		44.00			0.00		0.00	0.00
02/15/24	02/15/24	81	80061	12-01		20.00	1	9.56		45	10.44		0.00	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00		97	4.50		0.00	0.00
CLAIM TOTALS						68.50		53.56			14.94		0.00	0.00
512-05573	502-0518923		HUDSON		C	PPA840969089					XAK880548611		I1566179	
02/15/24	02/15/24	81	82306	12-02		44.00	276	44.00			0.00		0.00	0.00
02/15/24	02/15/24	81	80061	12-02		20.00		0.00		45	10.44		0.00	9.56
02/15/24	02/15/24	81	36415	12-02		4.50		0.00		97	4.50		0.00	0.00
CLAIM TOTALS						68.50		44.00			14.94		0.00	9.56
512-05573	303-0503212		HUDSON		G	KID800578420					KID800578420		I1564875	
02/15/24	02/15/24	81	87635	12-01		150.00		0.00		45	118.32		0.00	31.68
02/15/24	02/15/24	81	87486	12-01		42.00		0.00		45	23.06		0.00	18.94
02/15/24	02/15/24	81	87498	12-01		37.07		0.00		45	18.13		0.00	18.94
02/15/24	02/15/24	81	87640	12-01		37.07		0.00		45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00		45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00		45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01		105.30		0.00		45	67.11		0.00	38.19
02/15/24	02/15/24	81	87641	12-01		37.07		0.00		45	18.13		0.00	18.94
02/15/24	02/15/24	81	87651	12-01		49.86		0.00		45	30.92		0.00	18.94
CLAIM TOTALS						818.42		0.00			449.74		0.00	368.68
512-05573	001-0330401		HUDSON		J	BEG861919553					BEG861919553			
08/12/23	08/12/23	81	87491	87491	12-01	49.86		0.00		45	30.92		0.00	18.94
08/12/23	08/12/23	81	87529	87529	12-01	49.86		0.00		45	30.92		0.00	18.94
08/12/23	08/12/23	81	87661	87661	12-01	32.30		0.00		45	13.36		0.00	18.94
08/12/23	08/12/23	81	87511	87511	12-01	42.00		0.00		45	23.06		0.00	18.94
CLAIM TOTALS						174.02		0.00			98.26		0.00	75.76
512-05573	303-2272012		HUDSON		J	BEG861919553					BEG861919553		I1389298	
08/12/23	08/12/23	81	87491	87491	12-22	-49.86		0.00		45	-30.92		0.00	-18.94



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL					OFF	OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0518924	HUFF	E	AEF825734928						AEF825734928	I1566180		
02/16/24	02/16/24	81	87651	12-01	49.86		1	18.94	45	30.92		0.00	0.00
512-05573	302-0197953	HUGHES	B	EDU884514942						EDU884514942	I1564876		
01/17/24	01/17/24	81	80053	84999	12-01	15.84	3	5.00	45	48.43	94	-42.00	4.41
01/17/24	01/17/24	81		84481	12-01	24.00	3	5.00	45	9.77		0.00	9.23
01/17/24	01/17/24	81		82977	12-01	10.00		0.00	97	10.00		0.00	0.00
01/17/24	01/17/24	81		84443	12-01	25.20	3	5.00	45	11.07		0.00	9.13
01/17/24	01/17/24	81		84439	12-01	13.00	3	5.00	45	5.42		0.00	2.58
01/17/24	01/17/24	81		82248	12-01	15.00		0.00	97	15.00		0.00	0.00
01/17/24	01/17/24	81		84100	12-01	7.00		0.00	97	7.00		0.00	0.00
01/17/24	01/17/24	81		82550	12-01	10.00		0.00	97	10.00		0.00	0.00
01/17/24	01/17/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
01/17/24	01/17/24	81		87640	12-01	37.07	3	5.00	45	18.13		0.00	13.94
CLAIM TOTALS						161.61		25.00		139.32		-42.00	39.29
512-05573	302-0197953	HUGHES	B	EDU884514942						EDU884514942	I1538706		
01/17/24	01/17/24	81	80053	84999	12-22	-15.84	3	-5.00	45	-48.43	96	42.00	-4.41
01/17/24	01/17/24	81	84481	84481	12-22	-24.00	3	-5.00	45	-9.77		0.00	-9.23
01/17/24	01/17/24	81	84443	84443	12-22	-25.20	3	-5.00	45	-11.07		0.00	-9.13
01/17/24	01/17/24	81	84439	84439	12-22	-13.00	3	-5.00	45	-5.42		0.00	-2.58
01/17/24	01/17/24	81	87640	87640	12-22	-37.07	3	-5.00	45	-18.13		0.00	-13.94
CLAIM TOTALS						-115.11		-25.00		-92.82		42.00	-39.29
512-05573	302-0447226	HUGHES	P	PPA880430257						PPA880430257	I1560244		
02/08/24	02/08/24	81	80076	84999	12-01	12.00		0.00	45	22.52	94	-18.00	7.48
02/08/24	02/08/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						16.50		0.00		27.02		-18.00	7.48
512-05573	302-0447230	HUGHES	P	PPA880430257						PPA880430257	I1560245		
02/08/24	02/08/24	81		82150	12-01	18.00		0.00	97	18.00		0.00	0.00
02/08/24	02/08/24	81		83690	12-01	14.00		0.00	45	8.20		0.00	5.80
CLAIM TOTALS						32.00		0.00		26.20		0.00	5.80



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503213		HUGHEY		M	PPA848933959			PPA848933959	I1564877	
02/13/24	02/13/24	81	83002	12-01		27.78		0.00	45	12.22	0.00
02/13/24	02/13/24	81	83001	12-01		27.87		0.00	45	12.25	0.00
02/13/24	02/13/24	81	82670	12-01		41.00		0.00	45	17.53	0.00
02/13/24	02/13/24	81	84403	12-01		38.00		0.00	45	16.31	0.00
02/13/24	02/13/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/13/24	02/13/24	81	84156	12-01		8.00		0.00	45	4.92	0.00
02/13/24	02/13/24	81	82570	12-01		8.00		0.00	45	3.65	0.00
02/13/24	02/13/24	81	83069	12-01		8.00		0.00	45	4.68	0.00
02/13/24	02/13/24	81	84311	12-01		32.00		0.00	45	26.12	0.00
02/13/24	02/13/24	81	82010	12-01		16.00		0.00	45	9.79	0.00
CLAIM TOTALS						211.15		0.00		111.97	0.00
512-05573	303-0503214		HUGHEY		M	PPA848933959			PPA848933959	I1564877	
02/13/24	02/13/24	81	82945	12-01		8.00		0.00	45	4.70	0.00
02/13/24	02/13/24	81	82247	12-01		8.00		0.00	45	3.78	0.00
02/13/24	02/13/24	81	83986	12-01		7.00		0.00	45	3.99	0.00
02/13/24	02/13/24	81	81007	12-01		120.00		0.00	45	117.84	0.00
02/13/24	02/13/24	81	82043	12-01		7.58		0.00	45	2.72	0.00
CLAIM TOTALS						150.58		0.00		133.03	0.00
512-05573	303-0503215		HUGHEY		M	PPA848933959			PPA848933959	I1564878	
02/13/24	02/13/24	81	82627	12-01		33.00		0.00	45	14.31	0.00
02/13/24	02/13/24	81	84144	12-01		31.00		0.00	45	13.47	0.00
CLAIM TOTALS						64.00		0.00		27.78	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS					
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT			
512-05573	302-0518925		HUNTER		J	PGX847217959			PGX847217959		I1566181			
02/16/24	02/16/24	81	80053	84999	12-01	15.84		0.00	45	19.61	94	-13.11	9.34	
02/16/24	02/16/24	81		82607	12-01	22.00		0.00	45	9.34		0.00	12.66	
02/16/24	02/16/24	81		82306	12-01	44.00	96	44.00		0.00		0.00	0.00	
02/16/24	02/16/24	81		83036	12-01	14.00		0.00	45	5.84		0.00	8.16	
02/16/24	02/16/24	81		83735	12-01	13.11		0.00	97	13.11		0.00	0.00	
02/16/24	02/16/24	81		80061	12-01	20.00		0.00	45	10.44		0.00	9.56	
02/16/24	02/16/24	81		84443	12-01	25.20		0.00	45	11.07		0.00	14.13	
02/16/24	02/16/24	81		84439	12-01	13.00		0.00	45	5.42		0.00	7.58	
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00	
02/16/24	02/16/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76	
CLAIM TOTALS						180.65		44.00		84.57		-13.11	65.19	
512-05573	502-0518926		HUNTER		S	PPA845832147			PGX847217959		I1566182			
02/16/24	02/16/24	81	80053	84999	12-02	15.84		0.00	45	19.61	94	23	-3.77	0.00
02/16/24	02/16/24	81		36415	12-02	4.50		0.00	97	4.50			0.00	0.00
02/16/24	02/16/24	81		85049	12-02	9.00		0.00	45	5.24		23	3.76	0.00
02/16/24	02/16/24	81		82607	12-02	22.00		0.00	45	9.34		23	12.66	0.00
02/16/24	02/16/24	81		82306	12-02	44.00		0.00	45	19.12		23	24.88	0.00
02/16/24	02/16/24	81		82670	12-02	41.00		0.00	45	17.53		23	23.47	0.00
02/16/24	02/16/24	81		84403	12-02	38.00		0.00	45	16.31		23	21.69	0.00
02/16/24	02/16/24	81		83036	12-02	14.00		0.00	45	5.84		23	8.16	0.00
02/16/24	02/16/24	81		83735	12-02	13.11		0.00	97	13.11			0.00	0.00
02/16/24	02/16/24	81		80061	12-02	20.00		0.00	45	10.44		23	9.56	0.00
CLAIM TOTALS						221.45		0.00		121.04			100.41	0.00
512-05573	502-0518927		HUNTER		S	PPA845832147			PGX847217959		I1566182			
02/16/24	02/16/24	81		84443	12-02	25.20		0.00	45	11.07		23	14.13	0.00
02/16/24	02/16/24	81		84439	12-02	13.00		0.00	45	5.42		23	7.58	0.00
CLAIM TOTALS						38.20		0.00		16.49			21.71	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0518926		HUNTER		S	PPA845832147			PPA845832147	I1566182	
02/16/24	02/16/24	81	80053	84999	12-01	15.84		0.00	45	19.61	94 -13.11 9.34
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50	0.00 0.00
02/16/24	02/16/24	81		85049	12-01	9.00		0.00	45	5.24	0.00 3.76
02/16/24	02/16/24	81		82607	12-01	22.00		0.00	45	9.34	0.00 12.66
02/16/24	02/16/24	81		82306	12-01	44.00		0.00	45	19.12	0.00 24.88
02/16/24	02/16/24	81		82670	12-01	41.00		0.00	45	17.53	0.00 23.47
02/16/24	02/16/24	81		84403	12-01	38.00		0.00	45	16.31	0.00 21.69
02/16/24	02/16/24	81		83036	12-01	14.00		0.00	45	5.84	0.00 8.16
02/16/24	02/16/24	81		83735	12-01	13.11		0.00	97	13.11	0.00 0.00
02/16/24	02/16/24	81		80061	12-01	20.00		0.00	45	10.44	0.00 9.56
CLAIM TOTALS						221.45		0.00		121.04	-13.11 113.52
512-05573	302-0518927		HUNTER		S	PPA845832147			PPA845832147	I1566182	
02/16/24	02/16/24	81		84443	12-01	25.20		0.00	45	11.07	0.00 14.13
02/16/24	02/16/24	81		84439	12-01	13.00		0.00	45	5.42	0.00 7.58
CLAIM TOTALS						38.20		0.00		16.49	0.00 21.71
512-05573	302-0518928		HYATT		J	BEG871454510			BEG871454510	I1566183	
02/16/24	02/16/24	81		84153	12-01	27.00		0.00	45	11.54	0.00 15.46
02/16/24	02/16/24	81		84436	12-01	10.00		0.00	45	4.22	0.00 5.78
02/16/24	02/16/24	81		80061	12-01	20.00		0.00	45	10.44	0.00 9.56
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50	0.00 0.00
02/16/24	02/16/24	81		85049	12-01	9.00		0.00	45	5.24	0.00 3.76
02/16/24	02/16/24	81		80053	12-01	15.84		0.00	45	6.97	0.00 8.87
02/16/24	02/16/24	81		82607	12-01	22.00		0.00	45	9.34	0.00 12.66
02/16/24	02/16/24	81		82306	12-01	44.00	96	44.00		0.00	0.00 0.00
02/16/24	02/16/24	81		83540	12-01	9.71		0.00	45	4.27	0.00 5.44
02/16/24	02/16/24	81		83550	12-01	13.11		0.00	45	5.76	0.00 7.35
CLAIM TOTALS						175.16		44.00		62.28	0.00 68.88



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	302-0518929		HYATT	J	BEG871454510				BEG871454510	I1566183		
02/16/24	02/16/24	81	82728	12-01	40.00			0.00	45	28.55	0.00	11.45
02/16/24	02/16/24	81	84481	12-01	24.00			0.00	45	9.77	0.00	14.23
02/16/24	02/16/24	81	84403	12-01	38.00			0.00	45	16.31	0.00	21.69
02/16/24	02/16/24	81	83036	12-01	14.00			0.00	45	5.84	0.00	8.16
02/16/24	02/16/24	81	84443	12-01	25.20			0.00	45	11.07	0.00	14.13
CLAIM TOTALS						141.20		0.00		71.54	0.00	69.66
512-05573	303-0466454		HYDE	M	ZJY818356970				ZJY818356970	I1562596		
02/12/24	02/12/24	81	87486	12-01	42.00			0.00	45	23.06	0.00	18.94
02/12/24	02/12/24	81	87498	12-01	37.07			0.00	45	18.13	0.00	18.94
02/12/24	02/12/24	81	87581	12-01	42.00			0.00	45	23.06	0.00	18.94
02/12/24	02/12/24	81	87633	12-01	318.05			0.00	45	132.88	0.00	185.17
02/12/24	02/12/24	81	87634	12-01	105.30			0.00	45	67.11	0.00	38.19
02/12/24	02/12/24	81	87640	12-01	37.07			0.00	45	18.13	0.00	18.94
02/12/24	02/12/24	81	87641	12-01	37.07			0.00	45	18.13	0.00	18.94
02/12/24	02/12/24	81	87651	12-01	49.86			0.00	45	30.92	0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42	0.00	337.00
512-05573	303-0501481		ISBELL	A	VYA204118734				VYA204118734	I1564879		
02/15/24	02/15/24	81	87635	12-01	150.00			0.00	45	118.32	0.00	31.68
02/15/24	02/15/24	81	87486	12-01	42.00			0.00	45	23.06	0.00	18.94
02/15/24	02/15/24	81	87502	12-01	105.06			0.00	45	63.87	0.00	41.19
CLAIM TOTALS						297.06		0.00		205.25	0.00	91.81
512-05573	303-0466456		IVORY	K	M4Q912146755				M4Q912146755	I1562599		
02/07/24	02/07/24	81	80307	12-01	83.81	1	48.93		45	34.88	0.00	0.00
02/07/24	02/07/24	81	G0482	12-01	174.33	1	49.36		45	124.97	0.00	0.00
CLAIM TOTALS						258.14		98.29		159.85	0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	302-0518931	JACKSON	A	EDU883668177					EDU883668177	I1566186		
02/16/24	02/16/24	81	87498	12-01		37.07	3	5.00	45	18.13	0.00	13.94
02/16/24	02/16/24	81	87581	12-01		42.00	3	5.00	45	23.06	0.00	13.94
02/16/24	02/16/24	81	87633	12-01		318.05	3	5.00	45	132.88	0.00	180.17
02/16/24	02/16/24	81	87634	12-01		70.20		0.00	97	70.20	0.00	0.00
CLAIM TOTALS						467.32		15.00		244.27	0.00	208.05
512-05573	302-0518933	JACKSON	D	PPA898378987					PPA898378987	I1566187		
02/16/24	02/16/24	81	83540	12-01		9.71	1	5.44	45	4.27	0.00	0.00
02/16/24	02/16/24	81	83550	12-01		13.11	1	7.35	45	5.76	0.00	0.00
02/16/24	02/16/24	81	84481	12-01		24.00	1	14.23	45	9.77	0.00	0.00
02/16/24	02/16/24	81	83036	12-01		14.00	1	8.16	45	5.84	0.00	0.00
02/16/24	02/16/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00	0.00
02/16/24	02/16/24	81	84439	12-01		13.00	1	7.58	45	5.42	0.00	0.00
02/16/24	02/16/24	81	80069	12-01		13.00	1	7.30	45	5.70	0.00	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00	0.00
CLAIM TOTALS						125.52		67.95		57.57	0.00	0.00
512-05573	303-0514146	JACKSON	J	UHP879121707					UHP879121707	I1566188		
10/16/23	10/16/23	81	87481	12-01		42.00	3	5.68	45	23.06	0.00	13.26
10/16/23	10/16/23	81	87491	12-01		49.86	3	5.68	45	30.92	0.00	13.26
10/16/23	10/16/23	81	87591	12-01		42.00	3	5.68	45	23.06	0.00	13.26
10/16/23	10/16/23	81	87661	12-01		32.30	3	5.68	45	13.36	0.00	13.26
CLAIM TOTALS						166.16		22.72		90.40	0.00	53.04
512-05573	302-0449454	JACKSON	J	EDU822823658					EDU822823658	I1560255		
02/08/24	02/08/24	81	80053	12-01		15.84	22	15.84		0.00	0.00	0.00
02/08/24	02/08/24	81	82306	12-01		44.00	22	44.00		0.00	0.00	0.00
02/08/24	02/08/24	81	82728	12-01		40.00	22	40.00		0.00	0.00	0.00
02/08/24	02/08/24	81	83036	12-01		14.00	22	14.00		0.00	0.00	0.00
02/08/24	02/08/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
02/08/24	02/08/24	81	85049	12-01		9.00	22	9.00		0.00	0.00	0.00
CLAIM TOTALS						127.34		122.84		4.50	0.00	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE			CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	302-0478444		JACKSON		R	RDU105178612				RDU105178612		I1563953		
02/14/24	02/14/24	81	84550	84999	12-01	6.78		0.00	45	13.28	94	-15.84	9.34	
02/14/24	02/14/24	81		80053	12-01	15.84		0.00	97	15.84		0.00	0.00	
02/14/24	02/14/24	81		80061	12-01	20.00		0.00	45	10.44		0.00	9.56	
02/14/24	02/14/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00	
02/14/24	02/14/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76	
CLAIM TOTALS						56.12		0.00		49.30		-15.84	22.66	
512-05573	302-0478445		JACKSON		S	ZEB909786068				ZEB909786068		I1563954		
02/12/24	02/12/24	81		G0482	12-01	174.33		0.00	45	124.97		0.00	49.36	
512-05573	302-0505717		JACKSON		T	STAS00345970				STA996934548		I1564880		
02/15/24	02/15/24	81		87486	12-01	42.00	3	3.78	45	23.06		0.00	15.16	
02/15/24	02/15/24	81		87498	12-01	37.07	3	3.78	45	18.13		0.00	15.16	
02/15/24	02/15/24	81		87640	12-01	37.07	3	3.78	45	18.13		0.00	15.16	
02/15/24	02/15/24	81		87581	12-01	42.00	3	3.78	45	23.06		0.00	15.16	
02/15/24	02/15/24	81		87633	12-01	318.05	3	37.03	45	132.88		0.00	148.14	
02/15/24	02/15/24	81		87634	12-01	105.30	3	7.63	45	67.11		0.00	30.56	
02/15/24	02/15/24	81		87641	12-01	37.07	3	3.78	45	18.13		0.00	15.16	
02/15/24	02/15/24	81		87651	12-01	49.86	3	3.78	45	30.92		0.00	15.16	
CLAIM TOTALS						668.42		67.34		331.42		0.00	269.66	
512-05573	303-0514147		JARRETT		A	PPA856207553				PPA856207553		I1566189		
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	45	132.88		0.00	185.17	
02/15/24	02/15/24	81		87640	12-01	37.07		0.00	45	18.13		0.00	18.94	
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	45	30.92		0.00	18.94	
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	96	318.05		0.00	0.00	
02/15/24	02/15/24	81		87486	12-01	42.00		0.00	45	23.06		0.00	18.94	
02/15/24	02/15/24	81		87498	12-01	37.07		0.00	45	18.13		0.00	18.94	
02/15/24	02/15/24	81		87581	12-01	42.00		0.00	45	23.06		0.00	18.94	
CLAIM TOTALS						844.10		0.00		564.23		0.00	279.87	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS					
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT		
512-05573		303-0503216		JEMISON	D	EIB901274762		EIB901274762		I1564881			
02/14/24	02/14/24	81	80053	84999	12-01	15.84	3	7.50	45	14.50	94	-8.00	1.84
02/14/24	02/14/24	81		80061	12-01	20.00	3	7.50	45	10.44		0.00	2.06
02/14/24	02/14/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/14/24	02/14/24	81		85049	12-01	9.00	3	3.76	45	5.24		0.00	0.00
02/14/24	02/14/24	81		84156	12-01	8.00	3	3.08	45	4.92		0.00	0.00
02/14/24	02/14/24	81		82570	12-01	8.00	3	4.35	45	3.65		0.00	0.00
02/14/24	02/14/24	81		83069	12-01	8.00	3	3.32	45	4.68		0.00	0.00
02/14/24	02/14/24	81		84311	12-01	32.00	3	5.88	45	26.12		0.00	0.00
02/14/24	02/14/24	81		82010	12-01	16.00	3	6.21	45	9.79		0.00	0.00
02/14/24	02/14/24	81		82945	12-01	8.00	3	3.30	45	4.70		0.00	0.00
CLAIM TOTALS						129.34		44.90		88.54		-8.00	3.90
512-05573		303-0503217		JEMISON	D	EIB901274762		EIB901274762		I1564881			
02/14/24	02/14/24	81		82247	12-01	8.00		0.00	97	8.00		0.00	0.00
02/14/24	02/14/24	81		83986	12-01	7.00	3	3.01	45	3.99		0.00	0.00
02/14/24	02/14/24	81		81007	12-01	120.00	3	2.16	45	117.84		0.00	0.00
02/14/24	02/14/24	81		82043	12-01	7.58	3	4.86	45	2.72		0.00	0.00
CLAIM TOTALS						142.58		10.03		132.55		0.00	0.00
512-05573		303-0514148		JENKINS	J	J2D1075995LE		J2D996877266		I1566190			
12/21/23	12/21/23	81		87486	12-01	42.00		0.00	252	42.00		0.00	0.00
12/21/23	12/21/23	81		87498	12-01	37.07		0.00	252	37.07		0.00	0.00
12/21/23	12/21/23	81		87640	12-01	37.07		0.00	252	37.07		0.00	0.00
12/21/23	12/21/23	81		87581	12-01	42.00		0.00	252	42.00		0.00	0.00
12/21/23	12/21/23	81		87633	12-01	318.05		0.00	252	318.05		0.00	0.00
12/21/23	12/21/23	81		87634	12-01	105.30		0.00	252	105.30		0.00	0.00
12/21/23	12/21/23	81		87641	12-01	37.07		0.00	252	37.07		0.00	0.00
12/21/23	12/21/23	81		87651	12-01	49.86		0.00	252	49.86		0.00	0.00
CLAIM TOTALS						668.42		0.00		668.42		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0473069		JENNINGS	K	Z4K210116408				Z4K210116408	I1563956		
02/13/24	02/13/24	81	87491	12-01		49.86		0.00	45	30.92	0.00	18.94
02/13/24	02/13/24	81	87511	12-01		42.00		0.00	45	23.06	0.00	18.94
02/13/24	02/13/24	81	87529	12-01		49.86		0.00	45	30.92	0.00	18.94
02/13/24	02/13/24	81	87591	12-01		42.00		0.00	45	23.06	0.00	18.94
02/13/24	02/13/24	81	87661	12-01		32.30		0.00	45	13.36	0.00	18.94
CLAIM TOTALS						216.02		0.00		121.32	0.00	94.70
512-05573	303-0501339		JESS	M	TVA905203723				TVA905203723	I1564882		
02/14/24	02/14/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00	0.00
02/14/24	02/14/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00	0.00
02/14/24	02/14/24	81	83540	12-01		9.71	1	5.44	45	4.27	0.00	0.00
02/14/24	02/14/24	81	83550	12-01		13.11	1	7.35	45	5.76	0.00	0.00
02/14/24	02/14/24	81	82728	12-01		40.00	1	11.45	45	28.55	0.00	0.00
02/14/24	02/14/24	81	84481	12-01		24.00	1	14.23	45	9.77	0.00	0.00
02/14/24	02/14/24	81	83036	12-01		14.00		0.00	45	5.84	0.00	8.16
02/14/24	02/14/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00	0.00
02/14/24	02/14/24	81	84439	12-01		13.00	1	7.58	45	5.42	0.00	0.00
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
CLAIM TOTALS						181.36		81.71		91.49	0.00	8.16
512-05573	303-0501340		JESS	M	TVA905203723				TVA905203723	I1564882		
02/14/24	02/14/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00	0.00
512-05573	302-0518880		JETT	C	XJBH27274268				XJB995959819	I1566192		
02/09/24	02/09/24	81	84207	12-01		56.00		0.00	45	32.38	0.00	23.62
512-05573	302-0518881		JOHNSON	J	PPA804340723				PPA804340723	I1566193		
02/15/24	02/15/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00	0.00
02/15/24	02/15/24	81	84403	12-01		38.00	1	21.69	45	16.31	0.00	0.00
02/15/24	02/15/24	81	83036	12-01		14.00	1	8.16	45	5.84	0.00	0.00
02/15/24	02/15/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00	0.00
02/15/24	02/15/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00	0.00
02/15/24	02/15/24	81	84439	12-01		13.00	1	7.58	45	5.42	0.00	0.00
CLAIM TOTALS						126.04		69.99		56.05	0.00	0.00



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CORE DIAGNOSTIC LABORATORIES

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0518882		JOHNSON	K	YAQ869381975M				YAQ996935337	I1566194	
02/16/24	02/16/24	81	87491	12-01		49.86	1	18.94	45	30.92	0.00
02/16/24	02/16/24	81	87511	12-01		42.00	50	42.00		0.00	0.00
02/16/24	02/16/24	81	87529	12-01		49.86	1	18.94	45	30.92	0.00
02/16/24	02/16/24	81	87591	12-01		42.00		0.00	45	23.06	18.94
02/16/24	02/16/24	81	87661	12-01		32.30	1	18.94	45	13.36	0.00
02/16/24	02/16/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/16/24	02/16/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00
02/16/24	02/16/24	81	82306	12-01		44.00	1	24.88	45	19.12	0.00
02/16/24	02/16/24	81	87389	12-01		36.00	1	20.24	45	15.76	0.00
02/16/24	02/16/24	81	83036	12-01		14.00	1	8.16	45	5.84	0.00
CLAIM TOTALS						347.86		173.63		155.29	18.94
512-05573	302-0518883		JOHNSON	K	YAQ869381975M				YAQ996935337	I1566194	
02/16/24	02/16/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						38.70		17.89		20.81	0.00
512-05573	303-0514150		JOHNSON	L	PPA830366387				PPA830366387	I1566195	
02/14/24	02/14/24	81	87498	12-01		37.07		0.00	45	18.13	18.94
02/14/24	02/14/24	81	87581	12-01		42.00		0.00	45	23.06	18.94
02/14/24	02/14/24	81	87633	12-01		318.05		0.00	45	132.88	185.17
02/14/24	02/14/24	81	87634	12-01		70.20		0.00	97	70.20	0.00
02/14/24	02/14/24	81	87635	12-01		150.00		0.00	45	118.32	31.68
CLAIM TOTALS						617.32		0.00		362.59	254.73
512-05573	302-0518934		JOHNSON	M	EDU884489898				EDU884489898	I1566196	
02/16/24	02/16/24	81	84153	12-01		27.00	3	5.00	45	11.54	10.46
02/16/24	02/16/24	81	80053	12-01		15.84	3	5.00	45	6.97	3.87
02/16/24	02/16/24	81	83036	12-01		14.00	3	5.00	45	5.84	3.16
02/16/24	02/16/24	81	80061	12-01		20.00	3	5.00	45	10.44	4.56
CLAIM TOTALS						76.84		20.00		34.79	22.05



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0466420		JOHNSON		T	TEA806013537			TEA806013537	I1562610	
02/13/24	02/13/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/13/24	02/13/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00
02/13/24	02/13/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/13/24	02/13/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						49.34		22.19		27.15	0.00
512-05573	302-0478405		JOHNSON		T	TEA806013537			TEA806013537	I1563960	
02/13/24	02/13/24	81	84156	12-01		8.00	1	3.08	45	4.92	0.00
02/13/24	02/13/24	81	82570	12-01		8.00	1	4.35	45	3.65	0.00
02/13/24	02/13/24	81	83069	12-01		8.00	3 1	2.09	45	4.68	0.00
02/13/24	02/13/24	81	84311	12-01		32.00	3	1.17	45	26.12	0.00
02/13/24	02/13/24	81	82010	12-01		16.00	3	1.24	45	9.79	0.00
02/13/24	02/13/24	81	82945	12-01		8.00	3	0.66	45	4.70	0.00
02/13/24	02/13/24	81	82247	12-01		8.00	3	0.84	45	3.78	0.00
02/13/24	02/13/24	81	83986	12-01		7.00	3	0.60	45	3.99	0.00
02/13/24	02/13/24	81	81007	12-01		120.00	3	0.43	45	117.84	0.00
02/13/24	02/13/24	81	82043	12-01		7.58	3	0.97	45	2.72	0.00
CLAIM TOTALS						222.58		15.43		182.19	0.00
512-05573	303-0514151		JONES		G	KID854663153			KID854663153	I1566198	
02/13/24	02/13/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/13/24	02/13/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/13/24	02/13/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
02/13/24	02/13/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/13/24	02/13/24	81	87634	12-01		105.30		0.00	45	67.11	0.00
02/13/24	02/13/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/13/24	02/13/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
02/13/24	02/13/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
CLAIM TOTALS						668.42		0.00		331.42	0.00



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	972-1589688	JONES	I	EEG846779366					EEG846779366	I1336392	
06/05/23	06/05/23	81	80053	80053	12-02	15.84		0.00	96	15.84	0.00
06/05/23	06/05/23	81	83036	83036	12-02	14.00		0.00	96	14.00	0.00
06/05/23	06/05/23	81	80061	80061	12-02	20.00		0.00	96	20.00	0.00
06/05/23	06/05/23	81	85049	85049	12-02	9.00		0.00	45	5.24	3.76
CLAIM TOTALS						58.84		0.00		55.08	3.76
512-05573	302-0518936	JONES	J	PVF909587757					PVF909587757	I1566199	
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	22	9.00		0.00	0.00
CLAIM TOTALS						13.50		9.00		4.50	0.00
512-05573	302-0518937	JONES	J	PVF909587757					PVF909587757	I1566200	
02/16/24	02/16/24	81	86665	12-01		70.00	22	70.00		0.00	0.00
02/16/24	02/16/24	81	86664	12-01		30.00	22	30.00		0.00	0.00
CLAIM TOTALS						100.00		100.00		0.00	0.00
512-05573	303-0503220	JONES	J	EDU889106851					EDU889106851	I1564885	
02/15/24	02/15/24	81	87635	12-01		150.00	3	5.00	45	118.32	0.00
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06	0.00
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06	0.00
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88	0.00
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11	0.00
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92	0.00
CLAIM TOTALS						818.42		45.00		449.74	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0501482		JPONES		J	LGB901243991		LGB901243991		I1564889		
02/15/24	02/15/24	81		87635	12-01	150.00	3	7.50	45	118.32		0.00	24.18
02/15/24	02/15/24	81		87486	12-01	42.00	3	7.50	45	23.06		0.00	11.44
02/15/24	02/15/24	81		87498	12-01	37.07	3	7.50	45	18.13		0.00	11.44
02/15/24	02/15/24	81		87581	12-01	42.00	3	7.50	45	23.06		0.00	11.44
02/15/24	02/15/24	81		87633	12-01	318.05	3	7.50	45	132.88		0.00	177.67
02/15/24	02/15/24	81		87634	12-01	105.30	3	7.50	45	67.11		0.00	30.69
02/15/24	02/15/24	81		87640	12-01	37.07	3	7.50	45	18.13		0.00	11.44
02/15/24	02/15/24	81		87641	12-01	37.07	3	7.50	45	18.13		0.00	11.44
02/15/24	02/15/24	81		87651	12-01	49.86	3	7.50	45	30.92		0.00	11.44
CLAIM TOTALS						818.42		67.50		449.74		0.00	301.18
512-05573		302-0456396		JONES		M	A7K588179919		A7K588179919		I1561483		
02/08/24	02/08/24	81		82670	12-01	41.00	3	23.47	45	17.53		0.00	0.00
02/08/24	02/08/24	81		84403	12-01	38.00	3	1.53	45	16.31		0.00	20.16
02/08/24	02/08/24	81		84481	12-01	24.00		0.00	45	9.77		0.00	14.23
02/08/24	02/08/24	81		86376	12-01	21.00		0.00	45	8.77		0.00	12.23
02/08/24	02/08/24	81		84436	12-01	10.00		0.00	45	4.22		0.00	5.78
02/08/24	02/08/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/08/24	02/08/24	81		86800	12-01	23.00		0.00	45	9.63		0.00	13.37
02/08/24	02/08/24	81		84432	12-01	24.00		0.00	45	10.50		0.00	13.50
CLAIM TOTALS						185.50		25.00		81.23		0.00	79.27
512-05573		303-0503272		JONES		M	FIZ933935585865		FIZ995922212		I1564886		
02/15/24	02/15/24	81		84156	12-01	8.00	1	3.08	45	4.92		0.00	0.00
02/15/24	02/15/24	81		82570	12-01	8.00	1	4.35	45	3.65		0.00	0.00
02/15/24	02/15/24	81		83069	12-01	8.00	1	3.32	45	4.68		0.00	0.00
02/15/24	02/15/24	81		84311	12-01	32.00	50	32.00		0.00		0.00	0.00
02/15/24	02/15/24	81		82010	12-01	16.00	1	6.21	45	9.79		0.00	0.00
02/15/24	02/15/24	81		82945	12-01	8.00	1	3.30	45	4.70		0.00	0.00
02/15/24	02/15/24	81	82247	84999	12-01	8.00	1	8.00	45	14.50	94	-15.84	1.34
02/15/24	02/15/24	81		83986	12-01	7.00	1	3.01	45	3.99		0.00	0.00
02/15/24	02/15/24	81		81007	12-01	120.00	1	2.16	45	117.84		0.00	0.00
02/15/24	02/15/24	81		82043	12-01	7.58	1	4.86	45	2.72		0.00	0.00
CLAIM TOTALS						222.58		70.29		166.79		-15.84	1.34



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503273		JONES	M		FIZ933935585865			FIZ995922212		I1564886
02/15/24	02/15/24	81	80053	12-01		15.84		0.00	97	15.84	0.00
02/15/24	02/15/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/15/24	02/15/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						49.34		13.32		36.02	0.00
512-05573	303-0514152		JONES	M		LGB912149421			LGB912149421		I1566201
02/14/24	02/14/24	81	87635	12-01		150.00	3	7.50	45	118.32	0.00
02/14/24	02/14/24	81	87486	12-01		42.00	3	7.50	45	23.06	0.00
02/14/24	02/14/24	81	87498	12-01		37.07	3	7.50	45	18.13	0.00
02/14/24	02/14/24	81	87581	12-01		42.00	3	7.50	45	23.06	0.00
02/14/24	02/14/24	81	87633	12-01		318.05	3	7.50	45	132.88	0.00
02/14/24	02/14/24	81	87634	12-01		105.30	3	7.50	45	67.11	0.00
02/14/24	02/14/24	81	87640	12-01		37.07	3	7.50	45	18.13	0.00
02/14/24	02/14/24	81	87641	12-01		37.07	3	7.50	45	18.13	0.00
02/14/24	02/14/24	81	87651	12-01		49.86	3	7.50	45	30.92	0.00
CLAIM TOTALS						818.42		67.50		449.74	0.00
512-05573	302-0518884		JONES	O		EEG810824614			EEG810824614		I1566203
02/14/24	02/14/24	81	83003	12-01		25.00	96	25.00		0.00	0.00
512-05573	302-0478310		JONES	R		TOAAN5477124			TOA995607843		I1563964
02/13/24	02/13/24	81	84156	12-01		8.00		0.00	45	4.92	0.00
02/13/24	02/13/24	81	82570	12-01		8.00		0.00	45	3.65	0.00
02/13/24	02/13/24	81	83069	12-01		8.00		0.00	45	4.68	0.00
02/13/24	02/13/24	81	84311	12-01		32.00		0.00	45	26.12	0.00
02/13/24	02/13/24	81	82010	12-01		16.00		0.00	45	9.79	0.00
02/13/24	02/13/24	81	82945	12-01		8.00		0.00	45	4.70	0.00
02/13/24	02/13/24	81	82247	12-01		8.00		0.00	45	3.78	0.00
02/13/24	02/13/24	81	83986	12-01		7.00		0.00	45	3.99	0.00
02/13/24	02/13/24	81	81007	12-01		120.00		0.00	45	117.84	0.00
02/13/24	02/13/24	81	82043	12-01		7.58		0.00	45	2.72	0.00
CLAIM TOTALS						222.58		0.00		182.19	0.00



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACT		NUMBER	
								WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0478311	JONES	R	TOAAN5477124							
02/13/24	02/13/24	81	87086	12-01		18.53		0.00	97	TOA995607843 18.53	I1563964 0.00 0.00
512-05573	303-0503238	JONES	R	HML824702712							
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	HML824702712 132.88	I1564887 0.00 185.17
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	96	318.05	0.00 0.00
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13	0.00 18.94
02/15/24	02/15/24	81	87502	12-01		81.38		0.00	45	40.19	0.00 41.19
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11	0.00 38.19
02/15/24	02/15/24	81	87635	12-01		150.00		0.00	45	118.32	0.00 31.68
CLAIM TOTALS						1009.85		0.00		694.68	0.00 315.17
512-05573	302-0518886	JONES	T	PPA868352767							
02/15/24	02/15/24	81	80053	12-01		15.84	1	8.87	45	PPA868352767 6.97	I1566204 0.00 0.00
02/15/24	02/15/24	81	83036	12-01		14.00	1	8.16	45	5.84	0.00 0.00
02/15/24	02/15/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00 0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00 0.00
02/15/24	02/15/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00 0.00
CLAIM TOTALS						68.54		34.92		33.62	0.00 0.00
512-05573	303-0514153	JONES	W	KID898140418							
02/08/24	02/08/24	81	87486	12-01		42.00		0.00	45	KID898140418 23.06	I1566205 0.00 18.94
02/08/24	02/08/24	81	87502	12-01		105.06		0.00	45	63.87	0.00 41.19
02/08/24	02/08/24	81	87635	12-01		150.00		0.00	45	118.32	0.00 31.68
CLAIM TOTALS						297.06		0.00		205.25	0.00 91.81



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0466426		JONES		T	BEG817981746		BEG817981746		I1562619
02/12/24	02/12/24	81	84550	84999	12-01	6.78		0.00	45	13.28	94 -15.84 9.34
02/12/24	02/12/24	81		36415	12-01	4.50		0.00	97	4.50	0.00 0.00
02/12/24	02/12/24	81		85049	12-01	9.00		0.00	45	5.24	0.00 3.76
02/12/24	02/12/24	81		84153	12-01	27.00		0.00	45	11.54	0.00 15.46
02/12/24	02/12/24	81		80053	12-01	15.84		0.00	97	15.84	0.00 0.00
02/12/24	02/12/24	81		82607	12-01	22.00		0.00	45	9.34	0.00 12.66
02/12/24	02/12/24	81		82746	12-01	22.00		0.00	45	11.49	0.00 10.51
02/12/24	02/12/24	81		83540	12-01	9.71		0.00	45	4.27	0.00 5.44
02/12/24	02/12/24	81		83550	12-01	13.11		0.00	45	5.76	0.00 7.35
02/12/24	02/12/24	81		82728	12-01	40.00		0.00	45	28.55	0.00 11.45
CLAIM TOTALS						169.94		0.00		109.81	-15.84 75.97
512-05573		303-0466427		JONES		T	BEG817981746		BEG817981746		I1562619
02/12/24	02/12/24	81		83036	12-01	14.00		0.00	45	5.84	0.00 8.16
02/12/24	02/12/24	81		80061	12-01	20.00		0.00	45	10.44	0.00 9.56
02/12/24	02/12/24	81		84443	12-01	25.20		0.00	45	11.07	0.00 14.13
CLAIM TOTALS						59.20		0.00		27.35	0.00 31.85
512-05573		303-0514154		JORDAN		H	KID899003566		KID899003566		I1566206
02/16/24	02/16/24	81		87486	12-01	42.00		0.00	45	23.06	0.00 18.94
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13	0.00 18.94
02/16/24	02/16/24	81		87640	12-01	37.07		0.00	45	18.13	0.00 18.94
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06	0.00 18.94
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88	0.00 185.17
02/16/24	02/16/24	81		87634	12-01	105.30		0.00	45	67.11	0.00 38.19
02/16/24	02/16/24	81		87641	12-01	37.07		0.00	45	18.13	0.00 18.94
02/16/24	02/16/24	81		87651	12-01	49.86		0.00	45	30.92	0.00 18.94
CLAIM TOTALS						668.42		0.00		331.42	0.00 337.00
512-05573		302-0518939		JORDAN		J	QAU821807385		QAU821807385		I1566207
02/15/24	02/15/24	81		83525	12-01	17.15		0.00	45	7.88	0.00 9.27
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50	0.00 0.00
CLAIM TOTALS						21.65		0.00		12.38	0.00 9.27



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0518940	JORDAN	J	QAU821807385							
02/15/24	02/15/24	81	84681	12-01		63.00		0.00	45	QAU821807385	I1566208
										54.65	0.00
											8.35
512-05573	303-0503251	JORDAN	P	STC863839335							
02/15/24	02/15/24	81	87481	12-01		84.00		0.00	45	STC863839335	I1564888
02/15/24	02/15/24	81	87491	12-01		49.86		0.00	45	30.92	0.00
02/15/24	02/15/24	81	87511	12-01		42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81	87529	12-01		99.72		0.00	45	61.84	0.00
02/15/24	02/15/24	81	87591	12-01		42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81	87653	12-01		74.14		0.00	45	55.20	0.00
02/15/24	02/15/24	81	87661	12-01		32.30		0.00	45	13.36	0.00
02/15/24	02/15/24	81	87563	12-01		42.50		0.00	45	23.56	0.00
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
CLAIM TOTALS						503.59		0.00		295.25	0.00
											208.34
512-05573	303-0512087	CARTER	R	E4U836302609							
02/14/24	02/14/24	81	86200	12-01		20.00	3	10.88	45	E4U836302609	I1566026
										9.12	0.00
											0.00
512-05573	303-0512089	CARTER	R	E4U836302609							
12/28/23	12/28/23	81	87635	12-01		150.00	31	150.00		E4U836302609	I1566027
12/28/23	12/28/23	81	87486	12-01		42.00	31	42.00		0.00	0.00
12/28/23	12/28/23	81	87498	12-01		37.07	31	37.07		0.00	0.00
12/28/23	12/28/23	81	87581	12-01		42.00	31	42.00		0.00	0.00
12/28/23	12/28/23	81	87633	12-01		318.05	31	318.05		0.00	0.00
12/28/23	12/28/23	81	87634	12-01		105.30	31	105.30		0.00	0.00
12/28/23	12/28/23	81	87640	12-01		37.07	31	37.07		0.00	0.00
12/28/23	12/28/23	81	87641	12-01		37.07	31	37.07		0.00	0.00
12/28/23	12/28/23	81	87651	12-01		49.86	31	49.86		0.00	0.00
CLAIM TOTALS						818.42		818.42		0.00	0.00
											0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER	ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573		303-0514037		CARTER	R	E4U836302609				E4U836302609		I1566028		
01/03/24	01/03/24	81	80053	12-01		15.84	31	15.84		0.00			0.00	0.00
01/03/24	01/03/24	81	82607	12-01		22.00	31	22.00		0.00			0.00	0.00
01/03/24	01/03/24	81	82306	12-01		44.00	31	44.00		0.00			0.00	0.00
01/03/24	01/03/24	81	85652	12-01		4.00	31	4.00		0.00			0.00	0.00
01/03/24	01/03/24	81	36415	12-01		4.50		0.00	97	4.50			0.00	0.00
01/03/24	01/03/24	81	85049	12-01		9.00	31	9.00		0.00			0.00	0.00
CLAIM TOTALS						99.34		94.84		4.50			0.00	0.00
512-05573		303-0503264		KANE	J	PPA807734665				PPA807734665		I1564890		
02/14/24	02/14/24	81	80053	12-01		15.84		0.00	45	6.97			0.00	8.87
02/14/24	02/14/24	81	82607	12-01		22.00		0.00	45	9.34			0.00	12.66
02/14/24	02/14/24	81	82306	12-01		44.00		0.00	45	19.12			0.00	24.88
02/14/24	02/14/24	81	83036	12-01		14.00		0.00	45	5.84			0.00	8.16
02/14/24	02/14/24	81	84443	12-01		25.20		0.00	45	11.07			0.00	14.13
02/14/24	02/14/24	81	84439	12-01		13.00		0.00	45	5.42			0.00	7.58
02/14/24	02/14/24	81	83540	12-01		9.00		0.00	45	3.56			0.00	5.44
02/14/24	02/14/24	81	80061	12-01		20.00		0.00	45	10.44			0.00	9.56
02/14/24	02/14/24	81	85049	12-01		9.00		0.00	45	5.24			0.00	3.76
CLAIM TOTALS						172.04		0.00		77.00			0.00	95.04
512-05573		302-0518887		KANTNER	M	PPA855434088				PPA855434088		I1566209		
02/16/24	02/16/24	81	80053	12-01		15.84		0.00	45	6.97			0.00	8.87
02/16/24	02/16/24	81	83036	12-01		14.00		0.00	45	5.84			0.00	8.16
02/16/24	02/16/24	81	80061	12-01		20.00		0.00	45	10.44			0.00	9.56
02/16/24	02/16/24	81	84443	12-01		25.20		0.00	45	11.07			0.00	14.13
02/16/24	02/16/24	81	84439	12-01		13.00		0.00	45	5.42			0.00	7.58
CLAIM TOTALS						88.04		0.00		39.74			0.00	48.30



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DATES OF SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0478411		KANUMALLA	B	Y9G994w15068			Y9G996752318	I1563967		
02/13/24	02/13/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/13/24	02/13/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00
02/13/24	02/13/24	81	83036	12-01		14.00	1	8.16	45	5.84	0.00
02/13/24	02/13/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00
02/13/24	02/13/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00
CLAIM TOTALS						97.04		53.38		43.66	0.00
512-05573	302-0478355		KASSAY	S	TOA287A78069			TOA996408438	I1563968		
02/13/24	02/13/24	81	80053	12-01		15.84		0.00	45	6.97	8.87
02/13/24	02/13/24	81	84439	12-01		13.00		0.00	45	5.42	7.58
02/13/24	02/13/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/13/24	02/13/24	81	85049	12-01		9.00		0.00	45	5.24	3.76
02/13/24	02/13/24	81	82607	12-01		22.00		0.00	45	9.34	12.66
02/13/24	02/13/24	81	82746	12-01		22.00		0.00	45	11.49	10.51
02/13/24	02/13/24	81	82306	12-01		44.00		0.00	45	19.12	24.88
02/13/24	02/13/24	81	83540	12-01		9.71		0.00	45	4.27	5.44
02/13/24	02/13/24	81	83550	12-01		13.11		0.00	45	5.76	7.35
02/13/24	02/13/24	81	82728	12-01		40.00		0.00	45	28.55	11.45
CLAIM TOTALS						193.16		0.00		100.66	92.50
512-05573	302-0478356		KASSAY	S	TOA287A78069			TOA996408438	I1563968		
02/13/24	02/13/24	81	84481	12-01		24.00		0.00	45	9.77	14.23
02/13/24	02/13/24	81	83036	12-01		14.00		0.00	45	5.84	8.16
02/13/24	02/13/24	81	80061	12-01		20.00		0.00	45	10.44	9.56
02/13/24	02/13/24	81	84443	12-01		25.20		0.00	45	11.07	14.13
CLAIM TOTALS						83.20		0.00		37.12	46.08



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0503271		KELLER	E	ARI1684235800			ARI996584560	I1564892	
02/15/24	02/15/24	81	87635	12-01		150.00	1	31.68	45	118.32	0.00
02/15/24	02/15/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00
02/15/24	02/15/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00
02/15/24	02/15/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00
02/15/24	02/15/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00
02/15/24	02/15/24	81	87634	12-01		105.30	1	38.19	45	67.11	0.00
02/15/24	02/15/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00
02/15/24	02/15/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00
02/15/24	02/15/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00
CLAIM TOTALS						818.42		368.68		449.74	0.00
512-05573		302-0367709		KELLER	E	X2F275w10445			X2F996712789	I1552351	
02/01/24	02/01/24	81	87486	87486	12-01	42.00		0.00	B12	42.00	0.00
02/01/24	02/01/24	81	87498	87498	12-01	37.07		0.00	B12	37.07	0.00
02/01/24	02/01/24	81	87581	87581	12-01	42.00		0.00	B12	42.00	0.00
02/01/24	02/01/24	81	87633	87633	12-01	318.05		0.00	B12	318.05	0.00
02/01/24	02/01/24	81	87634	87634	12-01	105.30		0.00	B12	105.30	0.00
02/01/24	02/01/24	81	87640	87640	12-01	37.07		0.00	B12	37.07	0.00
02/01/24	02/01/24	81	87641	87641	12-01	37.07		0.00	B12	37.07	0.00
02/01/24	02/01/24	81	87651	87651	12-01	49.86		0.00	B12	49.86	0.00
02/01/24	02/01/24	81	87635	87635	12-01	150.00		0.00	B12	150.00	0.00
CLAIM TOTALS						818.42		0.00		818.42	0.00
512-05573		302-0367709		KELLER	E	X2F275w10445			X2F996712789	I1552351	
02/01/24	02/01/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00	0.00
02/01/24	02/01/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07	0.00
02/01/24	02/01/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00	0.00
02/01/24	02/01/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05	0.00
02/01/24	02/01/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30	0.00
02/01/24	02/01/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07	0.00
02/01/24	02/01/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07	0.00
02/01/24	02/01/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86	0.00
02/01/24	02/01/24	81	87635	87635	12-22	-150.00		0.00	252	-150.00	0.00
CLAIM TOTALS						-818.42		0.00		-818.42	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-3034941		KELLER		S	KID896267318				KID896267318	I1463892	
10/26/23	10/26/23	81	82977	84999	12-01	10.00		0.00	45	27.75	94 -22.00	4.25
10/26/23	10/26/23	81	82248	82248	12-01	15.00		0.00	97	15.00	0.00	0.00
10/26/23	10/26/23	81	84100	84100	12-01	7.00		0.00	97	7.00	0.00	0.00
CLAIM TOTALS						32.00		0.00		49.75	-22.00	4.25
512-05573	303-0503270		KELLEY		C	PPA898443082				PPA898443082	I1564891	
02/15/24	02/15/24	81	87651		12-01	49.86		0.00	45	30.92	0.00	18.94
512-05573	302-0518941		KELLEY		N	COJ866767755				COJ866767755	I1566210	
02/16/24	02/16/24	81	84153		12-01	27.00		0.00	45	11.54	0.00	15.46
02/16/24	02/16/24	81	83036		12-01	14.00		0.00	45	5.84	0.00	8.16
02/16/24	02/16/24	81	80061		12-01	20.00		0.00	45	10.44	0.00	9.56
02/16/24	02/16/24	81	80069		12-01	13.00		0.00	45	5.70	0.00	7.30
02/16/24	02/16/24	81	36415		12-01	4.50		0.00	97	4.50	0.00	0.00
02/16/24	02/16/24	81	85049		12-01	9.00		0.00	45	5.24	0.00	3.76
CLAIM TOTALS						87.50		0.00		43.26	0.00	44.24
512-05573	303-0514155		KELLEY		S	PPA858974149				PPA858974149	I1566211	
02/16/24	02/16/24	81	87635		12-01	150.00		0.00	45	118.32	0.00	31.68
02/16/24	02/16/24	81	87486		12-01	42.00		0.00	45	23.06	0.00	18.94
02/16/24	02/16/24	81	87498		12-01	37.07		0.00	45	18.13	0.00	18.94
02/16/24	02/16/24	81	87581		12-01	42.00		0.00	45	23.06	0.00	18.94
02/16/24	02/16/24	81	87633		12-01	318.05		0.00	45	132.88	0.00	185.17
02/16/24	02/16/24	81	87634		12-01	105.30		0.00	45	67.11	0.00	38.19
02/16/24	02/16/24	81	87640		12-01	37.07		0.00	45	18.13	0.00	18.94
02/16/24	02/16/24	81	87641		12-01	37.07		0.00	45	18.13	0.00	18.94
02/16/24	02/16/24	81	87651		12-01	49.86		0.00	45	30.92	0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74	0.00	368.68



**BlueCross BlueShield
of Alabama**

P.O. BOX 995
BIRMINGHAM, ALABAMA 35298-0001

REMITTANCE NOTICE

512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-0518942		KENDALL		V	BEG805381764		BEG805381764		I1566212
02/15/24	02/15/24	81		80053	12-01	15.84		0.00	45	6.97	0.00
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
02/15/24	02/15/24	81		85049	12-01	9.00		0.00	45	5.24	0.00
02/15/24	02/15/24	81		82607	12-01	22.00		0.00	45	9.34	0.00
02/15/24	02/15/24	81		82746	12-01	22.00		0.00	45	11.49	0.00
02/15/24	02/15/24	81		82306	12-01	44.00		0.00	45	19.12	0.00
02/15/24	02/15/24	81		84481	12-01	24.00		0.00	45	9.77	0.00
02/15/24	02/15/24	81		83036	12-01	14.00		0.00	45	5.84	0.00
02/15/24	02/15/24	81		80061	12-01	20.00		0.00	45	10.44	0.00
02/15/24	02/15/24	81		84443	12-01	25.20		0.00	45	11.07	0.00
CLAIM TOTALS						200.54		0.00		93.78	0.00
512-05573		302-0518943		KENDALL		V	BEG805381764		BEG805381764		I1566212
02/15/24	02/15/24	81		84439	12-01	13.00		0.00	45	5.42	0.00
02/15/24	02/15/24	81		83525	12-01	17.15		0.00	45	7.88	0.00
CLAIM TOTALS						30.15		0.00		13.30	0.00
512-05573		302-0099783		KENNEDY		N	J7U3HZN91850540		J7U996850514		I1555283
01/05/24	01/05/24	81		87635	12-01	150.00		0.00	45	118.32	0.00
01/05/24	01/05/24	81		87486	12-01	42.00		0.00	45	23.06	0.00
01/05/24	01/05/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
01/05/24	01/05/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
01/05/24	01/05/24	81		87631	12-01	330.00	96	330.00		0.00	0.00
01/05/24	01/05/24	81		87634	12-01	105.30		0.00	45	67.11	0.00
01/05/24	01/05/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
01/05/24	01/05/24	81		87641	12-01	37.07		0.00	45	18.13	0.00
01/05/24	01/05/24	81		87651	12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						830.37		330.00		316.86	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT		
512-05573	302-0099783		KENNEDY	N		J7U3HZN91850540			J7U996850514	I1528356			
01/05/24	01/05/24	81	87635	87635	12-22	-150.00		0.00	45	-118.32	0.00	-31.68	
01/05/24	01/05/24	81	87486	87486	12-22	-42.00		0.00	45	-23.06	0.00	-18.94	
01/05/24	01/05/24	81	87498	87498	12-22	-37.07		0.00	45	-18.13	0.00	-18.94	
01/05/24	01/05/24	81	87581	87581	12-22	-42.00		0.00	45	-23.06	0.00	-18.94	
01/05/24	01/05/24	81	87633	87633	12-22	-318.05		0.00	45	-132.88	96	-185.17	0.00
01/05/24	01/05/24	81	87634	87634	12-22	-105.30		0.00	45	-67.11	0.00	-38.19	
01/05/24	01/05/24	81	87640	87640	12-22	-37.07		0.00	45	-18.13	0.00	-18.94	
01/05/24	01/05/24	81	87641	87641	12-22	-37.07		0.00	45	-18.13	0.00	-18.94	
01/05/24	01/05/24	81	87651	87651	12-22	-49.86		0.00	45	-30.92	0.00	-18.94	
CLAIM TOTALS						-818.42		0.00		-449.74	-185.17	-183.51	
512-05573	302-0518888		KEY	T		ZJY810043982			ZJY810043982	I1566215			
11/27/23	11/27/23	81	87635		12-01	150.00		0.00	45	118.32	0.00	31.68	
11/27/23	11/27/23	81	87486		12-01	42.00		0.00	45	23.06	0.00	18.94	
11/27/23	11/27/23	81	87498		12-01	37.07		0.00	45	18.13	0.00	18.94	
11/27/23	11/27/23	81	87640		12-01	37.07		0.00	45	18.13	0.00	18.94	
11/27/23	11/27/23	81	87581		12-01	42.00		0.00	45	23.06	0.00	18.94	
11/27/23	11/27/23	81	87633		12-01	318.05		0.00	45	132.88	0.00	185.17	
11/27/23	11/27/23	81	87634		12-01	105.30		0.00	45	67.11	0.00	38.19	
11/27/23	11/27/23	81	87641		12-01	37.07		0.00	45	18.13	0.00	18.94	
11/27/23	11/27/23	81	87651		12-01	49.86		0.00	45	30.92	0.00	18.94	
CLAIM TOTALS						818.42		0.00		449.74	0.00	368.68	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-0518889		KEYES	W	DZJ886481763			DZJ886481763	I1566216	
02/16/24	02/16/24	81		84156	12-01	8.00		0.00	45	4.92	0.00
02/16/24	02/16/24	81		82570	12-01	8.00		0.00	45	3.65	0.00
02/16/24	02/16/24	81		83069	12-01	8.00		0.00	45	4.68	0.00
02/16/24	02/16/24	81		84311	12-01	32.00		0.00	45	26.12	0.00
02/16/24	02/16/24	81		82010	12-01	16.00		0.00	45	9.79	0.00
02/16/24	02/16/24	81		82945	12-01	8.00		0.00	45	4.70	0.00
02/16/24	02/16/24	81		82247	12-01	8.00		0.00	45	3.78	0.00
02/16/24	02/16/24	81		83986	12-01	7.00		0.00	45	3.99	0.00
02/16/24	02/16/24	81		81007	12-01	120.00		0.00	45	117.84	0.00
02/16/24	02/16/24	81		82043	12-01	7.58		0.00	45	2.72	0.00
CLAIM TOTALS						222.58		0.00		182.19	0.00
512-05573		302-0518890		KEYES	W	DZJ886481763			DZJ886481763	I1566216	
02/16/24	02/16/24	81		84153	12-01	27.00		0.00	45	11.54	0.00
02/16/24	02/16/24	81		80053	12-01	15.84		0.00	45	6.97	0.00
02/16/24	02/16/24	81		82607	12-01	22.00		0.00	45	9.34	0.00
02/16/24	02/16/24	81		84403	12-01	38.00		0.00	45	16.31	0.00
02/16/24	02/16/24	81		83036	12-01	14.00		0.00	45	5.84	0.00
02/16/24	02/16/24	81		84443	12-01	25.20		0.00	45	11.07	0.00
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81		85049	12-01	9.00		0.00	45	5.24	0.00
02/16/24	02/16/24	81		87086	12-01	18.53		0.00	97	18.53	0.00
CLAIM TOTALS						174.07		0.00		89.34	0.00
512-05573		303-0501341		KIBEBE	E	PPA884386985			PPA884386985	I1564893	
02/15/24	02/15/24	81		80048	12-01	12.69		0.00	45	5.58	0.00
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
CLAIM TOTALS						17.19		0.00		10.08	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503274	KIDDER	H	AXX884486765				AXX884486765	I1564894		
02/13/24	02/13/24	81	87486	12-01		42.00		0.00	45	23.06	18.94
02/13/24	02/13/24	81	87498	12-01		37.07		0.00	45	18.13	18.94
02/13/24	02/13/24	81	87581	12-01		42.00		0.00	45	23.06	18.94
02/13/24	02/13/24	81	87633	12-01		318.05		0.00	45	132.88	185.17
02/13/24	02/13/24	81	87634	12-01		105.30		0.00	45	67.11	38.19
02/13/24	02/13/24	81	87640	12-01		37.07		0.00	45	18.13	18.94
02/13/24	02/13/24	81	87641	12-01		37.07		0.00	45	18.13	18.94
02/13/24	02/13/24	81	87651	12-01		49.86		0.00	45	30.92	18.94
02/13/24	02/13/24	81	87635	12-01		150.00		0.00	45	118.32	31.68
CLAIM TOTALS						818.42		0.00		449.74	368.68
512-05573	302-0518946	KILLINGSWORTH	C	EDU825328953				EDU825328953	I1566217		
02/16/24	02/16/24	81	87651	12-01		49.86	3	5.00	45	30.92	13.94
512-05573	302-0518947	KING	C	EDU010224089				EDU826468148	I1566218		
02/16/24	02/16/24	81	83540	12-01		9.71	3	5.00	45	4.27	0.44
02/16/24	02/16/24	81	83550	12-01		13.11	3	5.00	45	5.76	2.35
02/16/24	02/16/24	81	85652	12-01		4.00	3	2.27	45	1.73	0.00
02/16/24	02/16/24	81	82728	12-01		40.00	3	5.00	45	28.55	6.45
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	3	3.76	45	5.24	0.00
CLAIM TOTALS						80.32		21.03		50.05	9.24
512-05573	303-0501342	KING	N	MMM124979526001				MMM995919011	I1564895		
02/15/24	02/15/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
512-05573	302-0518949	KIRBY	P	PPA885035321				PPA885035321	I1566220		
01/30/24	01/30/24	81	84144	12-01		31.00		0.00	45	13.47	17.53
01/30/24	01/30/24	81	84146	12-01		57.00		0.00	45	40.72	16.28
01/30/24	01/30/24	81	86140	12-01		15.00		0.00	45	10.65	4.35
01/30/24	01/30/24	81	86038	12-01		40.00		0.00	45	29.84	10.16
CLAIM TOTALS						143.00		0.00		94.68	48.32



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF	
FROM		THRU		POT		ORIG		CHGD		/STAT	
CHARGES		CODES		AMOUNT		CODES		AMOUNT		CODES	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
PAYMENT		PAYMENT		PAYMENT		PAYMENT		PAYMENT		PAYMENT	
512-05573	302-0518950	KIRBY	P	PPA885035321							
01/30/24	01/30/24	81		80074	12-01	71.00		0.00		45	PPA885035321
											I1566221
											0.00
											38.77
512-05573	303-0514202	KIRK	A	EDU838786413							
02/12/24	02/12/24	81		87635	12-01	150.00	3	5.00	45	EDU838786413	I1566222
02/12/24	02/12/24	81		87486	12-01	42.00	3	5.00	45	118.32	0.00
02/12/24	02/12/24	81		87498	12-01	37.07	3	5.00	45	23.06	0.00
02/12/24	02/12/24	81		87581	12-01	42.00	3	5.00	45	18.13	0.00
02/12/24	02/12/24	81		87633	12-01	318.05	3	5.00	45	23.06	0.00
02/12/24	02/12/24	81		87634	12-01	105.30	3	5.00	45	132.88	0.00
02/12/24	02/12/24	81		87640	12-01	37.07	3	5.00	45	67.11	0.00
02/12/24	02/12/24	81		87641	12-01	37.07	3	5.00	45	18.13	0.00
02/12/24	02/12/24	81		87651	12-01	49.86	3	5.00	45	18.13	0.00
CLAIM TOTALS						818.42		45.00		449.74	0.00
											323.68
512-05573	302-0518951	KIST	S	PPA838019385							
02/18/24	02/18/24	81		87635	12-01	150.00		0.00	45	PPA838019385	I1566223
02/18/24	02/18/24	81		87486	12-01	42.00		0.00	45	118.32	0.00
02/18/24	02/18/24	81		87498	12-01	37.07		0.00	45	23.06	0.00
02/18/24	02/18/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
02/18/24	02/18/24	81		87581	12-01	42.00		0.00	45	18.13	0.00
02/18/24	02/18/24	81		87633	12-01	318.05		0.00	45	23.06	0.00
02/18/24	02/18/24	81		87634	12-01	105.30		0.00	45	132.88	0.00
02/18/24	02/18/24	81		87641	12-01	37.07		0.00	45	67.11	0.00
02/18/24	02/18/24	81		87651	12-01	49.86		0.00	45	18.13	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00
											368.68
512-05573	302-0518891	KLING	L	AQT60273768003							
11/30/23	11/30/23	81		87086	12-01	18.53		0.00	45	AQT602737680	I1566224
											0.00
											6.78

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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501343		KNIGHT		S	PPA869904751			PPA869904751	I1564896	
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/15/24	02/15/24	81	87634	12-01		70.20		0.00	97	70.20	0.00
02/15/24	02/15/24	81	87635	12-01		150.00		0.00	45	118.32	0.00
CLAIM TOTALS						617.32		0.00		362.59	0.00
512-05573	302-0518952		KNOP		K	EDU825391807			EDU825391807	I1566225	
02/16/24	02/16/24	81	82044	12-01		12.00	3	1.99	45	10.01	0.00
02/16/24	02/16/24	81	80053	12-01		15.84	3	5.00	45	6.97	0.00
02/16/24	02/16/24	81	82607	12-01		22.00	3	5.00	45	9.34	0.00
02/16/24	02/16/24	81	83036	12-01		14.00	3	5.00	45	5.84	0.00
02/16/24	02/16/24	81	80061	12-01		20.00	3	5.00	45	10.44	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	3	3.76	45	5.24	0.00
CLAIM TOTALS						97.34		25.75		52.34	0.00
512-05573	302-0456402		KNOP		M	NLM110826751001			NLM994274977	I1561494	
02/12/24	02/12/24	81	87635	12-01		150.00	32	150.00		0.00	0.00
02/12/24	02/12/24	81	87486	12-01		42.00	32	42.00		0.00	0.00
02/12/24	02/12/24	81	87498	12-01		37.07	32	37.07		0.00	0.00
02/12/24	02/12/24	81	87640	12-01		37.07	32	37.07		0.00	0.00
02/12/24	02/12/24	81	87581	12-01		42.00	32	42.00		0.00	0.00
02/12/24	02/12/24	81	87633	12-01		318.05	32	318.05		0.00	0.00
02/12/24	02/12/24	81	87634	12-01		105.30	32	105.30		0.00	0.00
02/12/24	02/12/24	81	87641	12-01		37.07	32	37.07		0.00	0.00
02/12/24	02/12/24	81	87651	12-01		49.86	32	49.86		0.00	0.00
CLAIM TOTALS						818.42		818.42		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS					
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501483		KOSTER	E		LGB912115599				LGB912115599	I1564897		
02/15/24	02/15/24	81	87486	12-01		42.00	3	7.50	45	23.06		0.00	11.44
02/15/24	02/15/24	81	87498	12-01		37.07	3	7.50	45	18.13		0.00	11.44
02/15/24	02/15/24	81	87581	12-01		42.00	3	7.50	45	23.06		0.00	11.44
02/15/24	02/15/24	81	87633	12-01		318.05	3	7.50	45	132.88		0.00	177.67
02/15/24	02/15/24	81	87634	12-01		105.30	3	7.50	45	67.11		0.00	30.69
02/15/24	02/15/24	81	87640	12-01		37.07	3	7.50	45	18.13		0.00	11.44
02/15/24	02/15/24	81	87641	12-01		37.07	3	7.50	45	18.13		0.00	11.44
02/15/24	02/15/24	81	87651	12-01		49.86	3	7.50	45	30.92		0.00	11.44
CLAIM TOTALS						668.42		60.00		331.42		0.00	277.00
512-05573	302-0518956		KRIEGEL	B		PPA839017184				PPA839017184	I1566228		
02/13/24	02/13/24	81	G0482	12-01		174.33		0.00	45	124.97		0.00	49.36
512-05573	302-0447206		KYNARD	A		PPA837911221				PPA837911221	I1560287		
02/06/24	02/06/24	81	82677	12-01		72.00		0.00	45	51.68		0.00	20.32
02/06/24	02/06/24	81	84702	12-01		22.00		0.00	45	13.46		0.00	8.54
02/06/24	02/06/24	81	82105	12-01		51.00		0.00	45	36.90		0.00	14.10
02/06/24	02/06/24	81	86336	12-01		32.00		0.00	45	18.90		0.00	13.10
CLAIM TOTALS						177.00		0.00		120.94		0.00	56.06
512-05573	303-0503275		LAGAT	P		GPT801378260				GPT801378260	I1564898		
02/15/24	02/15/24	81	87651	12-01		49.86	1	18.94	45	30.92		0.00	0.00
512-05573	302-0505712		LAMBERT	S		BEG867958374				BEG867958374	I1564899		
02/14/24	02/14/24	81	87086	12-01		18.53		0.00	45	11.75		0.00	6.78
512-05573	302-0367869		LAMBERT	Z		PHP057w18461				PHP996902887	I1552367		
02/01/24	02/01/24	81	87651	87651	12-01	49.86	1	18.94	45	30.92		0.00	0.00
512-05573	302-0367869		LAMBERT	Z		PHP057w18461				PHP996902887	I1552367		
02/01/24	02/01/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE			CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0514173		LAMON		P	PPA825776664				PPA825776664		I1566229		
02/18/24	02/18/24	81		87507	12-01	319.55		0.00	45	134.38			0.00	185.17
512-05573	302-0518957		LAMPKIN		C	PPA815411723				PPA815411723		I1566230		
02/16/24	02/16/24	81		87635	12-01	150.00		0.00	45	118.32			0.00	31.68
02/16/24	02/16/24	81		87486	12-01	42.00		0.00	45	23.06			0.00	18.94
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13			0.00	18.94
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06			0.00	18.94
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88			0.00	185.17
02/16/24	02/16/24	81		87634	12-01	105.30		0.00	45	67.11			0.00	38.19
02/16/24	02/16/24	81		87640	12-01	37.07		0.00	45	18.13			0.00	18.94
02/16/24	02/16/24	81		87641	12-01	37.07		0.00	45	18.13			0.00	18.94
02/16/24	02/16/24	81		87651	12-01	49.86		0.00	45	30.92			0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74			0.00	368.68
512-05573	302-0456407		LANGFORD		F	PPA863001584				PPA863001584		I1561503		
02/12/24	02/12/24	81		80053	12-01	15.84		0.00	45	6.97			0.00	8.87
02/12/24	02/12/24	81		36415	12-01	4.50		0.00	97	4.50			0.00	0.00
CLAIM TOTALS						20.34		0.00		11.47			0.00	8.87
512-05573	303-0466519		LANIER		A	ZZE000022316				ZZE002231603		I1562633		
02/13/24	02/13/24	81		87486	12-01	42.00	1	18.94	45	23.06			0.00	0.00
02/13/24	02/13/24	81		87498	12-01	37.07	1	18.94	45	18.13			0.00	0.00
02/13/24	02/13/24	81		87581	12-01	42.00	1	18.94	45	23.06			0.00	0.00
02/13/24	02/13/24	81		87633	12-01	318.05	1	185.17	45	132.88			0.00	0.00
02/13/24	02/13/24	81		87634	12-01	105.30	1	38.19	45	67.11			0.00	0.00
02/13/24	02/13/24	81		87640	12-01	37.07	1	18.94	45	18.13			0.00	0.00
02/13/24	02/13/24	81		87641	12-01	37.07	1	18.94	45	18.13			0.00	0.00
02/13/24	02/13/24	81		87651	12-01	49.86	1	18.94	45	30.92			0.00	0.00
02/13/24	02/13/24	81		87635	12-01	150.00	1	31.68	45	118.32			0.00	0.00
CLAIM TOTALS						818.42		368.68		449.74			0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	302-0478417		LATIMORE	U	FVN922697334					FVN922697334		I1563981		
02/13/24	02/13/24	81	80061	12-01	20.00			0.00	45	10.44		0.00	9.56	
02/13/24	02/13/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00	
CLAIM TOTALS						24.50		0.00		14.94		0.00	9.56	
512-05573	303-0503228		LAURIDSEN	K	RER494M78335					RER995681024		I1564900		
02/15/24	02/15/24	81	87635	12-01	150.00			0.00	252	150.00		0.00	0.00	
02/15/24	02/15/24	81	87486	12-01	42.00			0.00	252	42.00		0.00	0.00	
02/15/24	02/15/24	81	87498	12-01	37.07			0.00	252	37.07		0.00	0.00	
02/15/24	02/15/24	81	87581	12-01	42.00			0.00	252	42.00		0.00	0.00	
02/15/24	02/15/24	81	87633	12-01	318.05			0.00	252	318.05		0.00	0.00	
02/15/24	02/15/24	81	87634	12-01	105.30			0.00	252	105.30		0.00	0.00	
02/15/24	02/15/24	81	87640	12-01	37.07			0.00	252	37.07		0.00	0.00	
02/15/24	02/15/24	81	87641	12-01	37.07			0.00	252	37.07		0.00	0.00	
02/15/24	02/15/24	81	87651	12-01	49.86			0.00	252	49.86		0.00	0.00	
CLAIM TOTALS						818.42		0.00		818.42		0.00	0.00	
512-05573	302-0456410		LAWLER	A	MOV50020468403					MOV996719433		I1561506		
01/08/24	01/08/24	81	87498	12-01	37.07			0.00	45	18.13		0.00	18.94	
01/08/24	01/08/24	81	87581	12-01	42.00			0.00	45	23.06		0.00	18.94	
01/08/24	01/08/24	81	87633	12-01	318.05		50	318.05		0.00		0.00	0.00	
01/08/24	01/08/24	81	87634	12-01	70.20			0.00	97	70.20		0.00	0.00	
CLAIM TOTALS						467.32		318.05		111.39		0.00	37.88	
512-05573	302-3617464		LAWLESS	C	EDU800201639					EDU800201639		I1517327		
12/23/23	12/23/23	81	87486	12-01	42.00		3	5.00	45	23.06		0.00	13.94	
12/23/23	12/23/23	81	87498	12-01	37.07		3	5.00	45	18.13		0.00	13.94	
12/23/23	12/23/23	81	87581	12-01	42.00		3	5.00	45	23.06		0.00	13.94	
12/23/23	12/23/23	81	87633	12-01	318.05		3	5.00	45	132.88		0.00	180.17	
12/23/23	12/23/23	81	87634	12-01	105.30		3	5.00	45	67.11		0.00	33.19	
12/23/23	12/23/23	81	87640	12-01	37.07		3	5.00	45	18.13		0.00	13.94	
12/23/23	12/23/23	81	87641	12-01	37.07		3	5.00	45	18.13		0.00	13.94	
12/23/23	12/23/23	81	87651	12-01	49.86		3	5.00	45	30.92		0.00	13.94	
CLAIM TOTALS						668.42		40.00		331.42		0.00	297.00	



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LOCATION ID		CLAIM	PATIENT		ORIGINAL CONTRACT		CORRECTED CONTRACT		PATIENT CONTROL NUMBER		
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0518892		LEADFORD	P	TNZ907454667				TNZ907454667	I1566232	
01/05/24	01/05/24	81	87635	12-01		150.00	1	31.68	45	118.32	0.00
01/05/24	01/05/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00
01/05/24	01/05/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00
01/05/24	01/05/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00
01/05/24	01/05/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00
01/05/24	01/05/24	81	87633	12-01		318.05	3 1	144.93	45	132.88	40.24
01/05/24	01/05/24	81	87634	12-01		105.30	3	7.63	45	67.11	30.56
01/05/24	01/05/24	81	87641	12-01		37.07	3	3.78	45	18.13	15.16
01/05/24	01/05/24	81	87651	12-01		49.86	3	3.78	45	30.92	15.16
CLAIM TOTALS						818.42		267.56		449.74	101.12
512-05573	303-0503229		LEE	A	KHH860431358				KHH860431358	I1564901	
02/14/24	02/14/24	81	80053	12-01		15.84	3	1.77	45	6.97	7.10
02/14/24	02/14/24	81	80061	12-01		20.00	3	1.91	45	10.44	7.65
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						40.34		3.68		21.91	14.75
512-05573	303-0503230		LEE	A	TCA847548828				TCA847548828	I1564902	
02/14/24	02/14/24	81	80053	84999	12-01	15.84		0.00	45	19.61	9.34
02/14/24	02/14/24	81		84403	12-01	38.00		0.00	45	16.31	21.69
02/14/24	02/14/24	81		83036	12-01	14.00		0.00	45	5.84	8.16
02/14/24	02/14/24	81		83735	12-01	13.11		0.00	97	13.11	0.00
02/14/24	02/14/24	81		80061	12-01	20.00		0.00	45	10.44	9.56
02/14/24	02/14/24	81		86376	12-01	21.00		0.00	45	8.77	12.23
02/14/24	02/14/24	81		84443	12-01	25.20		0.00	45	11.07	14.13
02/14/24	02/14/24	81		84439	12-01	13.00		0.00	45	5.42	7.58
02/14/24	02/14/24	81		82533	12-01	24.00		0.00	45	10.30	13.70
02/14/24	02/14/24	81		82607	12-01	22.00		0.00	45	9.34	12.66
CLAIM TOTALS						206.15		0.00		110.21	109.05



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE			CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0503231		LEE		A	TCA847548828				TCA847548828		I1564902		
02/14/24	02/14/24	81		86431	12-01	20.00		0.00	45	15.23		0.00		4.77
02/14/24	02/14/24	81		83525	12-01	17.15		0.00	45	7.88		0.00		9.27
02/14/24	02/14/24	81		36415	12-01	4.50		0.00	97	4.50		0.00		0.00
02/14/24	02/14/24	81		86800	12-01	23.00		0.00	45	9.63		0.00		13.37
02/14/24	02/14/24	81		84432	12-01	24.00		0.00	45	10.50		0.00		13.50
02/14/24	02/14/24	81		85049	12-01	9.00		0.00	45	5.24		0.00		3.76
02/14/24	02/14/24	81		82746	12-01	22.00		0.00	45	11.49		0.00		10.51
02/14/24	02/14/24	81		82306	12-01	44.00	96	44.00		0.00		0.00		0.00
02/14/24	02/14/24	81		83540	12-01	9.71		0.00	45	4.27		0.00		5.44
02/14/24	02/14/24	81		83550	12-01	13.11		0.00	45	5.76		0.00		7.35
CLAIM TOTALS						186.47		44.00		74.50		0.00		67.97
512-05573	303-0503232		LEE		A	TCA847548828				TCA847548828		I1564902		
02/14/24	02/14/24	81		83001	12-01	27.87		0.00	45	12.25		0.00		15.62
02/14/24	02/14/24	81		82670	12-01	41.00		0.00	45	17.53		0.00		23.47
02/14/24	02/14/24	81		85652	12-01	4.00		0.00	45	1.73		0.00		2.27
02/14/24	02/14/24	81		82728	12-01	40.00		0.00	45	28.55		0.00		11.45
02/14/24	02/14/24	81		84481	12-01	24.00		0.00	45	9.77		0.00		14.23
02/14/24	02/14/24	81		84436	12-01	10.00		0.00	97	10.00		0.00		0.00
CLAIM TOTALS						146.87		0.00		79.83		0.00		67.04
512-05573	303-0514056		LEGGETT		J	KID807300281				KID807300281		I1566235		
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	45	30.92		0.00		18.94

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0392958		LENTNER	R	PPA815200255				PPA815200255	I1556624	
02/05/24	02/05/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00
02/05/24	02/05/24	81	83540	12-01		9.71	1	5.44	45	4.27	0.00
02/05/24	02/05/24	81	83550	12-01		13.11	1	7.35	45	5.76	0.00
02/05/24	02/05/24	81	82728	12-01		40.00	1	11.45	45	28.55	0.00
02/05/24	02/05/24	81	84481	12-01		24.00	1	14.23	45	9.77	0.00
02/05/24	02/05/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00
02/05/24	02/05/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00
02/05/24	02/05/24	81	84439	12-01		13.00	1	7.58	45	5.42	0.00
02/05/24	02/05/24	81	80069	12-01		13.00	1	7.30	45	5.70	0.00
02/05/24	02/05/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						184.52		89.70		94.82	0.00
512-05573	303-0392959		LENTNER	R	PPA815200255				PPA815200255	I1556624	
02/05/24	02/05/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
512-05573	303-0514064		LEUSBY	C	PPA817400236				PPA817400236	I1566236	
02/15/24	02/15/24	81	80053	84999	12-01	15.84		0.00	45	33.88	9.34
02/15/24	02/15/24	81	86376	12-01		21.00		0.00	45	8.77	12.23
02/15/24	02/15/24	81	84443	12-01		25.20		0.00	45	11.07	14.13
02/15/24	02/15/24	81	84436	12-01		10.00		0.00	45	4.22	5.78
02/15/24	02/15/24	81	80061	12-01		20.00		0.00	45	10.44	9.56
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/15/24	02/15/24	81	85049	12-01		9.00		0.00	45	5.24	3.76
02/15/24	02/15/24	81	82607	12-01		22.00		0.00	45	9.34	12.66
02/15/24	02/15/24	81	82306	12-01		44.00		0.00	45	19.12	24.88
02/15/24	02/15/24	81	83540	12-01		9.71		0.00	45	4.27	5.44
CLAIM TOTALS						181.25		0.00		110.85	97.78

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**BlueCross BlueShield
of Alabama**

P.O. BOX 995
BIRMINGHAM, ALABAMA 35298-0001

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512-05573

CORE DIAGNOSTIC LABORATORIES

1930 EDWARDS LAKE RD STE 138

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514065		LEUSBY	C	PPA817400236				PPA817400236	I1566236	
02/15/24	02/15/24	81	83550	12-01		13.11		0.00	45	5.76	0.00
02/15/24	02/15/24	81	83002	12-01		27.78		0.00	45	12.22	0.00
02/15/24	02/15/24	81	83001	12-01		27.87		0.00	45	12.25	0.00
02/15/24	02/15/24	81	82670	12-01		41.00		0.00	45	17.53	0.00
02/15/24	02/15/24	81	82728	12-01		40.00		0.00	45	28.55	0.00
02/15/24	02/15/24	81	84403	12-01		38.00		0.00	45	16.31	0.00
02/15/24	02/15/24	81	83036	12-01		14.00		0.00	45	5.84	0.00
CLAIM TOTALS						201.76		0.00		98.46	0.00
512-05573	303-0514077		LEUSBY	C	PPA817400236				PPA817400236	I1566237	
02/15/24	02/15/24	81	82627	12-01		33.00		0.00	45	14.31	0.00
02/15/24	02/15/24	81	82330	12-01		27.38		0.00	97	27.38	0.00
02/15/24	02/15/24	81	83970	12-01		123.00		0.00	45	88.32	0.00
CLAIM TOTALS						183.38		0.00		130.01	0.00
512-05573	303-0514078		LILES	L	PPA855487692				PPA855487692	I1566238	
02/16/24	02/16/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30		0.00	45	67.11	0.00
02/16/24	02/16/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
CLAIM TOTALS						668.42		0.00		331.42	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514080		LINDBLOM	C		PVF910080260				PVF910080260		I1566240	
02/16/24	02/16/24	81	87635	12-01		150.00	22	150.00		0.00		0.00	0.00
02/16/24	02/16/24	81	87486	12-01		42.00	22	42.00		0.00		0.00	0.00
02/16/24	02/16/24	81	87498	12-01		37.07	22	37.07		0.00		0.00	0.00
02/16/24	02/16/24	81	87581	12-01		42.00	22	42.00		0.00		0.00	0.00
02/16/24	02/16/24	81	87633	12-01		318.05	22	318.05		0.00		0.00	0.00
02/16/24	02/16/24	81	87634	12-01		105.30	22	105.30		0.00		0.00	0.00
02/16/24	02/16/24	81	87640	12-01		37.07	22	37.07		0.00		0.00	0.00
02/16/24	02/16/24	81	87641	12-01		37.07	22	37.07		0.00		0.00	0.00
02/16/24	02/16/24	81	87651	12-01		49.86	22	49.86		0.00		0.00	0.00
CLAIM TOTALS						818.42		818.42		0.00		0.00	0.00
512-05573	303-0503234		LIST	G		KID801279675				KID801279675		I1564904	
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
512-05573	303-0466438		LITTLE	J		QGX848442221				QGX848442221		I1562642	
02/13/24	02/13/24	81	87486	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/13/24	02/13/24	81	87498	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/13/24	02/13/24	81	87581	12-01		42.00	1	18.94	45	23.06		0.00	0.00
02/13/24	02/13/24	81	87633	12-01		318.05	1	185.17	45	132.88		0.00	0.00
02/13/24	02/13/24	81	87634	12-01		105.30	1	38.19	45	67.11		0.00	0.00
02/13/24	02/13/24	81	87640	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/13/24	02/13/24	81	87641	12-01		37.07	1	18.94	45	18.13		0.00	0.00
02/13/24	02/13/24	81	87651	12-01		49.86	1	18.94	45	30.92		0.00	0.00
02/13/24	02/13/24	81	87635	12-01		150.00	1	31.68	45	118.32		0.00	0.00
CLAIM TOTALS						818.42		368.68		449.74		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503235		LITTLETON	H		EDU882393296				EDU882393296	I1564905
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06	0.00 13.94
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13	0.00 13.94
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06	0.00 13.94
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88	0.00 180.17
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11	0.00 33.19
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13	0.00 13.94
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13	0.00 13.94
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92	0.00 13.94
CLAIM TOTALS						668.42		40.00		331.42	0.00 297.00
512-05573	303-0514040		LITTRELL	E		KID801418612				KID801418612	I1566243
02/16/24	02/16/24	81	87486	12-01		42.00	49	42.00		0.00	0.00 0.00
02/16/24	02/16/24	81	87498	12-01		37.07	49	37.07		0.00	0.00 0.00
02/16/24	02/16/24	81	87581	12-01		42.00	49	42.00		0.00	0.00 0.00
02/16/24	02/16/24	81	87633	12-01		318.05	49	318.05		0.00	0.00 0.00
02/16/24	02/16/24	81	87634	12-01		105.30	49	105.30		0.00	0.00 0.00
02/16/24	02/16/24	81	87640	12-01		37.07	49	37.07		0.00	0.00 0.00
02/16/24	02/16/24	81	87641	12-01		37.07	49	37.07		0.00	0.00 0.00
02/16/24	02/16/24	81	87651	12-01		49.86	49	49.86		0.00	0.00 0.00
CLAIM TOTALS						668.42		668.42		0.00	0.00 0.00
512-05573	303-0514041		LOCKHART	C		WMW04479794w00				WMW995711314	I1566244
02/15/24	02/15/24	81	84153	12-01		27.00	49	27.00		0.00	0.00 0.00
02/15/24	02/15/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00 0.00
02/15/24	02/15/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00 0.00
02/15/24	02/15/24	81	82306	12-01		44.00	1	24.88	45	19.12	0.00 0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00 0.00
CLAIM TOTALS						113.34		73.41		39.93	0.00 0.00
512-05573	303-0514042		LOCKHART	W		EIB901480650				EIB901480650	I1566245
02/13/24	02/13/24	81	80307	12-01		83.81	3	7.50	45	34.88	0.00 41.43
02/13/24	02/13/24	81	G0482	12-01		174.33	3	7.50	45	124.97	0.00 41.86
CLAIM TOTALS						258.14		15.00		159.85	0.00 83.29



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503239	LONG		K		PGX802214075			PGX802214075	I1564908	
02/14/24	02/14/24	81		80053	12-01	15.84	1	8.87	45	6.97	0.00
02/14/24	02/14/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
02/14/24	02/14/24	81		85049	12-01	9.00	1	3.76	45	5.24	0.00
02/14/24	02/14/24	81		82607	12-01	22.00	1	12.66	45	9.34	0.00
02/14/24	02/14/24	81		82306	12-01	44.00	96	44.00		0.00	0.00
02/14/24	02/14/24	81		83540	12-01	9.71	1	5.44	45	4.27	0.00
02/14/24	02/14/24	81		83550	12-01	13.11	1	7.35	45	5.76	0.00
02/14/24	02/14/24	81		82728	12-01	40.00	1	11.45	45	28.55	0.00
02/14/24	02/14/24	81		83036	12-01	14.00	1	8.16	45	5.84	0.00
02/14/24	02/14/24	81		84443	12-01	25.20	1	14.13	45	11.07	0.00
CLAIM TOTALS						197.36		115.82		81.54	0.00
512-05573	303-0503240	LONG		K		PGX802214075			PGX802214075	I1564908	
02/14/24	02/14/24	81		84436	12-01	10.00	1	5.78	45	4.22	0.00
02/14/24	02/14/24	81		83525	12-01	17.15	1	9.27	45	7.88	0.00
02/14/24	02/14/24	81		80061	12-01	20.00	1	9.56	45	10.44	0.00
CLAIM TOTALS						47.15		24.61		22.54	0.00
512-05573	303-0503236	LONG		J		VMDH31494062			VMD996246047	I1564907	
02/14/24	02/14/24	81		84153	12-01	27.00		0.00	45	11.54	0.00
02/14/24	02/14/24	81		85049	12-01	9.00		0.00	45	5.24	0.00
02/14/24	02/14/24	81		80053	12-01	15.84		0.00	45	6.97	0.00
02/14/24	02/14/24	81		82607	12-01	22.00		0.00	45	9.34	0.00
02/14/24	02/14/24	81		82306	12-01	44.00		0.00	45	19.12	0.00
02/14/24	02/14/24	81		84403	12-01	38.00		0.00	45	16.31	0.00
02/14/24	02/14/24	81		83036	12-01	14.00		0.00	45	5.84	0.00
02/14/24	02/14/24	81		84443	12-01	25.20		0.00	45	11.07	0.00
02/14/24	02/14/24	81		84439	12-01	13.00		0.00	45	5.42	0.00
02/14/24	02/14/24	81		83540	12-01	9.00		0.00	45	3.56	0.00
CLAIM TOTALS						217.04		0.00		94.41	0.00
512-05573	303-0503237	LONG		J		VMDH31494062			VMD996246047	I1564907	
02/14/24	02/14/24	81		80061	12-01	20.00		0.00	45	10.44	0.00
											9.56

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0518893		LOTT		C	EDU884713468			EDU884713468	I1566247	
02/16/24	02/16/24	81	84156	12-01		8.00	3	3.08	45	4.92	0.00
02/16/24	02/16/24	81	82570	12-01		8.00	3	4.35	45	3.65	0.00
02/16/24	02/16/24	81	83069	12-01		8.00	3	3.32	45	4.68	0.00
02/16/24	02/16/24	81	84311	12-01		32.00	3	5.00	45	26.12	0.88
02/16/24	02/16/24	81	82010	12-01		16.00	3	5.00	45	9.79	1.21
02/16/24	02/16/24	81	82945	12-01		8.00	3	3.30	45	4.70	0.00
02/16/24	02/16/24	81	82247	12-01		8.00	3	4.22	45	3.78	0.00
02/16/24	02/16/24	81	83986	12-01		7.00	3	3.01	45	3.99	0.00
02/16/24	02/16/24	81	81007	12-01		120.00	3	2.16	45	117.84	0.00
02/16/24	02/16/24	81	82043	12-01		7.58	3	4.86	45	2.72	0.00
CLAIM TOTALS						222.58		38.30		182.19	2.09
512-05573	303-0503241		LOTT		T	PIZ830518411			PIZ830518411	I1564909	
02/12/24	02/12/24	81	80307	12-01		83.81		0.00	45	34.88	48.93
02/12/24	02/12/24	81	G0482	12-01		174.33		0.00	45	124.97	49.36
CLAIM TOTALS						258.14		0.00		159.85	98.29
512-05573	303-0501344		LOVE		L	EDU802517075			EDU802517075	I1564910	
09/05/23	09/05/23	81	82746	12-01		22.00	3	5.00	45	11.49	5.51
09/05/23	09/05/23	81	82533	12-01		24.00	3	5.00	45	10.30	8.70
09/05/23	09/05/23	81	80048	12-01		12.69	3	5.00	45	5.58	2.11
CLAIM TOTALS						58.69		15.00		27.37	16.32
512-05573	303-0501345		LOVE		L	EDU802517075			EDU802517075	I1564911	
09/05/23	09/05/23	81	83516	12-01		36.00	3	5.00	45	26.85	4.15

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501346	LOVE	L	EDU802517075					EDU802517075	I1564912	
02/02/24	02/02/24	81	82607	12-01		22.00	3	5.00	45	9.34	0.00
02/02/24	02/02/24	81	82306	12-01		44.00	96	44.00		0.00	0.00
02/02/24	02/02/24	81	83002	12-01		27.78	3	5.00	45	12.22	0.00
02/02/24	02/02/24	81	83001	12-01		27.87	3	5.00	45	12.25	0.00
02/02/24	02/02/24	81	82670	12-01		41.00	3	5.00	45	17.53	0.00
02/02/24	02/02/24	81	84443	12-01		25.20	3	5.00	45	11.07	0.00
02/02/24	02/02/24	81	84439	12-01		13.00	3	5.00	45	5.42	0.00
CLAIM TOTALS						200.85		74.00		67.83	0.00
512-05573	303-0501347	LOVE	L	EDU802517075					EDU802517075	I1564913	
02/02/24	02/02/24	81	84144	12-01		31.00	3	5.00	45	13.47	0.00
512-05573	302-0518894	LOVE	L	EDU802517075					EDU802517075	I1566248	
02/14/24	02/14/24	81	87486	12-01		42.00	3	5.00	45	23.06	0.00
02/14/24	02/14/24	81	87498	12-01		37.07	3	5.00	45	18.13	0.00
02/14/24	02/14/24	81	87581	12-01		42.00	3	5.00	45	23.06	0.00
02/14/24	02/14/24	81	87633	12-01		318.05	3	5.00	45	132.88	0.00
02/14/24	02/14/24	81	87634	12-01		105.30	3	5.00	45	67.11	0.00
02/14/24	02/14/24	81	87640	12-01		37.07	3	5.00	45	18.13	0.00
02/14/24	02/14/24	81	87641	12-01		37.07	3	5.00	45	18.13	0.00
02/14/24	02/14/24	81	87651	12-01		49.86	3	5.00	45	30.92	0.00
CLAIM TOTALS						668.42		40.00		331.42	0.00
512-05573	303-0514044	LOVERN	G	PPA876650369					PPA876650369	I1566249	
02/16/24	02/16/24	81	87635	12-01		150.00		0.00	45	118.32	0.00
02/16/24	02/16/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30		0.00	45	67.11	0.00
02/16/24	02/16/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0514045	LUCAS	C	PPA860236141				PPA860236141	I1566250			
02/13/24	02/13/24	81	80307	12-01		83.81		45	34.88	0.00	48.93	
02/13/24	02/13/24	81	G0482	12-01		174.33		45	124.97	0.00	49.36	
CLAIM TOTALS						258.14			159.85	0.00	98.29	
512-05573	503-0100437	LUCY	D	PPA858392140				PPA808471673	I1530384			
01/02/24	01/02/24	81	87086	12-02		18.53		45	11.75	0.00	6.78	
01/02/24	01/02/24	81	87186	12-02		13.50		45	6.23	0.00	7.27	
01/02/24	01/02/24	81	87088	12-02		8.09		45	1.29	0.00	6.80	
01/02/24	01/02/24	81	80307	12-02		83.81		45	34.88	0.00	48.93	
01/02/24	01/02/24	81	G0482	12-02		174.33		45	124.97	0.00	49.36	
CLAIM TOTALS						298.26			179.12	0.00	119.14	
512-05573	303-0514046	LUIS	N	PPA815118498				PPA815118498	I1566251			
02/15/24	02/15/24	81	80053	12-01		15.84	3	1.77	45	6.97	0.00	7.10
02/15/24	02/15/24	81	82607	12-01		22.00	3	2.53	45	9.34	0.00	10.13
02/15/24	02/15/24	81	82306	12-01		44.00	96	44.00		0.00	0.00	0.00
02/15/24	02/15/24	81	84481	12-01		24.00	3	2.85	45	9.77	0.00	11.38
02/15/24	02/15/24	81	86376	12-01		21.00	3	2.45	45	8.77	0.00	9.78
02/15/24	02/15/24	81	84436	12-01		10.00	3	1.16	45	4.22	0.00	4.62
02/15/24	02/15/24	81	36415	12-01		4.50		97	4.50	0.00	0.00	0.00
02/15/24	02/15/24	81	86800	12-01		23.00	3	2.67	45	9.63	0.00	10.70
02/15/24	02/15/24	81	84432	12-01		24.00	3	2.70	45	10.50	0.00	10.80
02/15/24	02/15/24	81	85049	12-01		9.00	3	0.75	45	5.24	0.00	3.01
CLAIM TOTALS						197.34		60.88		68.94	0.00	67.52
512-05573	302-0478430	LUTHER	T	ZES908811076				ZES908811076	I1563997			
02/13/24	02/13/24	81	80053	12-01		15.84		45	6.97	0.00	8.87	
02/13/24	02/13/24	81	84403	12-01		38.00		45	16.31	0.00	21.69	
02/13/24	02/13/24	81	80061	12-01		20.00		45	10.44	0.00	9.56	
02/13/24	02/13/24	81	36415	12-01		4.50		97	4.50	0.00	0.00	
02/13/24	02/13/24	81	85049	12-01		9.00		45	5.24	0.00	3.76	
CLAIM TOTALS						87.34		0.00	43.46	0.00	43.88	

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DATES OF		SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0456450		LYON		K	QAA907353026				QAA907353026		I1561521	
02/05/24	02/05/24	81		G0480	12-01	125.00	1	49.36	45	75.64		0.00	0.00
512-05573	303-0514194		MADISON		E	KID883941534				KID883941534		I1566253	
02/13/24	02/13/24	81		87486	12-01	42.00		0.00	45	23.06		0.00	18.94
02/13/24	02/13/24	81		87498	12-01	37.07		0.00	45	18.13		0.00	18.94
02/13/24	02/13/24	81		87581	12-01	42.00		0.00	45	23.06		0.00	18.94
02/13/24	02/13/24	81		87633	12-01	318.05		0.00	45	132.88		0.00	185.17
02/13/24	02/13/24	81		87634	12-01	105.30		0.00	45	67.11		0.00	38.19
02/13/24	02/13/24	81		87640	12-01	37.07		0.00	45	18.13		0.00	18.94
02/13/24	02/13/24	81		87641	12-01	37.07		0.00	45	18.13		0.00	18.94
02/13/24	02/13/24	81		87651	12-01	49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42		0.00	337.00
512-05573	303-0503242		MAHAFFEY		S	G8P278w17927				G8P996911230		I1564915	
02/14/24	02/14/24	81		80053	12-01	15.84		0.00	45	6.97		0.00	8.87
02/14/24	02/14/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/14/24	02/14/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76
02/14/24	02/14/24	81		83002	12-01	27.78		0.00	45	12.22		0.00	15.56
02/14/24	02/14/24	81		83001	12-01	27.87		0.00	45	12.25		0.00	15.62
02/14/24	02/14/24	81		82670	12-01	41.00		0.00	45	17.53		0.00	23.47
02/14/24	02/14/24	81		85652	12-01	4.00		0.00	45	1.73		0.00	2.27
02/14/24	02/14/24	81		84481	12-01	24.00		0.00	45	9.77		0.00	14.23
02/14/24	02/14/24	81		84403	12-01	38.00		0.00	45	16.31		0.00	21.69
02/14/24	02/14/24	81		86376	12-01	21.00		0.00	45	8.77		0.00	12.23
CLAIM TOTALS						212.99		0.00		95.29		0.00	117.70
512-05573	303-0503243		MAHAFFEY		S	G8P278w17927				G8P996911230		I1564915	
02/14/24	02/14/24	81		84443	12-01	25.20		0.00	45	11.07		0.00	14.13
02/14/24	02/14/24	81		84436	12-01	10.00		0.00	45	4.22		0.00	5.78
CLAIM TOTALS						35.20		0.00		15.29		0.00	19.91



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0518896		MAHAFFEY	S	GPT876831078				GPT876831078		I1566254		
02/15/24	02/15/24	81	80053	84999	12-01	15.84	3	1.87	45	24.50	94	-18.00	7.47
02/15/24	02/15/24	81		82607	12-01	22.00	3	2.53	45	9.34		0.00	10.13
02/15/24	02/15/24	81		83540	12-01	9.71	3	1.09	45	4.27		0.00	4.35
02/15/24	02/15/24	81		83550	12-01	13.11	3	1.47	45	5.76		0.00	5.88
02/15/24	02/15/24	81		82728	12-01	40.00	3	2.29	45	28.55		0.00	9.16
02/15/24	02/15/24	81		84481	12-01	24.00	3	2.85	45	9.77		0.00	11.38
02/15/24	02/15/24	81		83036	12-01	14.00	3	1.63	45	5.84		0.00	6.53
02/15/24	02/15/24	81		84443	12-01	25.20	3	2.83	45	11.07		0.00	11.30
02/15/24	02/15/24	81		84439	12-01	13.00	3	1.52	45	5.42		0.00	6.06
02/15/24	02/15/24	81		85049	12-01	9.00	3	0.75	45	5.24		0.00	3.01
CLAIM TOTALS						185.86		18.83		109.76		-18.00	75.27
512-05573	302-0518897		MAHAFFEY	S	GPT876831078				GPT876831078		I1566255		
02/15/24	02/15/24	81		82150	12-01	18.00		0.00	97	18.00		0.00	0.00
02/15/24	02/15/24	81		83690	12-01	14.00	3	1.16	45	8.20		0.00	4.64
CLAIM TOTALS						32.00		1.16		26.20		0.00	4.64
512-05573	303-0514048		MAHNER	S	EDU880393207				EDU880393207		I1566256		
02/16/24	02/16/24	81		87635	12-01	150.00	3	5.00	45	118.32		0.00	26.68
02/16/24	02/16/24	81		87486	12-01	42.00	3	5.00	45	23.06		0.00	13.94
02/16/24	02/16/24	81		87498	12-01	37.07	3	5.00	45	18.13		0.00	13.94
02/16/24	02/16/24	81		87581	12-01	42.00	3	5.00	45	23.06		0.00	13.94
02/16/24	02/16/24	81		87633	12-01	318.05	3	5.00	45	132.88		0.00	180.17
02/16/24	02/16/24	81		87634	12-01	105.30	3	5.00	45	67.11		0.00	33.19
02/16/24	02/16/24	81		87640	12-01	37.07	3	5.00	45	18.13		0.00	13.94
02/16/24	02/16/24	81		87641	12-01	37.07	3	5.00	45	18.13		0.00	13.94
02/16/24	02/16/24	81		87651	12-01	49.86	3	5.00	45	30.92		0.00	13.94
CLAIM TOTALS						818.42		45.00		449.74		0.00	323.68



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	502-0166206		MAJORS	L	PPA878004694				XAX901309470	I1562650		
01/11/24	01/11/24	81		82945	12-02	8.00		0.00		23	8.00	0.00
01/11/24	01/11/24	81		82247	12-02	8.00	276	8.00	0.00		0.00	0.00
01/11/24	01/11/24	81		83986	12-02	7.00		0.00	0.00	23	7.00	0.00
01/11/24	01/11/24	81		81007	12-02	120.00		0.00	0.00	23	120.00	0.00
01/11/24	01/11/24	81		82043	12-02	7.58		0.00	0.00	23	7.58	0.00
CLAIM TOTALS						150.58		8.00	0.00		142.58	0.00
512-05573	302-0246660		MALONE	J	BYP006M98109				BYP996482256	I1541862		
01/18/24	01/18/24	81	87635	87635	12-01	150.00	1	31.68	45	118.32	0.00	0.00
01/18/24	01/18/24	81	87486	87486	12-01	42.00	1	18.94	45	23.06	0.00	0.00
01/18/24	01/18/24	81	87498	87498	12-01	37.07	1	18.94	45	18.13	0.00	0.00
01/18/24	01/18/24	81	87581	87581	12-01	42.00	1	18.94	45	23.06	0.00	0.00
01/18/24	01/18/24	81	87633	87633	12-01	318.05	1	185.17	45	132.88	0.00	0.00
01/18/24	01/18/24	81	87634	87634	12-01	105.30	1	38.19	45	67.11	0.00	0.00
01/18/24	01/18/24	81	87640	87640	12-01	37.07	1	18.94	45	18.13	0.00	0.00
01/18/24	01/18/24	81	87641	87641	12-01	37.07	1	18.94	45	18.13	0.00	0.00
01/18/24	01/18/24	81	87651	87651	12-01	49.86	1	18.94	45	30.92	0.00	0.00
CLAIM TOTALS						818.42		368.68	449.74		0.00	0.00
512-05573	302-0246660		MALONE	J	BYP006M98109				BYP996482256	I1541862		
01/18/24	01/18/24	81	87635	87635	12-22	-150.00		0.00	B12	-150.00	0.00	0.00
01/18/24	01/18/24	81	87486	87486	12-22	-42.00		0.00	B12	-42.00	0.00	0.00
01/18/24	01/18/24	81	87498	87498	12-22	-37.07		0.00	B12	-37.07	0.00	0.00
01/18/24	01/18/24	81	87581	87581	12-22	-42.00		0.00	B12	-42.00	0.00	0.00
01/18/24	01/18/24	81	87633	87633	12-22	-318.05		0.00	B12	-318.05	0.00	0.00
01/18/24	01/18/24	81	87634	87634	12-22	-105.30		0.00	B12	-105.30	0.00	0.00
01/18/24	01/18/24	81	87640	87640	12-22	-37.07		0.00	B12	-37.07	0.00	0.00
01/18/24	01/18/24	81	87641	87641	12-22	-37.07		0.00	B12	-37.07	0.00	0.00
01/18/24	01/18/24	81	87651	87651	12-22	-49.86		0.00	B12	-49.86	0.00	0.00
CLAIM TOTALS						-818.42		0.00	-818.42		0.00	0.00
512-05573	303-3201784		MANASCO	B	PPA839067670				PPA839067670	I1480025		
11/14/23	11/14/23	81	87507	87507	12-22	-319.55	1	-185.17	45	-134.38	0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514049		MANCO	E	JFN832765601				JFN832765601		I1566257		
02/15/24	02/15/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
02/15/24	02/15/24	81	85652	12-01		4.00	1	2.27	45	1.73		0.00	0.00
02/15/24	02/15/24	81	86431	12-01		20.00	1	4.77	45	15.23		0.00	0.00
02/15/24	02/15/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						48.84		19.67		29.17		0.00	0.00
512-05573	303-0514050		MANN	J	PPA846322212				PPA846322212		I1566258		
02/13/24	02/13/24	81	G0482	12-01		174.33	1	49.36	45	124.97		0.00	0.00
512-05573	302-0478316		MANSELL	I	KTC120693865001				KTC995644077		I1564003		
02/13/24	02/13/24	81	84156	12-01		8.00	1	3.08	45	4.92		0.00	0.00
02/13/24	02/13/24	81	82570	12-01		8.00	1	4.35	45	3.65		0.00	0.00
02/13/24	02/13/24	81	83069	12-01		8.00	1	3.32	45	4.68		0.00	0.00
02/13/24	02/13/24	81	84311	12-01		32.00	1	5.88	45	26.12		0.00	0.00
02/13/24	02/13/24	81	82010	12-01		16.00	1	6.21	45	9.79		0.00	0.00
02/13/24	02/13/24	81	82945	12-01		8.00	1	3.30	45	4.70		0.00	0.00
02/13/24	02/13/24	81	82247	12-01		8.00	1	4.22	45	3.78		0.00	0.00
02/13/24	02/13/24	81	83986	12-01		7.00	1	3.01	45	3.99		0.00	0.00
02/13/24	02/13/24	81	81007	12-01		120.00	1	2.16	45	117.84		0.00	0.00
02/13/24	02/13/24	81	82043	12-01		7.58	1	4.86	45	2.72		0.00	0.00
CLAIM TOTALS						222.58		40.39		182.19		0.00	0.00
512-05573	303-0501348		MANSELL	I	KTC120693865001				KTC995644077		I1564917		
02/13/24	02/13/24	81	87086	12-01		18.53	1	6.78	45	11.75		0.00	0.00
02/13/24	02/13/24	81	87186	12-01		13.50	1	7.27	45	6.23		0.00	0.00
02/13/24	02/13/24	81	87088	12-01		8.09	1	6.80	45	1.29		0.00	0.00
CLAIM TOTALS						40.12		20.85		19.27		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-0518898		MARINAKIS		S	EDU833807641		EDU833807641		I1566259
02/16/24	02/16/24	81		87635	12-01	150.00	3	5.00	45	118.32	0.00
02/16/24	02/16/24	81		87486	12-01	42.00	3	5.00	45	23.06	0.00
02/16/24	02/16/24	81		87498	12-01	37.07	3	5.00	45	18.13	0.00
02/16/24	02/16/24	81		87581	12-01	42.00	3	5.00	45	23.06	0.00
02/16/24	02/16/24	81		87633	12-01	318.05	3	5.00	45	132.88	0.00
02/16/24	02/16/24	81		87634	12-01	105.30	3	5.00	45	67.11	0.00
02/16/24	02/16/24	81		87640	12-01	37.07	3	5.00	45	18.13	0.00
02/16/24	02/16/24	81		87641	12-01	37.07	3	5.00	45	18.13	0.00
02/16/24	02/16/24	81		87651	12-01	49.86	3	5.00	45	30.92	0.00
CLAIM TOTALS						818.42		45.00		449.74	0.00
512-05573		303-0514199		MARTIN		C	CPC816005545		CPC816005545		I1566260
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/15/24	02/15/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	45	30.92	0.00
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	96	318.05	0.00
02/15/24	02/15/24	81		87486	12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
CLAIM TOTALS						844.10		0.00		564.23	0.00
512-05573		303-0501349		MARTINEZ		S	ZIO919230372		ZIO919230372		I1564918
02/14/24	02/14/24	81		80053	12-01	15.84	1	8.87	45	6.97	0.00
02/14/24	02/14/24	81		82607	12-01	22.00	1	12.66	45	9.34	0.00
02/14/24	02/14/24	81		82306	12-01	44.00	1	24.88	45	19.12	0.00
02/14/24	02/14/24	81		83036	12-01	14.00	1	8.16	45	5.84	0.00
02/14/24	02/14/24	81		84481	12-01	24.00	1	14.23	45	9.77	0.00
02/14/24	02/14/24	81		80061	12-01	20.00	1	9.56	45	10.44	0.00
02/14/24	02/14/24	81		86376	12-01	21.00	1	12.23	45	8.77	0.00
02/14/24	02/14/24	81		84443	12-01	25.20	1	14.13	45	11.07	0.00
02/14/24	02/14/24	81		84436	12-01	10.00	1	5.78	45	4.22	0.00
02/14/24	02/14/24	81		86800	12-01	23.00	1	13.37	45	9.63	0.00
CLAIM TOTALS						219.04		123.87		95.17	0.00



**BlueCross BlueShield
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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501350	MARTINEZ	S	ZIO919230372							
02/14/24	02/14/24	81	84432	12-01		24.00	1	13.50	45	ZIO919230372 10.50	I1564918 0.00
512-05573	302-0518899	MARTY	D	BEG836334572							
02/13/24	02/13/24	81	80307	12-01		125.00	3	12.23	45	BEG836334572 76.07	I1566262 0.00
02/13/24	02/13/24	81	G0482	12-01		174.33	3	12.34	45	124.97	0.00
CLAIM TOTALS						299.33		24.57		201.04	0.00
512-05573	302-0478320	MATTERRN	M	SBU60072297301							
02/14/24	02/14/24	81	87481	12-01		84.00	1	37.88	45	SBU600722973 46.12	I1564009 0.00
02/14/24	02/14/24	81	87491	12-01		49.86		0.00	45	30.92	0.00
02/14/24	02/14/24	81	87511	12-01		42.00	1	18.94	45	23.06	0.00
02/14/24	02/14/24	81	87529	12-01		99.72	1	37.88	45	61.84	0.00
02/14/24	02/14/24	81	87591	12-01		42.00		0.00	45	23.06	0.00
02/14/24	02/14/24	81	87653	12-01		74.14	1	18.94	45	55.20	0.00
02/14/24	02/14/24	81	87661	12-01		32.30	1	18.94	45	13.36	0.00
02/14/24	02/14/24	81	87563	12-01		42.50	1	18.94	45	23.56	0.00
02/14/24	02/14/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00
CLAIM TOTALS						503.59		170.46		295.25	0.00
512-05573	303-0503247	MAY	B	NAC822282888							
02/15/24	02/15/24	81	87635	12-01		150.00	1	31.68	45	NAC822282888 118.32	I1564920 0.00
02/15/24	02/15/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00
02/15/24	02/15/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00
02/15/24	02/15/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00
02/15/24	02/15/24	81	87634	12-01		70.20		0.00	97	70.20	0.00
CLAIM TOTALS						617.32		254.73		362.59	0.00
512-05573	302-0505715	MAYO	L	KID897205681							
02/14/24	02/14/24	81	87086	12-01		18.53		0.00	45	KID897205681 11.75	I1564921 0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0052472		MCALPINE	C	PPA885830803				PPA885830803	I1522181	
01/03/24	01/03/24	81	87498	87498	12-22	-37.07	1	-18.94	45	-18.13	0.00
01/03/24	01/03/24	81	87581	87581	12-22	-42.00	1	-18.94	45	-23.06	0.00
01/03/24	01/03/24	81	87633	87633	12-22	-318.05	1	-185.17	45	-132.88	0.00
CLAIM TOTALS						-397.12		-223.05		-174.07	0.00
512-05573	403-0052472		MCALPINE	C	PPA885830803				EDU863221145	I1522181	
01/03/24	01/03/24	81	87498	87498	12-01	37.07	3	5.00	45	18.13	0.00
01/03/24	01/03/24	81	87581	87581	12-01	42.00	3	5.00	45	23.06	0.00
01/03/24	01/03/24	81	87633	87633	12-01	318.05	3	5.00	45	132.88	180.17
CLAIM TOTALS						397.12		15.00		174.07	208.05
512-05573	303-0379033		MCCAFFERY	C	PPA851009925				PPA851009925	I1553797	
01/30/24	01/30/24	81	87481	12-01		42.00		0.00	45	23.06	0.00
01/30/24	01/30/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
01/30/24	01/30/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
01/30/24	01/30/24	81	87653	12-01		37.07		0.00	45	18.13	0.00
01/30/24	01/30/24	81	87801	12-01		74.14	96	74.14		0.00	0.00
CLAIM TOTALS						227.35		74.14		77.45	75.76
512-05573	303-0514052		MCCAIN	J	PPA815018325				PPA815018325	I1566265	
02/13/24	02/13/24	81	G0482	12-01		174.33		0.00	45	124.97	0.00
512-05573	303-0514053		MCCAIN	S	PPA819981257				PPA819981257	I1566266	
02/15/24	02/15/24	81	80053	12-01		15.84		0.00	45	6.97	0.00
02/15/24	02/15/24	81	82607	12-01		22.00		0.00	45	9.34	0.00
02/15/24	02/15/24	81	83540	12-01		9.71		0.00	45	4.27	0.00
02/15/24	02/15/24	81	83550	12-01		13.11		0.00	45	5.76	0.00
02/15/24	02/15/24	81	82728	12-01		40.00		0.00	45	28.55	0.00
02/15/24	02/15/24	81	84481	12-01		24.00		0.00	45	9.77	0.00
02/15/24	02/15/24	81	83036	12-01		14.00		0.00	45	5.84	0.00
02/15/24	02/15/24	81	84443	12-01		25.20		0.00	45	11.07	0.00
02/15/24	02/15/24	81	84439	12-01		13.00		0.00	45	5.42	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						181.36		0.00		91.49	89.87



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FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514054	MCCAIN	S	PPA819981257							
02/15/24	02/15/24	81	85049	12-01		9.00		0.00	45	PPA819981257 5.24	I1566266 0.00 3.76
512-05573	303-0514055	MCCALL	M	PPA838317895							
02/13/24	02/13/24	81	87186	12-01		13.50		0.00	45	PPA838317895 6.23	I1566267 0.00 7.27
02/13/24	02/13/24	81	87088	12-01		8.09		0.00	45	1.29	0.00 6.80
02/13/24	02/13/24	81	87086	12-01		18.53		0.00	45	11.75	0.00 6.78
CLAIM TOTALS						40.12		0.00		19.27	0.00 20.85
512-05573	302-0505700	MCCAY	A	IWAAN4397394							
02/15/24	02/15/24	81	87635	12-01		150.00		0.00	252	IWA995462098 150.00	I1564922 0.00 0.00
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	252	42.00	0.00 0.00
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	252	37.07	0.00 0.00
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	252	42.00	0.00 0.00
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	252	318.05	0.00 0.00
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	252	105.30	0.00 0.00
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	252	37.07	0.00 0.00
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	252	37.07	0.00 0.00
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	252	49.86	0.00 0.00
CLAIM TOTALS						818.42		0.00		818.42	0.00 0.00
512-05573	302-0478435	MCCLANTOC	T	ESK830538366							
02/13/24	02/13/24	81	80053	12-01		15.84		0.00	45	ESK830538366 6.97	I1564011 0.00 8.87
02/13/24	02/13/24	81	80061	12-01		20.00		0.00	45	10.44	0.00 9.56
02/13/24	02/13/24	81	36415	12-01		4.50		0.00	97	4.50	0.00 0.00
CLAIM TOTALS						40.34		0.00		21.91	0.00 18.43
512-05573	302-0518901	MCCONNELL	J	TNZ905260582							
02/05/24	02/05/24	81	80053	12-01		15.84	1	8.87	45	TNZ905260582 6.97	I1566269 0.00 0.00
02/05/24	02/05/24	81	82306	12-01		44.00	1	24.88	45	19.12	0.00 0.00
02/05/24	02/05/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00 0.00
02/05/24	02/05/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00 0.00
02/05/24	02/05/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00 0.00
02/05/24	02/05/24	81	84153	12-01		27.00		0.00	45	11.54	0.00 15.46
CLAIM TOTALS						141.04		61.20		64.38	0.00 15.46



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501414		CONNER		S	EDU889253091			EDU889253091	I1564794	
04/24/23	04/24/23	81	U0004		12-01	150.00		0.00	45	75.00	75.00
04/24/23	04/24/23	81	U0005		12-01	50.00		0.00	97	50.00	0.00
04/24/23	04/24/23	81	87486		12-01	42.00		0.00	45	23.06	18.94
04/24/23	04/24/23	81	87498		12-01	37.07		0.00	45	18.13	18.94
04/24/23	04/24/23	81	87502		12-01	81.38		0.00	45	40.19	41.19
04/24/23	04/24/23	81	87581		12-01	42.00		0.00	45	23.06	18.94
04/24/23	04/24/23	81	87633		12-01	318.05		0.00	45	132.88	185.17
04/24/23	04/24/23	81	87634		12-01	105.30		0.00	45	67.11	38.19
04/24/23	04/24/23	81	87640		12-01	37.07	3	5.00	45	18.13	13.94
04/24/23	04/24/23	81	87641		12-01	37.07	3	5.00	45	18.13	13.94
CLAIM TOTALS						899.94		10.00		465.69	424.25
512-05573	303-0501415		CONNER		S	EDU889253091			EDU889253091	I1564794	
04/24/23	04/24/23	81	87651		12-01	49.86	3	5.00	45	30.92	13.94
512-05573	302-0478437		MCCUE		J	AKH027w15038			AKH996727127	I1564014	
02/13/24	02/13/24	81	80053		12-01	15.84		0.00	45	6.97	8.87
02/13/24	02/13/24	81	82306		12-01	44.00		0.00	45	19.12	24.88
02/13/24	02/13/24	81	36415		12-01	4.50		0.00	97	4.50	0.00
CLAIM TOTALS						64.34		0.00		30.59	33.75
512-05573	303-0503252		MCCUE		J	AKH027w15038			AKH996727127	I1564925	
02/13/24	02/13/24	81	82570		12-01	8.00		0.00	45	3.65	4.35
02/13/24	02/13/24	81	82043		12-01	7.58		0.00	45	2.72	4.86
CLAIM TOTALS						15.58		0.00		6.37	9.21



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DATES OF SERVICE		ORIG		PROCEDURES		TOTAL		OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514058		MCGEE		R	PPA851217590			PPA851217590	I1566270	
02/16/24	02/16/24	81		87486	12-01	42.00	49	42.00	0.00	0.00	0.00
02/16/24	02/16/24	81		87498	12-01	37.07	49	37.07	0.00	0.00	0.00
02/16/24	02/16/24	81		87581	12-01	42.00	49	42.00	0.00	0.00	0.00
02/16/24	02/16/24	81		87633	12-01	318.05	49	318.05	0.00	0.00	0.00
02/16/24	02/16/24	81		87634	12-01	105.30	49	105.30	0.00	0.00	0.00
02/16/24	02/16/24	81		87640	12-01	37.07	49	37.07	0.00	0.00	0.00
02/16/24	02/16/24	81		87641	12-01	37.07	49	37.07	0.00	0.00	0.00
02/16/24	02/16/24	81		87651	12-01	49.86	49	49.86	0.00	0.00	0.00
CLAIM TOTALS						668.42		668.42	0.00	0.00	0.00
512-05573	302-0505708		MCGHEE		B	PHT885916278			PHT885916278	I1564926	
02/14/24	02/14/24	81		87086	12-01	18.53		0.00	45	11.75	0.00
											6.78
512-05573	303-0514059		MCGUIRE		T	DLG909413035			DLG909413035	I1566271	
02/16/24	02/16/24	81		87486	12-01	42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/16/24	02/16/24	81		87634	12-01	105.30		0.00	45	67.11	0.00
02/16/24	02/16/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87641	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87651	12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						668.42		0.00		331.42	0.00
											337.00
512-05573	302-0197941		MCILWAIN		P	BEG814196671			BEG814196671	I1564927	
01/12/24	01/12/24	81		82570	12-01	8.00		0.00	45	3.65	0.00
01/12/24	01/12/24	81		82043	12-01	7.58		0.00	45	2.72	0.00
CLAIM TOTALS						15.58		0.00		6.37	0.00
											4.35
											4.86
											9.21
512-05573	302-0197941		MCILWAIN		P	BEG814196671			BEG814196671	I1538754	
01/12/24	01/12/24	81		82043	12-22	-7.58		0.00	45	-2.72	0.00
											-4.86



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503253		MCKINSTRY	T	BLU863261688				BLU863261688	I1564928	
02/13/24	02/13/24	81	87086	12-01	18.53	0.00	45	11.75		0.00	6.78
02/13/24	02/13/24	81	87186	12-01	13.50	0.00	45	6.23		0.00	7.27
02/13/24	02/13/24	81	87088	12-01	8.09	0.00	45	1.29		0.00	6.80
CLAIM TOTALS						40.12		19.27		0.00	20.85
512-05573	303-0514201		MCLAURIN	S	PGX847340294				PGX847340294	I1566273	
02/15/24	02/15/24	81	87481	12-01	84.00	0.00	45	46.12		0.00	37.88
02/15/24	02/15/24	81	87491	12-01	49.86	0.00	45	30.92		0.00	18.94
02/15/24	02/15/24	81	87511	12-01	42.00	0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87529	12-01	99.72	0.00	45	61.84		0.00	37.88
02/15/24	02/15/24	81	87591	12-01	42.00	0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87653	12-01	74.14	0.00	45	55.20		0.00	18.94
02/15/24	02/15/24	81	87661	12-01	32.30	0.00	45	13.36		0.00	18.94
02/15/24	02/15/24	81	87563	12-01	42.50	0.00	45	23.56		0.00	18.94
02/15/24	02/15/24	81	87640	12-01	37.07	0.00	45	18.13		0.00	18.94
CLAIM TOTALS						503.59		295.25		0.00	208.34
512-05573	303-0314428		MCLEOD	H	AJS228w18551				AJS996921786	I1548643	
01/29/24	01/29/24	81	87486	87486	12-01	42.00		B12	42.00	0.00	0.00
01/29/24	01/29/24	81	87498	87498	12-01	37.07		B12	37.07	0.00	0.00
01/29/24	01/29/24	81	87581	87581	12-01	42.00		B12	42.00	0.00	0.00
01/29/24	01/29/24	81	87633	87633	12-01	318.05		B12	318.05	0.00	0.00
01/29/24	01/29/24	81	87634	87634	12-01	105.30		B12	105.30	0.00	0.00
01/29/24	01/29/24	81	87640	87640	12-01	37.07		B12	37.07	0.00	0.00
01/29/24	01/29/24	81	87641	87641	12-01	37.07		B12	37.07	0.00	0.00
01/29/24	01/29/24	81	87651	87651	12-01	49.86		B12	49.86	0.00	0.00
CLAIM TOTALS						668.42		668.42		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0314428		MCLEOD		H	AJS228w18551			AJS996921786	I1548643	
01/29/24	01/29/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00	0.00
01/29/24	01/29/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07	0.00
01/29/24	01/29/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00	0.00
01/29/24	01/29/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05	0.00
01/29/24	01/29/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30	0.00
01/29/24	01/29/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07	0.00
01/29/24	01/29/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07	0.00
01/29/24	01/29/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86	0.00
CLAIM TOTALS						-668.42		0.00		-668.42	0.00
512-05573	301-0011543		MCLING		A	LZJ522w13191			LZJ996664978	I1519648	
12/28/23	12/28/23	81	87486	87486	12-01	42.00		0.00	252	42.00	0.00
12/28/23	12/28/23	81	87498	87498	12-01	37.07		0.00	252	37.07	0.00
12/28/23	12/28/23	81	87581	87581	12-01	42.00		0.00	252	42.00	0.00
12/28/23	12/28/23	81	87633	87633	12-01	318.05		0.00	252	318.05	0.00
12/28/23	12/28/23	81	87634	87634	12-01	105.30		0.00	252	105.30	0.00
12/28/23	12/28/23	81	87640	87640	12-01	37.07		0.00	252	37.07	0.00
12/28/23	12/28/23	81	87641	87641	12-01	37.07		0.00	252	37.07	0.00
12/28/23	12/28/23	81	87651	87651	12-01	49.86		0.00	252	49.86	0.00
CLAIM TOTALS						668.42		0.00		668.42	0.00
512-05573	301-0011543		MCLING		A	LZJ522w13191			LZJ996664978	I1519648	
12/28/23	12/28/23	81	87486	87486	12-22	-42.00		0.00	252	-42.00	0.00
12/28/23	12/28/23	81	87498	87498	12-22	-37.07		0.00	252	-37.07	0.00
12/28/23	12/28/23	81	87581	87581	12-22	-42.00		0.00	252	-42.00	0.00
12/28/23	12/28/23	81	87633	87633	12-22	-318.05		0.00	252	-318.05	0.00
12/28/23	12/28/23	81	87634	87634	12-22	-105.30		0.00	252	-105.30	0.00
12/28/23	12/28/23	81	87640	87640	12-22	-37.07		0.00	252	-37.07	0.00
12/28/23	12/28/23	81	87641	87641	12-22	-37.07		0.00	252	-37.07	0.00
12/28/23	12/28/23	81	87651	87651	12-22	-49.86		0.00	252	-49.86	0.00
CLAIM TOTALS						-668.42		0.00		-668.42	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL					OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514061		MCMAHAN	A	PPA877609487					PPA877609487		I1566275	
11/15/23	11/15/23	81	87634	12-01	105.30			0.00	45	67.11		0.00	38.19
11/15/23	11/15/23	81	87641	12-01	37.07			0.00	45	18.13		0.00	18.94
11/15/23	11/15/23	81	87651	12-01	49.86			0.00	45	30.92		0.00	18.94
CLAIM TOTALS						192.23		0.00		116.16		0.00	76.07
512-05573	303-0514062		MCNEAR	M	BEG874111367					BEG874111367		I1566277	
02/15/24	02/15/24	81	80053	12-01	15.84				45	6.97		0.00	6.65
02/15/24	02/15/24	81	84443	12-01	25.20		3	3.53	45	11.07		0.00	10.60
02/15/24	02/15/24	81	80061	12-01	20.00		3	2.39	45	10.44		0.00	7.17
02/15/24	02/15/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00
02/15/24	02/15/24	81	85049	12-01	9.00		3	0.94	45	5.24		0.00	2.82
CLAIM TOTALS						74.54		9.08		38.22		0.00	27.24
512-05573	303-0514063		MCNEAR	M	BEG874111367					BEG874111367		I1566278	
02/15/24	02/15/24	81	82570	12-01	8.00		3	1.09	45	3.65		0.00	3.26
02/15/24	02/15/24	81	82043	12-01	7.58		3	1.22	45	2.72		0.00	3.64
CLAIM TOTALS						15.58		2.31		6.37		0.00	6.90
512-05573	302-0518904		MCPHILLIPS	D	PPA834826495					PPA834826495		I1566279	
11/16/23	11/16/23	81	87086	12-01	18.53			0.00	45	11.75		0.00	6.78
512-05573	303-0233419		MCWHORTER	M	GEI875W09891					GEI996545852		I1218878	
09/26/22	09/26/22	81	84207	84207	12-22	-56.00	3	-4.72	45	-32.38		0.00	-18.90
09/26/22	09/26/22	81	84591	84591	12-22	-34.00		0.00	97	-34.00		0.00	0.00
CLAIM TOTALS						-90.00		-4.72		-66.38		0.00	-18.90
512-05573	001-0300559		MCWHORTER	M	GEI875W09891					GEI996545852		I1232113	
10/22/21	10/22/21	81	86308	86308	12-01	7.50	1	4.35	45	3.15		0.00	0.00
10/22/21	10/22/21	81	86665	86665	12-01	35.00	1	15.25	45	19.75		0.00	0.00
10/22/21	10/22/21	81	86664	86664	12-01	30.00	1	12.85	45	17.15		0.00	0.00
CLAIM TOTALS						72.50		32.45		40.05		0.00	0.00



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		TOTAL		PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	001-3120415		MCWHORTER		M	GEI875w09891						GEI996545852		I1144958	
06/10/22	06/10/22	81	83721	83721	12-01	15.00		3	1.42		45	7.90		0.00	5.68
512-05573	302-0518905		MEADOWS		S	EDU880475054						EDU880475054		I1566280	
02/16/24	02/16/24	81	80053	84999	12-01	15.84		3	5.00		45	26.61	94	-20.11	4.34
02/16/24	02/16/24	81		82306	12-01	44.00		3	5.00		45	19.12		0.00	19.88
02/16/24	02/16/24	81		83735	12-01	13.11			0.00		97	13.11		0.00	0.00
02/16/24	02/16/24	81		84100	12-01	7.00			0.00		97	7.00		0.00	0.00
02/16/24	02/16/24	81		36415	12-01	4.50			0.00		97	4.50		0.00	0.00
02/16/24	02/16/24	81		85049	12-01	9.00		3	3.76		45	5.24		0.00	0.00
02/16/24	02/16/24	81		81015	12-01	4.50			0.00		97	4.50		0.00	0.00
CLAIM TOTALS						97.95			13.76			80.08		-20.11	24.22
512-05573	302-0518906		MEADOWS		S	EDU880475054						EDU880475054		I1566281	
02/16/24	02/16/24	81		81001	12-01	5.00		3	2.66		45	2.34		0.00	0.00
02/16/24	02/16/24	81		82570	12-01	8.00		3	4.35		45	3.65		0.00	0.00
02/16/24	02/16/24	81		84156	12-01	8.00		3	3.08		45	4.92		0.00	0.00
02/16/24	02/16/24	81		83970	12-01	123.00		3	5.00		45	88.32		0.00	29.68
CLAIM TOTALS						144.00			15.09			99.23		0.00	29.68
512-05573	303-0503254		MEDFORTH		A	PPA839107674						PPA839107674		I1564929	
02/15/24	02/15/24	81		87635	12-01	150.00		3	10.00		45	118.32		0.00	21.68
02/15/24	02/15/24	81		87486	12-01	42.00		3	10.00		45	23.06		0.00	8.94
02/15/24	02/15/24	81		87498	12-01	37.07		3	10.00		45	18.13		0.00	8.94
02/15/24	02/15/24	81		87581	12-01	42.00		3	10.00		45	23.06		0.00	8.94
02/15/24	02/15/24	81		87633	12-01	318.05		3	10.00		45	132.88		0.00	175.17
02/15/24	02/15/24	81		87634	12-01	105.30		3	10.00		45	67.11		0.00	28.19
02/15/24	02/15/24	81		87640	12-01	37.07		3	10.00		45	18.13		0.00	8.94
02/15/24	02/15/24	81		87641	12-01	37.07		3	10.00		45	18.13		0.00	8.94
02/15/24	02/15/24	81		87651	12-01	49.86		3	10.00		45	30.92		0.00	8.94
CLAIM TOTALS						818.42			90.00			449.74		0.00	278.68
512-05573	303-0334994		MEDFORTH		M	RER029m97594						RER996127633		I1551123	
01/31/24	01/31/24	81	87651	87651	12-01	49.86		1	18.94		45	30.92		0.00	0.00



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DATES OF SERVICE		ORIG		PROCEDURES		TOTAL		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0334994	MEDFORTH	M	RER029M97594							
01/31/24	01/31/24	81	87651	87651	12-22	-49.86		0.00	252	RER996127633 -49.86	I1551123 0.00
512-05573	303-0514203	MEDLEN	C	EDU849365666							
02/15/24	02/15/24	81	87635	12-01		150.00	3	5.00	45	EDU849365666 118.32	I1566283 0.00
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06	0.00
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06	0.00
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88	0.00
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11	0.00
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92	0.00
CLAIM TOTALS						818.42		45.00		449.74	0.00
512-05573	303-0514067	MEEKS	T	BEG820141836							
02/13/24	02/13/24	81	G0482	12-01		174.33		0.00	45	BEG820141836 124.97	I1566284 0.00
512-05573	303-0514161	MERRIWEATHER	K	IED119W04762							
02/13/24	02/13/24	81	87635	12-01		150.00	1	31.68	45	IED996330942 118.32	I1566286 0.00
512-05573	302-0505709	MESNIL	I	LBC80248116300							
02/15/24	02/15/24	81	87491	12-01		49.86		0.00	45	LBC802481163 30.92	I1564930 0.00
02/15/24	02/15/24	81	87511	12-01		42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81	87529	12-01		49.86		0.00	45	30.92	0.00
02/15/24	02/15/24	81	87591	12-01		42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81	87661	12-01		32.30		0.00	45	13.36	0.00
CLAIM TOTALS						216.02		0.00		121.32	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS					
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0514068		METROCK	G	EDU859976186				EDU859976186		I1566287			
02/02/24	02/02/24	81		87635	12-01	150.00	3	5.00	45	118.32		0.00	26.68	
02/02/24	02/02/24	81		87486	12-01	42.00	3	5.00	45	23.06		0.00	13.94	
02/02/24	02/02/24	81		87498	12-01	37.07	3	5.00	45	18.13		0.00	13.94	
02/02/24	02/02/24	81		87581	12-01	42.00	3	5.00	45	23.06		0.00	13.94	
02/02/24	02/02/24	81		87633	12-01	318.05	3	5.00	45	132.88		0.00	180.17	
02/02/24	02/02/24	81		87634	12-01	105.30	3	5.00	45	67.11		0.00	33.19	
02/02/24	02/02/24	81		87640	12-01	37.07	3	5.00	45	18.13		0.00	13.94	
02/02/24	02/02/24	81		87641	12-01	37.07	3	5.00	45	18.13		0.00	13.94	
02/02/24	02/02/24	81		87651	12-01	49.86	3	5.00	45	30.92		0.00	13.94	
CLAIM TOTALS						818.42		45.00		449.74		0.00	323.68	
512-05573	302-0367897		MIDDLETON	R	BFE906830901				BFE906830901		I1552406			
02/01/24	02/01/24	81		87486	87486	12-01	42.00	1	18.94	45	23.06	0.00	0.00	
02/01/24	02/01/24	81		87498	87498	12-01	37.07	1	18.94	45	18.13	0.00	0.00	
02/01/24	02/01/24	81		87581	87581	12-01	42.00	1	18.94	45	23.06	0.00	0.00	
02/01/24	02/01/24	81		87633	87633	12-01	318.05	1	185.17	45	132.88	0.00	0.00	
02/01/24	02/01/24	81		87634	87634	12-01	105.30	3	1	29.22	45	67.11	0.00	8.97
02/01/24	02/01/24	81		87640	87640	12-01	37.07	3	3	3.78	45	18.13	0.00	15.16
02/01/24	02/01/24	81		87641	87641	12-01	37.07	3	3	3.78	45	18.13	0.00	15.16
02/01/24	02/01/24	81		87651	87651	12-01	49.86	3	3	3.78	45	30.92	0.00	15.16
CLAIM TOTALS						668.42		282.55		331.42		0.00	54.45	
512-05573	302-0367897		MIDDLETON	R	BFE906830901				BFE906830901		I1552406			
02/01/24	02/01/24	81		87486	87486	12-22	-42.00	1	-18.94	45	-23.06	0.00	0.00	
02/01/24	02/01/24	81		87498	87498	12-22	-37.07	1	-18.94	45	-18.13	0.00	0.00	
02/01/24	02/01/24	81		87581	87581	12-22	-42.00	1	-18.94	45	-23.06	0.00	0.00	
02/01/24	02/01/24	81		87633	87633	12-22	-318.05	1	-185.17	45	-132.88	0.00	0.00	
02/01/24	02/01/24	81		87634	87634	12-22	-105.30	3	1	-35.22	45	-67.11	0.00	-2.97
02/01/24	02/01/24	81		87640	87640	12-22	-37.07	3	3	-3.78	45	-18.13	0.00	-15.16
02/01/24	02/01/24	81		87641	87641	12-22	-37.07	3	3	-3.78	45	-18.13	0.00	-15.16
02/01/24	02/01/24	81		87651	87651	12-22	-49.86	3	3	-3.78	45	-30.92	0.00	-15.16
CLAIM TOTALS						-668.42		-288.55		-331.42		0.00	-48.45	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514069		MIKA		K	KID884687122			KID884687122	I1566289	
02/07/24	02/07/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/07/24	02/07/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/07/24	02/07/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
02/07/24	02/07/24	81	87633	12-01		318.05		0.00	96	318.05	0.00
02/07/24	02/07/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/07/24	02/07/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/07/24	02/07/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
CLAIM TOTALS						844.10		0.00		564.23	0.00
512-05573	303-0514070		MILES		D	PPA818203588			PPA818203588	I1566291	
02/16/24	02/16/24	81	87635	12-01		150.00		0.00	45	118.32	0.00
02/16/24	02/16/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30		0.00	45	67.11	0.00
02/16/24	02/16/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00
512-05573	303-0503255		MILLER		M	LGB901413486			LGB901413486	I1564932	
02/15/24	02/15/24	81	84156	12-01		8.00	3	3.08	45	4.92	0.00
02/15/24	02/15/24	81	82570	12-01		8.00	3	4.35	45	3.65	0.00
02/15/24	02/15/24	81	83069	12-01		8.00	3	3.32	45	4.68	0.00
02/15/24	02/15/24	81	84311	12-01		32.00	3	5.88	45	26.12	0.00
02/15/24	02/15/24	81	82010	12-01		16.00	3	6.21	45	9.79	0.00
02/15/24	02/15/24	81	82945	12-01		8.00	3	3.30	45	4.70	0.00
02/15/24	02/15/24	81	82247	12-01		8.00	3	4.22	45	3.78	0.00
02/15/24	02/15/24	81	83986	12-01		7.00	3	3.01	45	3.99	0.00
02/15/24	02/15/24	81	81007	12-01		120.00	3	2.16	45	117.84	0.00
02/15/24	02/15/24	81	82043	12-01		7.58	3	4.86	45	2.72	0.00
CLAIM TOTALS						222.58		40.39		182.19	0.00



**BlueCross BlueShield
of Alabama**

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503256		MILLER	M	LGB901413486				LGB901413486	I1564932	
02/15/24	02/15/24	81	80053	12-01	15.84	3	7.50	45	6.97	0.00	1.37
02/15/24	02/15/24	81	80061	12-01	20.00	3	7.50	45	10.44	0.00	2.06
02/15/24	02/15/24	81	36415	12-01	4.50		0.00	97	4.50	0.00	0.00
02/15/24	02/15/24	81	85049	12-01	9.00	3	3.76	45	5.24	0.00	0.00
CLAIM TOTALS						49.34	18.76	27.15		0.00	3.43
512-05573	303-0514162		MILLER	H	T8M60381051302				T8M603810513	I1566292	
02/15/24	02/15/24	81	80053	12-01	15.84	3	1.77	45	6.97	0.00	7.10
02/15/24	02/15/24	81	82607	12-01	22.00	3	2.53	45	9.34	0.00	10.13
02/15/24	02/15/24	81	83540	12-01	9.71	3	1.08	45	4.27	0.00	4.36
02/15/24	02/15/24	81	83550	12-01	13.11	3	1.47	45	5.76	0.00	5.88
02/15/24	02/15/24	81	82728	12-01	40.00	3	2.29	45	28.55	0.00	9.16
02/15/24	02/15/24	81	83036	12-01	14.00		0.00	45	5.84	0.00	8.16
02/15/24	02/15/24	81	84481	12-01	24.00	3	2.84	45	9.77	0.00	11.39
02/15/24	02/15/24	81	84443	12-01	25.20	3	2.82	45	11.07	0.00	11.31
02/15/24	02/15/24	81	84439	12-01	13.00	3	1.51	45	5.42	0.00	6.07
02/15/24	02/15/24	81	36415	12-01	4.50		0.00	97	4.50	0.00	0.00
CLAIM TOTALS						181.36	16.31	91.49		0.00	73.56
512-05573	303-0514163		MILLER	H	T8M60381051302				T8M603810513	I1566292	
02/15/24	02/15/24	81	85049	12-01	9.00	3	0.75	45	5.24	0.00	3.01
512-05573	303-0503257		MILLER	S	PPA875414913				PPA875414913	I1564933	
02/15/24	02/15/24	81	87651	12-01	49.86	1	18.94	45	30.92	0.00	0.00
512-05573	302-0478325		MILLER	W	JPU331M76607				JPU996754226	I1564025	
02/14/24	02/14/24	81	87507	12-01	319.55	1	185.17	45	134.38	0.00	0.00

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DATES OF	SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR WRITE	OFF	OTHER	ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0518908		MILLSAPS	B	TVA900672520					TVA900672520		I1566294	
02/01/24	02/01/24	81	80053	12-01	15.84	22	15.84			0.00		0.00	0.00
02/01/24	02/01/24	81	83036	12-01	14.00	22	14.00			0.00		0.00	0.00
02/01/24	02/01/24	81	84443	12-01	25.20	22	25.20			0.00		0.00	0.00
02/01/24	02/01/24	81	83721	12-01	15.00	22	15.00			0.00		0.00	0.00
02/01/24	02/01/24	81	85049	12-01	9.00	22	9.00			0.00		0.00	0.00
CLAIM TOTALS						79.04		79.04		0.00		0.00	0.00
512-05573	302-0197948		MINOR	J	HYN837505769					HYN837505769		I1538765	
01/15/24	01/15/24	81	84144	12-01	31.00		0.00	45	13.47			0.00	17.53
01/15/24	01/15/24	81	84702	12-01	22.00		0.00	45	13.46			0.00	8.54
CLAIM TOTALS						53.00	0.00		26.93			0.00	26.07
512-05573	303-0514164		MINOR	K	PPA826580894					PPA826580894		I1566295	
02/15/24	02/15/24	81	87486	12-01	42.00		0.00	45	23.06			0.00	18.94
02/15/24	02/15/24	81	87498	12-01	37.07		0.00	45	18.13			0.00	18.94
02/15/24	02/15/24	81	87581	12-01	42.00		0.00	45	23.06			0.00	18.94
02/15/24	02/15/24	81	87633	12-01	318.05		0.00	45	132.88			0.00	185.17
02/15/24	02/15/24	81	87634	12-01	105.30		0.00	45	67.11			0.00	38.19
02/15/24	02/15/24	81	87640	12-01	37.07		0.00	45	18.13			0.00	18.94
02/15/24	02/15/24	81	87641	12-01	37.07		0.00	45	18.13			0.00	18.94
02/15/24	02/15/24	81	87651	12-01	49.86		0.00	45	30.92			0.00	18.94
CLAIM TOTALS						668.42	0.00		331.42			0.00	337.00
512-05573	302-0293712		MINTER	M	XAK846899858					XAK846899858		I1545662	
12/18/23	12/18/23	81	87651	12-01	49.86	22	49.86			0.00		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0456328		MITCHELL	E	FVA210113324					FVA210113324		I1561549	
02/09/24	02/09/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
02/09/24	02/09/24	81	82306	12-01		44.00	50	44.00		0.00		0.00	0.00
02/09/24	02/09/24	81	82728	12-01		40.00	1	11.45	45	28.55		0.00	0.00
02/09/24	02/09/24	81	83036	12-01		14.00	1	8.16	45	5.84		0.00	0.00
02/09/24	02/09/24	81	84443	12-01		25.20	1	14.13	45	11.07		0.00	0.00
02/09/24	02/09/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/09/24	02/09/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						152.54		90.37		62.17		0.00	0.00
512-05573	302-0518911		MITCHELL	F	PPA861975628					PPA861975628		I1566297	
02/15/24	02/15/24	81	80053	84999	12-01	15.84		0.00	45	26.61	94	-20.11	9.34
02/15/24	02/15/24	81	83735	12-01		13.11		0.00	97	13.11		0.00	0.00
02/15/24	02/15/24	81	84100	12-01		7.00		0.00	97	7.00		0.00	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/15/24	02/15/24	81	85049	12-01		9.00		0.00	45	5.24		0.00	3.76
02/15/24	02/15/24	81	81015	12-01		4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						53.95		0.00		60.96		-20.11	13.10
512-05573	302-0518912		MITCHELL	F	PPA861975628					PPA861975628		I1566298	
02/15/24	02/15/24	81	81001	12-01		5.00		0.00	45	2.34		0.00	2.66
02/15/24	02/15/24	81	82570	12-01		8.00		0.00	45	3.65		0.00	4.35
02/15/24	02/15/24	81	84156	12-01		8.00		0.00	45	4.92		0.00	3.08
02/15/24	02/15/24	81	82043	12-01		7.58		0.00	45	2.72		0.00	4.86
CLAIM TOTALS						28.58		0.00		13.63		0.00	14.95

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0514166		MITCHELL	P	GPT881594177				GPT881594177	I1566299		
02/14/24	02/14/24	81	87635	12-01		150.00	1	31.68	45	118.32	0.00	0.00
02/14/24	02/14/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00	0.00
02/14/24	02/14/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/14/24	02/14/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00	0.00
02/14/24	02/14/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00	0.00
02/14/24	02/14/24	81	87634	12-01		105.30	1	38.19	45	67.11	0.00	0.00
02/14/24	02/14/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/14/24	02/14/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/14/24	02/14/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00	0.00
CLAIM TOTALS						818.42		368.68		449.74	0.00	0.00
512-05573	303-0503258		MITCHELL	R	PPA848284713				PPA848284713	I1564934		
02/12/24	02/12/24	81	80307	12-01		83.81	119	83.81		0.00	0.00	0.00
02/12/24	02/12/24	81	G0482	12-01		174.33	119	174.33		0.00	0.00	0.00
CLAIM TOTALS						258.14		258.14		0.00	0.00	0.00
512-05573	303-0514071		MIZELLE	S	SCY813006969				SCY813006969	I1566300		
02/16/24	02/16/24	81	84153	12-01		27.00		0.00	45	11.54	0.00	15.46
02/16/24	02/16/24	81	83036	12-01		14.00		0.00	45	5.84	0.00	8.16
02/16/24	02/16/24	81	80061	12-01		20.00		0.00	45	10.44	0.00	9.56
02/16/24	02/16/24	81	80069	12-01		13.00		0.00	45	5.70	0.00	7.30
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
CLAIM TOTALS						78.50		0.00		38.02	0.00	40.48
512-05573	303-0503259		MOAT	S	QAU816806655				QAU816806655	I1564935		
02/14/24	02/14/24	81	80053	12-01		15.84		0.00	45	6.97	0.00	8.87
02/14/24	02/14/24	81	82607	12-01		22.00		0.00	45	9.34	0.00	12.66
02/14/24	02/14/24	81	82670	12-01		41.00		0.00	45	17.53	0.00	23.47
02/14/24	02/14/24	81	84403	12-01		38.00		0.00	45	16.31	0.00	21.69
02/14/24	02/14/24	81	84443	12-01		25.20		0.00	45	11.07	0.00	14.13
02/14/24	02/14/24	81	84439	12-01		13.00		0.00	45	5.42	0.00	7.58
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
CLAIM TOTALS						159.54		0.00		71.14	0.00	88.40



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-0183911		MOLAISON		D	HDB474A24032		HDB995463735		I1537864
10/13/23	10/13/23	81	87640	87640	12-01	37.07	3	1.89	45	18.13	0.00
10/13/23	10/13/23	81	87641	87641	12-01	37.07	3	1.89	45	18.13	0.00
10/13/23	10/13/23	81	87653	87653	12-01	37.07	3	1.89	45	18.13	0.00
10/13/23	10/13/23	81	87481	87481	12-01	42.00	3	1.89	45	23.06	0.00
10/13/23	10/13/23	81	87086	87086	12-01	18.53	3	0.67	45	11.75	0.00
CLAIM TOTALS						171.74		8.23		89.20	0.00
512-05573		302-0183911		MOLAISON		D	HDB474A24032		HDB995463735		I1537864
10/13/23	10/13/23	81	87640	87640	12-22	-37.07		0.00	252	-37.07	0.00
10/13/23	10/13/23	81	87641	87641	12-22	-37.07		0.00	252	-37.07	0.00
10/13/23	10/13/23	81	87653	87653	12-22	-37.07		0.00	252	-37.07	0.00
10/13/23	10/13/23	81	87481	87481	12-22	-42.00		0.00	252	-42.00	0.00
10/13/23	10/13/23	81	87086	87086	12-22	-18.53		0.00	252	-18.53	0.00
CLAIM TOTALS						-171.74		0.00		-171.74	0.00
512-05573		302-0478326		MONTGOMERY		D	NEC801202920		NEC801202920		I1564027
02/08/24	02/08/24	81	82150		12-01	18.00	1	5.44	45	12.56	0.00
02/08/24	02/08/24	81	83690		12-01	14.00	1	5.80	45	8.20	0.00
02/08/24	02/08/24	81	82672		12-01	60.00	1	18.23	45	41.77	0.00
CLAIM TOTALS						92.00		29.47		62.53	0.00
512-05573		303-0512052		MOODY		A	VHU822668294		VHU822668294		I1566305
01/02/24	01/02/24	81	87635		12-01	150.00		0.00	45	118.32	0.00
01/02/24	01/02/24	81	87486		12-01	42.00		0.00	45	23.06	0.00
01/02/24	01/02/24	81	87498		12-01	37.07		0.00	45	18.13	0.00
01/02/24	01/02/24	81	87640		12-01	37.07		0.00	45	18.13	0.00
01/02/24	01/02/24	81	87581		12-01	42.00		0.00	45	23.06	0.00
01/02/24	01/02/24	81	87633		12-01	318.05		0.00	45	132.88	0.00
01/02/24	01/02/24	81	87634		12-01	105.30		0.00	45	67.11	0.00
01/02/24	01/02/24	81	87641		12-01	37.07		0.00	45	18.13	0.00
01/02/24	01/02/24	81	87651		12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-0505710		MOODY		N	PPA861169123		PPA861169123		I1564936		
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42		0.00	337.00
512-05573		303-0503260		MOODY		R	TVA906960777		TVA906960777		I1564937		
02/14/24	02/14/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
02/14/24	02/14/24	81	85652	12-01		4.00	1	2.27	45	1.73		0.00	0.00
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/14/24	02/14/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						33.34		14.90		18.44		0.00	0.00
512-05573		303-0514072		MOODY		R	TVA906960777		TVA906960777		I1566306		
02/14/24	02/14/24	81	86140	12-01		15.00	1	4.35	45	10.65		0.00	0.00
02/14/24	02/14/24	81	86255	12-01		35.00	1	10.13	45	24.87		0.00	0.00
02/14/24	02/14/24	81	83516	12-01		36.00	1	9.15	45	26.85		0.00	0.00
02/14/24	02/14/24	81	82784	12-01		19.00	1	7.81	45	11.19		0.00	0.00
CLAIM TOTALS						105.00		31.44		73.56		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0514073		MOONEY	B	PRA813052673			PRA813052673	I1566307	
02/15/24	02/15/24	81	80053	84999	12-01	15.84	1	9.34	45	19.61	0.00
02/15/24	02/15/24	81		80061	12-01	20.00	1	9.56	45	10.44	0.00
02/15/24	02/15/24	81		86376	12-01	21.00	1	12.23	45	8.77	0.00
02/15/24	02/15/24	81		84443	12-01	25.20	1	14.13	45	11.07	0.00
02/15/24	02/15/24	81		84439	12-01	13.00	1	7.58	45	5.42	0.00
02/15/24	02/15/24	81		84436	12-01	10.00		0.00	97	10.00	0.00
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
02/15/24	02/15/24	81		86800	12-01	23.00	1	13.37	45	9.63	0.00
02/15/24	02/15/24	81		84432	12-01	24.00	1	13.50	45	10.50	0.00
02/15/24	02/15/24	81		85049	12-01	9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						165.54		83.47		95.18	-13.11
512-05573		303-0514074		MOONEY	B	PRA813052673			PRA813052673	I1566307	
02/15/24	02/15/24	81		82607	12-01	22.00	1	12.66	45	9.34	0.00
02/15/24	02/15/24	81		82746	12-01	22.00	1	10.51	45	11.49	0.00
02/15/24	02/15/24	81		82306	12-01	44.00	1	24.88	45	19.12	0.00
02/15/24	02/15/24	81		83540	12-01	9.71	1	5.44	45	4.27	0.00
02/15/24	02/15/24	81		83550	12-01	13.11		0.00	97	13.11	0.00
02/15/24	02/15/24	81		82728	12-01	40.00	1	11.45	45	28.55	0.00
02/15/24	02/15/24	81		84481	12-01	24.00	1	14.23	45	9.77	0.00
02/15/24	02/15/24	81		83036	12-01	14.00	1	8.16	45	5.84	0.00
02/15/24	02/15/24	81		83735	12-01	13.11		0.00	97	13.11	0.00
CLAIM TOTALS						201.93		87.33		114.60	0.00
512-05573		303-0514075		MOONEY	B	PRA813052673			PRA813052673	I1566308	
02/15/24	02/15/24	81		84466	12-01	40.00	1	10.74	45	29.26	0.00
02/15/24	02/15/24	81		85045	12-01	8.00	1	3.36	45	4.64	0.00
CLAIM TOTALS						48.00		14.10		33.90	0.00
512-05573		302-0456435		MOORE	M	T6VTG0044099			T6V996609384	I1561554	
02/06/24	02/06/24	81		G0482	12-01	174.33		0.00	45	124.97	49.36



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503262		MORGAN		C	EIB901418889				EIB901418889		I1564939	
02/14/24	02/14/24	81	84156	12-01		8.00	3	3.08	45	4.92		0.00	0.00
02/14/24	02/14/24	81	82570	12-01		8.00	3	4.35	45	3.65		0.00	0.00
02/14/24	02/14/24	81	83069	12-01		8.00	3	3.32	45	4.68		0.00	0.00
02/14/24	02/14/24	81	84311	12-01		32.00	3	5.88	45	26.12		0.00	0.00
02/14/24	02/14/24	81	82010	12-01		16.00	3	6.21	45	9.79		0.00	0.00
02/14/24	02/14/24	81	82945	12-01		8.00	3	3.30	45	4.70		0.00	0.00
02/14/24	02/14/24	81	82247	12-01		8.00	3	4.22	45	3.78		0.00	0.00
02/14/24	02/14/24	81	83986	12-01		7.00	3	3.01	45	3.99		0.00	0.00
02/14/24	02/14/24	81	81007	12-01		120.00	3	2.16	45	117.84		0.00	0.00
02/14/24	02/14/24	81	82043	12-01		7.58	3	4.86	45	2.72		0.00	0.00
CLAIM TOTALS						222.58		40.39		182.19		0.00	0.00
512-05573	303-0512019		MORGAN		C	PPA867433314				PPA867433314		I1566311	
02/15/24	02/15/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
02/15/24	02/15/24	81	83036	12-01		14.00	1	8.16	45	5.84		0.00	0.00
02/15/24	02/15/24	81	80061	12-01		20.00	1	9.56	45	10.44		0.00	0.00
02/15/24	02/15/24	81	84443	12-01		25.20	1	14.13	45	11.07		0.00	0.00
02/15/24	02/15/24	81	84439	12-01		13.00	1	7.58	45	5.42		0.00	0.00
CLAIM TOTALS						88.04		48.30		39.74		0.00	0.00
512-05573	303-0501351		MORRISSETTE		D	BEG816879982				BEG816879982		I1564940	
02/13/24	02/13/24	81	82570	12-01		8.00		0.00	45	3.65		0.00	4.35
02/13/24	02/13/24	81	82043	12-01		7.58		0.00	45	2.72		0.00	4.86
CLAIM TOTALS						15.58		0.00		6.37		0.00	9.21

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FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0512174		MOSLEY	J	KID897120906			KID897120906	I1566314	
02/16/24	02/16/24	81		87635	12-01	150.00		0.00	45	118.32	0.00
02/16/24	02/16/24	81		87486	12-01	42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/16/24	02/16/24	81		87634	12-01	105.30		0.00	45	67.11	0.00
02/16/24	02/16/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87641	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87651	12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00
512-05573		303-0512140		MOSLEY	L	HDB938M76462			HDB995624071	I1566315	
02/14/24	02/14/24	81		87481	12-01	168.00		0.00	252	168.00	0.00
02/14/24	02/14/24	81		87500	12-01	33.00		0.00	252	33.00	0.00
02/14/24	02/14/24	81		87529	12-01	99.72		0.00	252	99.72	0.00
02/14/24	02/14/24	81		87551	12-01	144.72		0.00	252	144.72	0.00
02/14/24	02/14/24	81		87563	12-01	42.50		0.00	252	42.50	0.00
02/14/24	02/14/24	81		87640	12-01	37.07		0.00	252	37.07	0.00
02/14/24	02/14/24	81		87641	12-01	37.07		0.00	252	37.07	0.00
02/14/24	02/14/24	81		87651	12-01	49.86		0.00	252	49.86	0.00
02/14/24	02/14/24	81		87653	12-01	37.07		0.00	252	37.07	0.00
CLAIM TOTALS						649.01		0.00		649.01	0.00
512-05573		303-0503263		MOTE	J	LWE859993856			LWE859993856	I1564942	
02/14/24	02/14/24	81		82570	12-01	8.00	1	4.35	45	3.65	0.00
02/14/24	02/14/24	81		82043	12-01	7.58	1	4.86	45	2.72	0.00
CLAIM TOTALS						15.58		9.21		6.37	0.00
512-05573		303-0512152		MOTE	J	LWE859993856			LWE859993856	I1566316	
02/14/24	02/14/24	81		80307	12-01	83.81	1	48.93	45	34.88	0.00
02/14/24	02/14/24	81		G0482	12-01	174.33	1	45.01	45	129.32	0.00
CLAIM TOTALS						258.14		93.94		164.20	0.00

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DATES OF	SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER	ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514167		MOUNTJOY	T	BEG854633798					BEG854633798	I1566317		
02/15/24	02/15/24	81	87635	12-01	150.00			0.00	45	118.32		0.00	31.68
02/15/24	02/15/24	81	87486	12-01	42.00			0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87498	12-01	37.07			0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87640	12-01	37.07			0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01	42.00			0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01	318.05			0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01	105.30			0.00	45	67.11		0.00	38.19
02/15/24	02/15/24	81	87641	12-01	37.07			0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87651	12-01	49.86			0.00	45	30.92		0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68
512-05573	303-0512171		MULLINS	A	BEG837012573					BEG837012573	I1566319		
01/25/24	01/25/24	81	G0480	12-01	125.00		3	12.34	45	75.64		0.00	37.02
512-05573	303-0512161		MULLINS	A	BEG837012573					BEG837012573	I1566318		
02/08/24	02/08/24	81	G0480	12-01	125.00		3	12.34	45	75.64		0.00	37.02
512-05573	303-0503266		MURPHREE	C	PPA836088807					PPA836088807	I1564944		
02/15/24	02/15/24	81	87635	12-01	150.00			0.00	45	118.32		0.00	31.68
02/15/24	02/15/24	81	87486	12-01	42.00			0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87498	12-01	37.07			0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87640	12-01	37.07			0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01	42.00			0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01	318.05			0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01	105.30			0.00	45	67.11		0.00	38.19
02/15/24	02/15/24	81	87641	12-01	37.07			0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87651	12-01	49.86			0.00	45	30.92		0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68
512-05573	303-0503265		MURPHY	A	EDU862307656					EDU862307656	I1564943		
02/14/24	02/14/24	81	85610	12-01	7.00		3	3.31	45	3.69		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0472988		MURRAY	L	XOF807392510				XOF807392510		I1564038		
02/14/24	02/14/24	81	87635	12-01		150.00	3	31.68	45	118.32		0.00	0.00
02/14/24	02/14/24	81	87486	12-01		42.00	3	8.32	45	23.06		0.00	10.62
02/14/24	02/14/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/14/24	02/14/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
02/14/24	02/14/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/14/24	02/14/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/14/24	02/14/24	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
02/14/24	02/14/24	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
02/14/24	02/14/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						818.42		40.00		449.74		0.00	328.68
512-05573	303-0503267		MYERS	K	PPA875358135				PPA875358135		I1564945		
02/15/24	02/15/24	81	87635	12-01		150.00		0.00	45	118.32		0.00	31.68
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68
512-05573	302-0505713		MYSLINSKI	N	BEG875745216				BEG875745216		I1564946		
02/15/24	02/15/24	81	87491	12-01		49.86		0.00	45	30.92		0.00	18.94
02/15/24	02/15/24	81	87511	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87529	12-01		99.72		0.00	45	61.84		0.00	37.88
02/15/24	02/15/24	81	87591	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87661	12-01		32.30		0.00	45	13.36		0.00	18.94
CLAIM TOTALS						265.88		0.00		152.24		0.00	113.64



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0381580		NASH	R	PPA876945530			PPA876945530	I1555336	
02/05/24	02/05/24	81		87635	12-01	150.00		0.00	45	118.32	0.00
02/05/24	02/05/24	81		87486	12-01	42.00		0.00	45	23.06	0.00
02/05/24	02/05/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/05/24	02/05/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
02/05/24	02/05/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/05/24	02/05/24	81		87634	12-01	105.30		0.00	45	67.11	0.00
02/05/24	02/05/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
02/05/24	02/05/24	81		87641	12-01	37.07		0.00	45	18.13	0.00
02/05/24	02/05/24	81		87651	12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00
512-05573		303-0501352		NEAL	C	PPA821372809			PPA821372809	I1564947	
02/15/24	02/15/24	81		87498	12-01	37.07	1	18.94	45	18.13	0.00
02/15/24	02/15/24	81		87581	12-01	42.00	1	18.94	45	23.06	0.00
02/15/24	02/15/24	81		87633	12-01	318.05	1	185.17	45	132.88	0.00
02/15/24	02/15/24	81		87634	12-01	70.20		0.00	97	70.20	0.00
02/15/24	02/15/24	81		87635	12-01	150.00	1	31.68	45	118.32	0.00
CLAIM TOTALS						617.32		254.73		362.59	0.00
512-05573		303-0512173		NELSON	E	BLU893206796			BLU893206796	I1566323	
02/16/24	02/16/24	81		87635	12-01	150.00		0.00	45	118.32	0.00
02/16/24	02/16/24	81		87486	12-01	42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/16/24	02/16/24	81		87634	12-01	105.30		0.00	45	67.11	0.00
02/16/24	02/16/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87641	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87651	12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00



**BlueCross BlueShield
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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL					OR WRITE OFF	OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514168		NEWLIN		T	P5Z5152523AB				P5Z996569210		I1566324	
02/16/24	02/16/24	81	87635		12-01	150.00		0.00	252	150.00		0.00	0.00
02/16/24	02/16/24	81	87486		12-01	42.00		0.00	252	42.00		0.00	0.00
02/16/24	02/16/24	81	87498		12-01	37.07		0.00	252	37.07		0.00	0.00
02/16/24	02/16/24	81	87581		12-01	42.00		0.00	252	42.00		0.00	0.00
02/16/24	02/16/24	81	87633		12-01	318.05		0.00	252	318.05		0.00	0.00
02/16/24	02/16/24	81	87634		12-01	105.30		0.00	252	105.30		0.00	0.00
02/16/24	02/16/24	81	87640		12-01	37.07		0.00	252	37.07		0.00	0.00
02/16/24	02/16/24	81	87641		12-01	37.07		0.00	252	37.07		0.00	0.00
02/16/24	02/16/24	81	87651		12-01	49.86		0.00	252	49.86		0.00	0.00
CLAIM TOTALS						818.42		0.00		818.42		0.00	0.00
512-05573	303-0512050		NEWTON		C	PPA821540166				PPA821540166		I1566325	
02/16/24	02/16/24	81	84403		12-01	38.00		0.00	45	16.31		0.00	21.69
02/16/24	02/16/24	81	83036		12-01	14.00		0.00	45	5.84		0.00	8.16
02/16/24	02/16/24	81	84443		12-01	25.20		0.00	45	11.07		0.00	14.13
02/16/24	02/16/24	81	84439		12-01	13.00		0.00	45	5.42		0.00	7.58
02/16/24	02/16/24	81	80048		12-01	12.69		0.00	45	5.58		0.00	7.11
02/16/24	02/16/24	81	36415		12-01	4.50		0.00	97	4.50		0.00	0.00
02/16/24	02/16/24	81	85049		12-01	9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						116.39		0.00		53.96		0.00	62.43
512-05573	303-0512175		NGUYEN		T	PGX856858308				PGX856858308		I1566326	
02/12/24	02/12/24	81	86140		12-01	15.00		0.00	45	10.65		0.00	4.35
02/12/24	02/12/24	81	87517		12-01	85.68		0.00	45	49.68		0.00	36.00
CLAIM TOTALS						100.68		0.00		60.33		0.00	40.35
512-05573	303-0512084		CAMERON		N	PPA816713368				PPA816713368		I1566023	
02/16/24	02/16/24	81	80061		12-01	20.00		0.00	45	10.44		0.00	9.56
02/16/24	02/16/24	81	36415		12-01	4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						24.50		0.00		14.94		0.00	9.56
512-05573	302-0329037		NICHOLS		M	DUS0563806MB				DUS996570591		I1550055	
01/19/24	01/19/24	81	G0480		12-01	125.00	1	49.36	45	75.64		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL					OFF	OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0472994		NICHOLSON	L	WMW18156704W					WMW996250742	I1564043		
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/14/24	02/14/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						13.50		3.76		9.74		0.00	0.00
512-05573	303-0512176		NICHOLSON	L	WMW18156704W					WMW996250742	I1566327		
02/14/24	02/14/24	81	83655	12-01		18.00	1	10.17	45	7.83		0.00	0.00
512-05573	303-0503268		NIX	L	EDU885093165					EDU885093165	I1564949		
02/13/24	02/13/24	81	86592	12-01		7.00	3	3.59	45	3.41		0.00	0.00
02/13/24	02/13/24	81	86706	12-01		21.00	3	5.00	45	12.70		0.00	3.30
02/13/24	02/13/24	81	87389	12-01		36.00	3	5.00	45	15.76		0.00	15.24
02/13/24	02/13/24	81	86803	12-01		21.00	3	5.00	45	10.25		0.00	5.75
CLAIM TOTALS						85.00		18.59		42.12		0.00	24.29
512-05573	303-0503269		NIX	L	EDU885093165					EDU885093165	I1564950		
02/13/24	02/13/24	81	86695	12-01		9.00	3	5.00		0.00		0.00	4.00
02/13/24	02/13/24	81	86696	12-01		57.00	3	5.00	45	40.74		0.00	11.26
CLAIM TOTALS						66.00		10.00		40.74		0.00	15.26
512-05573	303-0512051		NOEL	S	EDU845427074					EDU845427074	I1566328		
02/15/24	02/15/24	81	80053	12-01		15.84	96	15.84		0.00		0.00	0.00
02/15/24	02/15/24	81	83036	12-01		14.00	96	14.00		0.00		0.00	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/15/24	02/15/24	81	85049	12-01		9.00	96	9.00		0.00		0.00	0.00
CLAIM TOTALS						43.34		38.84		4.50		0.00	0.00
512-05573	303-0468662		NOLEN	A	KSX107M95175					KSX996094236	I1562705		
02/09/24	02/09/24	81	80307	12-01		83.81		0.00	45	34.88		0.00	48.93
02/09/24	02/09/24	81	G0482	12-01		174.33		0.00	45	124.97		0.00	49.36
CLAIM TOTALS						258.14		0.00		159.85		0.00	98.29



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		CORRECTED CONTRACT		PATIENT CONTROL NUMBER			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT		
512-05573	303-3452677		NORMAN		D	PPA829409050				PPA829409050		I1566329			
12/06/23	12/06/23	81	80053	84999	12-01	15.84		0.00	45	38.50		94	-32.00	9.34	
12/06/23	12/06/23	81		86677	12-01	35.00		0.00	45	22.81			0.00	12.19	
12/06/23	12/06/23	81		83036	12-01	14.00		0.00	45	5.84			0.00	8.16	
12/06/23	12/06/23	81		82977	12-01	10.00		0.00	97	10.00			0.00	0.00	
12/06/23	12/06/23	81		82248	12-01	15.00		0.00	97	15.00			0.00	0.00	
12/06/23	12/06/23	81		84100	12-01	7.00		0.00	97	7.00			0.00	0.00	
12/06/23	12/06/23	81		36415	12-01	4.50		0.00	97	4.50			0.00	0.00	
CLAIM TOTALS						101.34		0.00		103.65			-32.00	29.69	
512-05573	303-3452677		NORMAN		D	PPA829409050				PPA829409050		I1501191			
12/06/23	12/06/23	81	80053	84999	12-22	-15.84		0.00	45	-38.50		96	32.00	-9.34	
12/06/23	12/06/23	81	86677	86677	12-22	-35.00		0.00	45	-22.81			0.00	-12.19	
12/06/23	12/06/23	81	83036	83036	12-22	-14.00		0.00	45	-5.84			0.00	-8.16	
CLAIM TOTALS						-64.84		0.00		-67.15			32.00	-29.69	
512-05573	303-0512136		NORRIS		K	BEG855822212				BEG855822212		I1566330			
02/15/24	02/15/24	81	80053		12-01	15.84		0.00	45	6.97			0.00	8.87	
02/15/24	02/15/24	81		82607	12-01	22.00		0.00	45	9.34			0.00	12.66	
02/15/24	02/15/24	81		82306	12-01	44.00	96	44.00		0.00			0.00	0.00	
02/15/24	02/15/24	81		84481	12-01	24.00		0.00	45	9.77			0.00	14.23	
02/15/24	02/15/24	81		83036	12-01	14.00		0.00	45	5.84			0.00	8.16	
02/15/24	02/15/24	81		84443	12-01	25.20		0.00	45	11.07			0.00	14.13	
02/15/24	02/15/24	81		84436	12-01	10.00		0.00	45	4.22			0.00	5.78	
02/15/24	02/15/24	81		80061	12-01	20.00		0.00	45	10.44			0.00	9.56	
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50			0.00	0.00	
02/15/24	02/15/24	81		85049	12-01	9.00		0.00	45	5.24			0.00	3.76	
CLAIM TOTALS						188.54		44.00		67.39			0.00	77.15	
512-05573	303-0512137		NORRIS		K	BEG855822212				BEG855822212		I1566331			
02/15/24	02/15/24	81		82784	12-01	19.00		0.00	45	11.19			0.00	7.81	
02/15/24	02/15/24	81		86231	12-01	24.00		0.00	45	13.84			0.00	10.16	
02/15/24	02/15/24	81		86258	12-01	34.50		0.00	45	16.20			0.00	18.30	
CLAIM TOTALS						77.50		0.00		41.23			0.00	36.27	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0514169		NORRIS	T	PPA848156361					PPA848156361	I1566332			
02/16/24	02/16/24	81		80076	12-01	12.00		0.00	45	5.14		0.00	6.86	
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00	
CLAIM TOTALS						16.50		0.00		9.64		0.00	6.86	
512-05573	303-2933198		NORTON	R	EDU845835685					EDU845835685	I1121570			
10/17/22	10/17/22	81	85049	85049	12-01	9.00	3	3.76	45	5.24		0.00	0.00	
512-05573	303-0503308		NUMMY	M	PPA867773476					PPA867773476	I1564951			
02/09/24	02/09/24	81		84144	12-01	31.00		0.00	45	13.47		0.00	17.53	
02/09/24	02/09/24	81		82672	12-01	60.00		0.00	45	41.77		0.00	18.23	
CLAIM TOTALS						91.00		0.00		55.24		0.00	35.76	
512-05573	303-0512138		NUNLEY	C	EDU865019145					EDU865019145	I1566333			
02/16/24	02/16/24	81		87507	12-01	319.55	3	5.00	45	134.38		0.00	180.17	
512-05573	502-0183916		O'NEAL	L	EDU887906881					EDU887906881	I1537869			
09/22/23	09/22/23	81		87511	12-02	42.00	3	5.00	45	23.06	23	13.34	0.60	
09/22/23	09/22/23	81		87529	12-02	49.86	3	5.00	45	27.81	23	17.05	0.00	
09/22/23	09/22/23	81		87661	12-02	32.30	3	5.00	45	10.25	23	17.05	0.00	
CLAIM TOTALS						124.16		15.00		61.12		47.44	0.60	
512-05573	302-3079885		ODENAL	S	EDU899092878					EDU899092878	I1141130			
10/31/22	10/31/22	81	85049	85049	12-01	9.00	3	3.76	45	5.24		0.00	0.00	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0512141		OLDENBURG	S	P6L137846416001			P6L996904558	I1566335			
02/09/24	02/09/24	81	87635	12-01		150.00	1	31.68	45	118.32	0.00	0.00
02/09/24	02/09/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00	0.00
02/09/24	02/09/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/09/24	02/09/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00	0.00
02/09/24	02/09/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00	0.00
02/09/24	02/09/24	81	87634	12-01		105.30	1	38.19	45	67.11	0.00	0.00
02/09/24	02/09/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/09/24	02/09/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/09/24	02/09/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00	0.00
CLAIM TOTALS						818.42		368.68		449.74	0.00	0.00
512-05573	303-0512053		OLLIE	J	AQT60420807802			AQT604208078	I1566336			
02/15/24	02/15/24	81	80053	12-01		15.84		0.00	45	6.97	0.00	8.87
02/15/24	02/15/24	81	82306	12-01		44.00		0.00	45	19.12	0.00	24.88
02/15/24	02/15/24	81	87389	12-01		36.00		0.00	45	15.76	0.00	20.24
02/15/24	02/15/24	81	80061	12-01		20.00		0.00	45	10.44	0.00	9.56
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
02/15/24	02/15/24	81	85049	12-01		9.00		0.00	45	5.24	0.00	3.76
CLAIM TOTALS						129.34		0.00		62.03	0.00	67.31
512-05573	303-0512054		OLNEY	V	PPA865779999			PPA865779999	I1566337			
02/13/24	02/13/24	81	80307	12-01		83.81	1	48.93	45	34.88	0.00	0.00
02/13/24	02/13/24	81	G0482	12-01		174.33	1	49.36	45	124.97	0.00	0.00
CLAIM TOTALS						258.14		98.29		159.85	0.00	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503277		ONEAL		R	PPA809436203			PPA809436203	I1564953	
02/15/24	02/15/24	81		87635	12-01	150.00		0.00	45	118.32	0.00
02/15/24	02/15/24	81		87486	12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/15/24	02/15/24	81		87634	12-01	105.30		0.00	45	67.11	0.00
02/15/24	02/15/24	81		87641	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00
512-05573	303-0320820		OSBORN		B	W9F786W16224			W9F996875155	I1550057	
01/30/24	01/30/24	81		87635	12-01	150.00		0.00	B12	150.00	0.00
01/30/24	01/30/24	81		87486	12-01	42.00		0.00	B12	42.00	0.00
01/30/24	01/30/24	81		87498	12-01	37.07		0.00	B12	37.07	0.00
01/30/24	01/30/24	81		87581	12-01	42.00		0.00	B12	42.00	0.00
01/30/24	01/30/24	81		87633	12-01	318.05		0.00	B12	318.05	0.00
01/30/24	01/30/24	81		87634	12-01	105.30		0.00	B12	105.30	0.00
01/30/24	01/30/24	81		87640	12-01	37.07		0.00	B12	37.07	0.00
01/30/24	01/30/24	81		87641	12-01	37.07		0.00	B12	37.07	0.00
01/30/24	01/30/24	81		87651	12-01	49.86		0.00	B12	49.86	0.00
CLAIM TOTALS						818.42		0.00		818.42	0.00
512-05573	303-0320820		OSBORN		B	W9F786W16224			W9F996875155	I1550057	
01/30/24	01/30/24	81		87635	12-22	-150.00		0.00	252	-150.00	0.00
01/30/24	01/30/24	81		87486	12-22	-42.00		0.00	252	-42.00	0.00
01/30/24	01/30/24	81		87498	12-22	-37.07		0.00	252	-37.07	0.00
01/30/24	01/30/24	81		87581	12-22	-42.00		0.00	252	-42.00	0.00
01/30/24	01/30/24	81		87633	12-22	-318.05		0.00	252	-318.05	0.00
01/30/24	01/30/24	81		87634	12-22	-105.30		0.00	252	-105.30	0.00
01/30/24	01/30/24	81		87640	12-22	-37.07		0.00	252	-37.07	0.00
01/30/24	01/30/24	81		87641	12-22	-37.07		0.00	252	-37.07	0.00
01/30/24	01/30/24	81		87651	12-22	-49.86		0.00	252	-49.86	0.00
CLAIM TOTALS						-818.42		0.00		-818.42	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503288		OSBORNE	R		JHD900083824			JHD900083824		I1564954
02/15/24	02/15/24	81	84156	12-01		8.00		0.00	45	4.92	0.00
02/15/24	02/15/24	81	82570	12-01		8.00		0.00	45	3.65	0.00
02/15/24	02/15/24	81	83069	12-01		8.00		0.00	45	4.68	0.00
02/15/24	02/15/24	81	84311	12-01		32.00		0.00	45	26.12	0.00
02/15/24	02/15/24	81	82010	12-01		16.00		0.00	45	9.79	0.00
02/15/24	02/15/24	81	82945	12-01		8.00		0.00	45	4.70	0.00
02/15/24	02/15/24	81	82247	12-01		8.00		0.00	45	3.78	0.00
02/15/24	02/15/24	81	83986	12-01		7.00		0.00	45	3.99	0.00
02/15/24	02/15/24	81	81007	12-01		120.00		0.00	45	117.84	0.00
02/15/24	02/15/24	81	82043	12-01		7.58		0.00	45	2.72	0.00
CLAIM TOTALS						222.58		0.00		182.19	0.00
512-05573	303-0512142		OSBORNE	R		JHD900083824			JHD900083824		I1566339
02/15/24	02/15/24	81	80053	12-01		15.84		0.00	45	6.97	0.00
02/15/24	02/15/24	81	84403	12-01		38.00		0.00	45	16.31	0.00
02/15/24	02/15/24	81	83036	12-01		14.00		0.00	45	5.84	0.00
02/15/24	02/15/24	81	80061	12-01		20.00		0.00	45	10.44	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/15/24	02/15/24	81	85049	12-01		9.00		0.00	45	5.24	0.00
CLAIM TOTALS						101.34		0.00		49.30	0.00
512-05573	303-0468664		OWEN	M		ZZE000029745			ZZE002974500		I1562709
02/12/24	02/12/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/12/24	02/12/24	81	83036	12-01		14.00	1	8.16	45	5.84	0.00
02/12/24	02/12/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00
02/12/24	02/12/24	81	85027	12-01		12.00	1	3.90	45	8.10	0.00
02/12/24	02/12/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/12/24	02/12/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00
CLAIM TOTALS						91.54		44.62		46.92	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		CORRECTED CONTRACT		PATIENT CONTROL NUMBER			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT		
512-05573	303-0514171		PACE		J	PPA849184337				PPA849184337		I1566340			
02/16/24	02/16/24	81		87635	12-01	150.00		0.00	45	118.32		0.00	31.68		
02/16/24	02/16/24	81		87486	12-01	42.00		0.00	45	23.06		0.00	18.94		
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13		0.00	18.94		
02/16/24	02/16/24	81		87640	12-01	37.07		0.00	45	18.13		0.00	18.94		
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06		0.00	18.94		
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88		0.00	185.17		
02/16/24	02/16/24	81		87634	12-01	105.30		0.00	45	67.11		0.00	38.19		
02/16/24	02/16/24	81		87641	12-01	37.07		0.00	45	18.13		0.00	18.94		
02/16/24	02/16/24	81		87651	12-01	49.86		0.00	45	30.92		0.00	18.94		
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68		
512-05573	302-0505714		PAGE		H	KID899106326				KID899106326		I1564955			
02/15/24	02/15/24	81		87635	12-01	150.00		0.00	45	118.32		0.00	31.68		
02/15/24	02/15/24	81		87486	12-01	42.00		0.00	45	23.06		0.00	18.94		
02/15/24	02/15/24	81		87498	12-01	37.07		0.00	45	18.13		0.00	18.94		
02/15/24	02/15/24	81		87640	12-01	37.07		0.00	45	18.13		0.00	18.94		
02/15/24	02/15/24	81		87581	12-01	42.00		0.00	45	23.06		0.00	18.94		
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	45	132.88		0.00	185.17		
02/15/24	02/15/24	81		87634	12-01	105.30		0.00	45	67.11		0.00	38.19		
02/15/24	02/15/24	81		87641	12-01	37.07		0.00	45	18.13		0.00	18.94		
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	45	30.92		0.00	18.94		
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68		
512-05573	303-0503299		PALMER		R	PPA846039570				PPA846039570		I1564956			
02/13/24	02/13/24	81		83880	12-01	120.00		0.00	45	91.48		0.00	28.52		
512-05573	303-0512143		PARDO		A	KID801377556				KID801377556		I1566341			
02/15/24	02/15/24	81		83540	12-01	9.71		0.00	45	4.27		0.00	5.44		
02/15/24	02/15/24	81		83550	12-01	13.11		0.00	97	13.11		0.00	0.00		
02/15/24	02/15/24	81		82728	12-01	40.00		0.00	45	28.55		0.00	11.45		
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00		
02/15/24	02/15/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76		
CLAIM TOTALS						76.32		0.00		55.67		0.00	20.65		

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL					OFF	OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512144		PARDO	A	KID801377556					KID801377556	I1566342		
02/15/24	02/15/24	81	84466	12-01	40.00			0.00	45	29.26		0.00	10.74
512-05573	303-0512145		PARHAM	K	PPA812539182					PPA812539182	I1566343		
02/16/24	02/16/24	81	80053	12-01	15.84		3	1.77	45	6.97		0.00	7.10
02/16/24	02/16/24	81	83036	12-01	14.00		3	1.63	45	5.84		0.00	6.53
02/16/24	02/16/24	81	84443	12-01	25.20		3	2.83	45	11.07		0.00	11.30
02/16/24	02/16/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00
02/16/24	02/16/24	81	85049	12-01	9.00		3	0.75	45	5.24		0.00	3.01
CLAIM TOTALS						68.54		6.98		33.62		0.00	27.94
512-05573	303-0503306		PARKER	H	QDB580w04754					QDB996302499	I1564957		
02/15/24	02/15/24	81	87486	12-01	42.00			0.00	252	42.00		0.00	0.00
02/15/24	02/15/24	81	87498	12-01	37.07			0.00	252	37.07		0.00	0.00
02/15/24	02/15/24	81	87640	12-01	37.07			0.00	252	37.07		0.00	0.00
02/15/24	02/15/24	81	87581	12-01	42.00			0.00	252	42.00		0.00	0.00
02/15/24	02/15/24	81	87633	12-01	318.05			0.00	252	318.05		0.00	0.00
02/15/24	02/15/24	81	87634	12-01	105.30			0.00	252	105.30		0.00	0.00
02/15/24	02/15/24	81	87641	12-01	37.07			0.00	252	37.07		0.00	0.00
02/15/24	02/15/24	81	87651	12-01	49.86			0.00	252	49.86		0.00	0.00
02/15/24	02/15/24	81	87635	12-01	150.00			0.00	252	150.00		0.00	0.00
CLAIM TOTALS						818.42		0.00		818.42		0.00	0.00
512-05573	303-0503307		PARKER	K	LGB912142558					LGB912142558	I1564958		
02/15/24	02/15/24	81	87491	12-01	49.86		3	7.50	45	30.92		0.00	11.44
02/15/24	02/15/24	81	87511	12-01	42.00		3	7.50	45	23.06		0.00	11.44
02/15/24	02/15/24	81	87529	12-01	49.86		3	7.50	45	30.92		0.00	11.44
02/15/24	02/15/24	81	87591	12-01	42.00		3	7.50	45	23.06		0.00	11.44
02/15/24	02/15/24	81	87661	12-01	32.30		3	7.50	45	13.36		0.00	11.44
CLAIM TOTALS						216.02		37.50		121.32		0.00	57.20
512-05573	303-0503309		PARKER	K	KYI838339584					KYI838339584	I1564959		
02/15/24	02/15/24	81	80048	12-01	12.69		1	7.11	45	5.58		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514172		PARKER	M	UAH828272936			UAH828272936	I1566344		
02/06/24	02/06/24	81	80053	12-01		15.84		0.00	45	6.97	0.00
02/06/24	02/06/24	81	83036	12-01		14.00		0.00	45	5.84	0.00
02/06/24	02/06/24	81	80061	12-01		20.00		0.00	45	10.44	0.00
02/06/24	02/06/24	81	84443	12-01		25.20		0.00	45	11.07	0.00
02/06/24	02/06/24	81	85049	12-01		9.00		0.00	45	5.24	0.00
CLAIM TOTALS						84.04		0.00		39.56	0.00
512-05573	303-0512146		PARKER	R	EIB901284135			EIB901284135	I1566345		
02/16/24	02/16/24	81	84156	12-01		8.00	3	3.08	45	4.92	0.00
02/16/24	02/16/24	81	82570	12-01		8.00	3	4.35	45	3.65	0.00
02/16/24	02/16/24	81	83069	12-01		8.00	3	3.32	45	4.68	0.00
02/16/24	02/16/24	81	84311	12-01		32.00	3	5.88	45	26.12	0.00
02/16/24	02/16/24	81	82010	12-01		16.00	3	6.21	45	9.79	0.00
02/16/24	02/16/24	81	82945	12-01		8.00	3	3.30	45	4.70	0.00
02/16/24	02/16/24	81	82247	12-01		8.00	3	4.22	45	3.78	0.00
02/16/24	02/16/24	81	83986	12-01		7.00	3	3.01	45	3.99	0.00
02/16/24	02/16/24	81	81007	12-01		120.00	3	2.16	45	117.84	0.00
02/16/24	02/16/24	81	82043	12-01		7.58	3	4.86	45	2.72	0.00
CLAIM TOTALS						222.58		40.39		182.19	0.00
512-05573	303-0512147		PARKER	R	EIB901284135			EIB901284135	I1566345		
02/16/24	02/16/24	81	84550	12-01		6.78	3	3.80	45	2.98	0.00
02/16/24	02/16/24	81	80053	12-01		15.84	3	7.50	45	6.97	0.00
02/16/24	02/16/24	81	83036	12-01		14.00	3	7.50	45	5.84	0.00
02/16/24	02/16/24	81	80061	12-01		20.00	3	7.50	45	10.44	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	3	3.76	45	5.24	0.00
CLAIM TOTALS						70.12		30.06		35.97	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0503311		PARSONS	K	PPA839344643				PPA839344643	I1564962		
02/14/24	02/14/24	81	84481	12-01		24.00		0.00	45	9.77	0.00	14.23
02/14/24	02/14/24	81	84443	12-01		25.20		0.00	45	11.07	0.00	14.13
02/14/24	02/14/24	81	84439	12-01		13.00		0.00	45	5.42	0.00	7.58
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
CLAIM TOTALS						66.70		0.00		30.76	0.00	35.94
512-05573	303-0512148		PARSONS	K	PPA839344643				PPA839344643	I1566347		
02/14/24	02/14/24	81	82784	12-01		19.00		0.00	45	11.19	0.00	7.81
02/14/24	02/14/24	81	86231	12-01		24.00		0.00	45	13.84	0.00	10.16
02/14/24	02/14/24	81	86258	12-01		34.50		0.00	45	16.20	0.00	18.30
CLAIM TOTALS						77.50		0.00		41.23	0.00	36.27
512-05573	302-0449635		PATE	M	PPA811630925				PPA811630925	I1560391		
02/10/24	02/10/24	81	87640	12-01		37.07		0.00	45	18.13	0.00	18.94
02/10/24	02/10/24	81	87641	12-01		37.07		0.00	45	18.13	0.00	18.94
02/10/24	02/10/24	81	87653	12-01		37.07		0.00	45	18.13	0.00	18.94
02/10/24	02/10/24	81	87481	12-01		42.00		0.00	45	23.06	0.00	18.94
02/10/24	02/10/24	81	87481	12-01		42.00		0.00	45	23.06	0.00	18.94
02/10/24	02/10/24	81	87640	12-01		37.07		0.00	96	37.07	0.00	0.00
02/10/24	02/10/24	81	87653	12-01		37.07		0.00	96	37.07	0.00	0.00
02/10/24	02/10/24	81	87641	12-01		37.07		0.00	96	37.07	0.00	0.00
02/10/24	02/10/24	81	87481	12-01		42.00		0.00	45	23.06	0.00	18.94
02/10/24	02/10/24	81	87640	12-01		37.07		0.00	96	37.07	0.00	0.00
CLAIM TOTALS						385.49		0.00		271.85	0.00	113.64
512-05573	302-0449636		PATE	M	PPA811630925				PPA811630925	I1560391		
02/10/24	02/10/24	81	87653	12-01		37.07		0.00	96	37.07	0.00	0.00
512-05573	303-0468666		PATE	M	PPA811630925				PPA811630925	I1562713		
02/10/24	02/10/24	81	87086	12-01		18.53		0.00	45	11.75	0.00	6.78
02/10/24	02/10/24	81	87186	12-01		13.50		0.00	45	6.23	0.00	7.27
02/10/24	02/10/24	81	87088	12-01		8.09		0.00	45	1.29	0.00	6.80
CLAIM TOTALS						40.12		0.00		19.27	0.00	20.85



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DATES OF SERVICE		ORIG		PROCEDURES		TOTAL		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512149	PATTERSON	A	LGB901422729							
10/11/23	10/11/23	81	G0482	12-01		174.33	3	7.50	45	LGB901422729 124.97	I1566348 0.00 41.86
512-05573	303-0503276	PATTERSON	G	EDU885142087							
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	EDU885142087 30.92	I1564963 0.00 13.94
512-05573	303-0514174	PATTON	B	HML873984454							
02/16/24	02/16/24	81	80053	12-01		15.84		0.00	45	HML873984454 6.97	I1566350 0.00 8.87
02/16/24	02/16/24	81	80061	12-01		20.00		0.00	45	10.44	0.00 9.56
02/16/24	02/16/24	81	84443	12-01		25.20		0.00	45	11.07	0.00 14.13
02/16/24	02/16/24	81	84439	12-01		13.00		0.00	45	5.42	0.00 7.58
02/16/24	02/16/24	81	82533	12-01		24.00		0.00	45	10.30	0.00 13.70
02/16/24	02/16/24	81	82550	12-01		10.00		0.00	45	4.53	0.00 5.47
02/16/24	02/16/24	81	83721	12-01		15.00		0.00	97	15.00	0.00 0.00
02/16/24	02/16/24	81	85049	12-01		9.00		0.00	45	5.24	0.00 3.76
02/16/24	02/16/24	81	82607	12-01		22.00		0.00	45	9.34	0.00 12.66
02/16/24	02/16/24	81	82306	12-01		44.00		0.00	45	19.12	0.00 24.88
CLAIM TOTALS						198.04		0.00		97.43	0.00 100.61
512-05573	303-0514175	PATTON	B	HML873984454							
02/16/24	02/16/24	81	83540	12-01		9.71		0.00	45	HML873984454 4.27	I1566350 0.00 5.44
02/16/24	02/16/24	81	83550	12-01		13.11		0.00	45	5.76	0.00 7.35
02/16/24	02/16/24	81	82670	12-01		41.00		0.00	45	17.53	0.00 23.47
02/16/24	02/16/24	81	82728	12-01		40.00		0.00	45	28.55	0.00 11.45
02/16/24	02/16/24	81	84481	12-01		24.00		0.00	45	9.77	0.00 14.23
02/16/24	02/16/24	81	84403	12-01		38.00		0.00	45	16.31	0.00 21.69
02/16/24	02/16/24	81	83036	12-01		14.00		0.00	45	5.84	0.00 8.16
02/16/24	02/16/24	81	83735	12-01		13.11		0.00	45	7.49	0.00 5.62
CLAIM TOTALS						192.93		0.00		95.52	0.00 97.41



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512-05573

CORE DIAGNOSTIC LABORATORIES

1930 EDWARDS LAKE RD STE 138

BIRMINGHAM AL 35235-3720

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL			OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512151		PATTON		J	PPA812099695				PPA812099695	I1566352		
02/12/24	02/12/24	81	85610		12-01	7.00		0.00	45	3.69		0.00	3.31
02/12/24	02/12/24	81	85730		12-01	100.00		0.00	45	94.96		0.00	5.04
02/12/24	02/12/24	81	86003		12-01	93.00	3	10.54	45	40.32		0.00	42.14
02/12/24	02/12/24	81	86003		12-01	7.75	3	0.88	45	3.36		0.00	3.51
CLAIM TOTALS						207.75		11.42		142.33		0.00	54.00
512-05573	303-0468674		PEACOCK		C	NUR712w14977				NUR996723113	I1562721		
02/13/24	02/13/24	81	87651		12-01	49.86		0.00	252	49.86		0.00	0.00
512-05573	303-0512055		PEAVY		F	FZXAN4994262				FZX996558893	I1566353		
02/15/24	02/15/24	81	80053		12-01	15.84	1	8.87	45	6.97		0.00	0.00
02/15/24	02/15/24	81	85652		12-01	4.00	1	2.27	45	1.73		0.00	0.00
02/15/24	02/15/24	81	85049		12-01	9.00	1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						28.84		14.90		13.94		0.00	0.00
512-05573	303-0514176		PEFFER		H	KID801217831				KID801217831	I1566354		
02/16/24	02/16/24	81	87635		12-01	150.00		0.00	45	118.32		0.00	31.68
02/16/24	02/16/24	81	87486		12-01	42.00		0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81	87498		12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81	87581		12-01	42.00		0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81	87633		12-01	318.05		0.00	45	132.88		0.00	185.17
02/16/24	02/16/24	81	87634		12-01	105.30		0.00	45	67.11		0.00	38.19
02/16/24	02/16/24	81	87640		12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81	87641		12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81	87651		12-01	49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-0172586		PENA-RIVERA		J	DUS0635832MB		DUS996843770		I1537119
01/14/24	01/14/24	81	87486	87486	12-01	42.00	1	18.94	45	23.06	0.00
01/14/24	01/14/24	81	87498	87498	12-01	37.07	1	18.94	45	18.13	0.00
01/14/24	01/14/24	81	87581	87581	12-01	42.00	1	18.94	45	23.06	0.00
01/14/24	01/14/24	81	87633	87633	12-01	318.05	1	185.17	45	132.88	0.00
01/14/24	01/14/24	81	87634	87634	12-01	105.30	1	38.19	45	67.11	0.00
01/14/24	01/14/24	81	87640	87640	12-01	37.07	1	18.94	45	18.13	0.00
01/14/24	01/14/24	81	87641	87641	12-01	37.07	1	18.94	45	18.13	0.00
01/14/24	01/14/24	81	87651	87651	12-01	49.86	1	18.94	45	30.92	0.00
CLAIM TOTALS						668.42		337.00		331.42	0.00
512-05573		302-0172586		PENA-RIVERA		J	DUS0635832MB		DUS996843770		I1537119
01/14/24	01/14/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00	0.00
01/14/24	01/14/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07	0.00
01/14/24	01/14/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00	0.00
01/14/24	01/14/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05	0.00
01/14/24	01/14/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30	0.00
01/14/24	01/14/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07	0.00
01/14/24	01/14/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07	0.00
01/14/24	01/14/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86	0.00
CLAIM TOTALS						-668.42		0.00		-668.42	0.00
512-05573		303-0512153		PERKINS		E	EXH232W04355		EXH996293912		I1566355
02/16/24	02/16/24	81	87635		12-01	150.00		0.00	252	150.00	0.00
02/16/24	02/16/24	81	87486		12-01	42.00		0.00	252	42.00	0.00
02/16/24	02/16/24	81	87498		12-01	37.07		0.00	252	37.07	0.00
02/16/24	02/16/24	81	87581		12-01	42.00		0.00	252	42.00	0.00
02/16/24	02/16/24	81	87633		12-01	318.05		0.00	252	318.05	0.00
02/16/24	02/16/24	81	87634		12-01	105.30		0.00	252	105.30	0.00
02/16/24	02/16/24	81	87640		12-01	37.07		0.00	252	37.07	0.00
02/16/24	02/16/24	81	87641		12-01	37.07		0.00	252	37.07	0.00
02/16/24	02/16/24	81	87651		12-01	49.86		0.00	252	49.86	0.00
CLAIM TOTALS						818.42		0.00		818.42	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503278	PERRY	M	PPA811416826					PPA811416826	I1564966	
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	45	23.06	0.00 18.94
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13	0.00 18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06	0.00 18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88	0.00 185.17
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11	0.00 38.19
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13	0.00 18.94
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	45	18.13	0.00 18.94
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92	0.00 18.94
CLAIM TOTALS						668.42		0.00		331.42	0.00 337.00
512-05573	303-0501372	PERSELL	L	PPA853584040					PPA853584040	I1564967	
02/14/24	02/14/24	81	84156	12-01		8.00		0.00	45	4.92	0.00 3.08
02/14/24	02/14/24	81	82570	12-01		8.00		0.00	45	3.65	0.00 4.35
02/14/24	02/14/24	81	83069	12-01		8.00		0.00	45	4.68	0.00 3.32
02/14/24	02/14/24	81	84311	12-01		32.00		0.00	45	26.12	0.00 5.88
02/14/24	02/14/24	81	82010	12-01		16.00		0.00	45	9.79	0.00 6.21
02/14/24	02/14/24	81	82945	12-01		8.00		0.00	45	4.70	0.00 3.30
02/14/24	02/14/24	81	82247	12-01		8.00		0.00	45	3.78	0.00 4.22
02/14/24	02/14/24	81	83986	12-01		7.00		0.00	45	3.99	0.00 3.01
02/14/24	02/14/24	81	81007	12-01		120.00		0.00	45	117.84	0.00 2.16
02/14/24	02/14/24	81	82043	12-01		7.58		0.00	45	2.72	0.00 4.86
CLAIM TOTALS						222.58		0.00		182.19	0.00 40.39
512-05573	303-0501373	PERSELL	L	PPA853584040					PPA853584040	I1564967	
02/14/24	02/14/24	81	87086	12-01		18.53		0.00	97	18.53	0.00 0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501379		PHARO	L		PGX870512672				PGX870512672	I1564968		
02/14/24	02/14/24	81	80053	12-01		15.84		0.00	45	6.97		0.00	8.87
02/14/24	02/14/24	81	82607	12-01		22.00		0.00	45	9.34		0.00	12.66
02/14/24	02/14/24	81	82306	12-01		44.00		0.00	45	19.12		0.00	24.88
02/14/24	02/14/24	81	83036	12-01		14.00		0.00	45	5.84		0.00	8.16
02/14/24	02/14/24	81	84443	12-01		25.20		0.00	45	11.07		0.00	14.13
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/14/24	02/14/24	81	85049	12-01		9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						134.54		0.00		62.08		0.00	72.46
512-05573	303-0501380		PHARO	L		PGX870512672				PGX870512672	I1564969		
02/14/24	02/14/24	81	82570	12-01		8.00		0.00	45	3.65		0.00	4.35
02/14/24	02/14/24	81	82043	12-01		7.58		0.00	45	2.72		0.00	4.86
CLAIM TOTALS						15.58		0.00		6.37		0.00	9.21
512-05573	303-0514178		PHILLIPS	A		PPA800504665				PPA800504665	I1566358		
02/15/24	02/15/24	81	87086	12-01		18.53		0.00	45	11.75		0.00	6.78
512-05573	303-0512154		PHILLIPS	A		EDU876500022				EDU876500022	I1566357		
02/18/24	02/18/24	81	87498	12-01		37.07	3	5.00	45	18.13		0.00	13.94
02/18/24	02/18/24	81	87581	12-01		42.00	3	5.00	45	23.06		0.00	13.94
02/18/24	02/18/24	81	87633	12-01		318.05	3	5.00	45	132.88		0.00	180.17
02/18/24	02/18/24	81	87634	12-01		70.20		0.00	97	70.20		0.00	0.00
CLAIM TOTALS						467.32		15.00		244.27		0.00	208.05



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0478329		PHILLIPS	A	IPM134191667001			IPM996579009	I1564066		
02/14/24	02/14/24	81	87635	12-01		150.00		45	118.32	0.00	31.68
02/14/24	02/14/24	81	87486	12-01		42.00		45	23.06	0.00	18.94
02/14/24	02/14/24	81	87498	12-01		37.07		45	18.13	0.00	18.94
02/14/24	02/14/24	81	87581	12-01		42.00		45	23.06	0.00	18.94
02/14/24	02/14/24	81	87633	12-01		318.05		45	132.88	0.00	185.17
02/14/24	02/14/24	81	87634	12-01		105.30		45	67.11	0.00	38.19
02/14/24	02/14/24	81	87640	12-01		37.07		45	18.13	0.00	18.94
02/14/24	02/14/24	81	87641	12-01		37.07		45	18.13	0.00	18.94
02/14/24	02/14/24	81	87651	12-01		49.86		45	30.92	0.00	18.94
CLAIM TOTALS						818.42		449.74		0.00	368.68
512-05573	303-0392764		PICKETT	Z	PPA877568452			PPA877568452	I1556718		
02/05/24	02/05/24	81	84153	12-01		27.00		45	11.54	0.00	15.46
02/05/24	02/05/24	81	80048	12-01		12.69		45	5.58	0.00	7.11
02/05/24	02/05/24	81	36415	12-01		4.50		97	4.50	0.00	0.00
CLAIM TOTALS						44.19		21.62		0.00	22.57
512-05573	503-0512015		PINKARD	C	EIB901487537			NDJ819475723	I1566359		
02/14/24	02/14/24	81	87486	12-02		42.00		45	23.06	23	11.44
02/14/24	02/14/24	81	87498	12-02		37.07		45	18.13	23	11.44
02/14/24	02/14/24	81	87581	12-02		42.00		45	23.06	23	11.44
02/14/24	02/14/24	81	87633	12-02		318.05		45	132.88	23	177.67
02/14/24	02/14/24	81	87634	12-02		105.30		45	67.11	23	30.69
02/14/24	02/14/24	81	87640	12-02		37.07		45	18.13	23	11.44
02/14/24	02/14/24	81	87641	12-02		37.07		45	18.13	23	11.44
02/14/24	02/14/24	81	87651	12-02		49.86		45	30.92	23	11.44
CLAIM TOTALS						668.42		331.42		277.00	60.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512015		PINKARD	C	EIB901487537				EIB901487537	I1566359	
02/14/24	02/14/24	81	87486	12-01		42.00	3	7.50	45	23.06	0.00
02/14/24	02/14/24	81	87498	12-01		37.07	3	7.50	45	18.13	0.00
02/14/24	02/14/24	81	87581	12-01		42.00	3	7.50	45	23.06	0.00
02/14/24	02/14/24	81	87633	12-01		318.05	3	7.50	45	132.88	0.00
02/14/24	02/14/24	81	87634	12-01		105.30	3	7.50	45	67.11	0.00
02/14/24	02/14/24	81	87640	12-01		37.07	3	7.50	45	18.13	0.00
02/14/24	02/14/24	81	87641	12-01		37.07	3	7.50	45	18.13	0.00
02/14/24	02/14/24	81	87651	12-01		49.86	3	7.50	45	30.92	0.00
CLAIM TOTALS						668.42		60.00		331.42	0.00
512-05573	303-0514179		PINKARD	G	EIB901241063				EIB901241063	I1566360	
02/06/24	02/06/24	81	87635	12-01		150.00	3	7.50	45	118.32	0.00
02/06/24	02/06/24	81	87486	12-01		42.00	3	7.50	45	23.06	0.00
02/06/24	02/06/24	81	87498	12-01		37.07	3	7.50	45	18.13	0.00
02/06/24	02/06/24	81	87581	12-01		42.00	3	7.50	45	23.06	0.00
02/06/24	02/06/24	81	87633	12-01		318.05	3	7.50	45	132.88	0.00
02/06/24	02/06/24	81	87634	12-01		105.30	3	7.50	45	67.11	0.00
02/06/24	02/06/24	81	87640	12-01		37.07	3	7.50	45	18.13	0.00
02/06/24	02/06/24	81	87641	12-01		37.07	3	7.50	45	18.13	0.00
02/06/24	02/06/24	81	87651	12-01		49.86	3	7.50	45	30.92	0.00
CLAIM TOTALS						818.42		67.50		449.74	0.00
512-05573	302-0505692		PISCHEK	A	PPA852454813				PPA852454813	I1564970	
02/08/24	02/08/24	81	88305	12-01		107.29		0.00	45	12.29	0.00
02/08/24	02/08/24	81	88313	12-01		81.00		0.00	45	13.93	0.00
02/08/24	02/08/24	81	88312	12-01		174.00		0.00		0.00	0.00
02/08/24	02/08/24	81	88312	12-01		87.00		0.00		0.00	0.00
02/08/24	02/08/24	81	88305	12-01		107.29		0.00	B13	107.29	0.00
CLAIM TOTALS						556.58		0.00		133.51	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0320818		PITTS		A	R6K115W13258				R6K996693212		I1550072	
01/30/24	01/30/24	81	87635	87635	12-01	150.00		0.00	B12	150.00		0.00	0.00
01/30/24	01/30/24	81	87486	87486	12-01	42.00		0.00	B12	42.00		0.00	0.00
01/30/24	01/30/24	81	87498	87498	12-01	37.07		0.00	B12	37.07		0.00	0.00
01/30/24	01/30/24	81	87640	87640	12-01	37.07		0.00	B12	37.07		0.00	0.00
01/30/24	01/30/24	81	87581	87581	12-01	42.00		0.00	B12	42.00		0.00	0.00
01/30/24	01/30/24	81	87633	87633	12-01	318.05		0.00	B12	318.05		0.00	0.00
01/30/24	01/30/24	81	87634	87634	12-01	105.30		0.00	B12	105.30		0.00	0.00
01/30/24	01/30/24	81	87641	87641	12-01	37.07		0.00	B12	37.07		0.00	0.00
01/30/24	01/30/24	81	87651	87651	12-01	49.86		0.00	B12	49.86		0.00	0.00
CLAIM TOTALS						818.42		0.00		818.42		0.00	0.00
512-05573	303-0320818		PITTS		A	R6K115W13258				R6K996693212		I1550072	
01/30/24	01/30/24	81	87635	87635	12-22	-150.00		0.00	252	-150.00		0.00	0.00
01/30/24	01/30/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00		0.00	0.00
01/30/24	01/30/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07		0.00	0.00
01/30/24	01/30/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07		0.00	0.00
01/30/24	01/30/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00		0.00	0.00
01/30/24	01/30/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05		0.00	0.00
01/30/24	01/30/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30		0.00	0.00
01/30/24	01/30/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07		0.00	0.00
01/30/24	01/30/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86		0.00	0.00
CLAIM TOTALS						-818.42		0.00		-818.42		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512155		PITTS		A	PPA884010289				PPA884010289	I1566361
02/16/24	02/16/24	81		80053	12-01	15.84		0.00	45	6.97	0.00
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81		85049	12-01	9.00		0.00	45	5.24	0.00
02/16/24	02/16/24	81		82607	12-01	22.00		0.00	45	9.34	12.66
02/16/24	02/16/24	81		82306	12-01	44.00	96	44.00		0.00	0.00
02/16/24	02/16/24	81		83540	12-01	9.71		0.00	45	4.27	5.44
02/16/24	02/16/24	81		83550	12-01	13.11		0.00	45	5.76	7.35
02/16/24	02/16/24	81		82728	12-01	40.00		0.00	45	28.55	11.45
02/16/24	02/16/24	81		83036	12-01	14.00		0.00	45	5.84	8.16
02/16/24	02/16/24	81		84443	12-01	25.20		0.00	45	11.07	14.13
CLAIM TOTALS						197.36		44.00		81.54	0.00
512-05573	303-0512156		PITTS		A	PPA884010289				PPA884010289	I1566361
02/16/24	02/16/24	81		84436	12-01	10.00		0.00	45	4.22	0.00
02/16/24	02/16/24	81		83525	12-01	17.15		0.00	45	7.88	0.00
02/16/24	02/16/24	81		80061	12-01	20.00		0.00	45	10.44	0.00
CLAIM TOTALS						47.15		0.00		22.54	0.00
512-05573	303-0512157		PITTS		K	EDU825312642				EDU825312642	I1566362
02/11/24	02/11/24	81		84681	12-01	63.00	3	5.00	45	54.65	0.00
512-05573	303-0512158		PITTS		S	EDU825312642				EDU825312642	I1566363
02/11/24	02/11/24	81		84443	12-01	25.20	3	5.00	45	11.07	0.00
02/11/24	02/11/24	81		84436	12-01	10.00	3	5.00	45	4.22	0.00
CLAIM TOTALS						35.20		10.00		15.29	0.00
512-05573	303-0512159		POKHAREL		S	KUB907332370				KUB907332370	I1566364
02/16/24	02/16/24	81		87086	12-01	18.53		0.00	45	11.75	0.00
512-05573	303-0117613		PONTARELLI		O	Z2E00002955302				Z2E002955302	I1531879
01/09/24	01/09/24	81		87651	12-01	49.86	1	18.94	45	30.92	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501381		POUNDERS	T	PPA873165207				PPA873165207		I1564972		
02/06/24	02/06/24	81	84144	12-01		31.00		0.00	45	13.47		0.00	17.53
02/06/24	02/06/24	81	84140	12-01		41.34		0.00	45	23.97		0.00	17.37
CLAIM TOTALS						72.34		0.00		37.44		0.00	34.90
512-05573	302-0469835		POWE	S	ZEJ909775456				ZEJ909775456		I1562742		
01/23/24	01/23/24	81	87481	12-02		84.00	27	84.00		0.00		0.00	0.00
01/23/24	01/23/24	81	87491	12-02		49.86	27	49.86		0.00		0.00	0.00
01/23/24	01/23/24	81	87511	12-02		42.00	27	42.00		0.00		0.00	0.00
01/23/24	01/23/24	81	87529	12-02		99.72	27	99.72		0.00		0.00	0.00
01/23/24	01/23/24	81	87591	12-02		42.00	27	42.00		0.00		0.00	0.00
01/23/24	01/23/24	81	87653	12-02		74.14	27	74.14		0.00		0.00	0.00
01/23/24	01/23/24	81	87661	12-02		32.30	27	32.30		0.00		0.00	0.00
01/23/24	01/23/24	81	87563	12-02		42.50	27	42.50		0.00		0.00	0.00
01/23/24	01/23/24	81	87640	12-02		37.07	27	37.07		0.00		0.00	0.00
CLAIM TOTALS						503.59		503.59		0.00		0.00	0.00
512-05573	303-0512016		POWER	D	WMW02250162W				WMW995018152		I1566366		
02/05/24	02/05/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
02/05/24	02/05/24	81	83036	12-01		14.00	1	8.16	45	5.84		0.00	0.00
02/05/24	02/05/24	81	80061	12-01		20.00	1	9.56	45	10.44		0.00	0.00
02/05/24	02/05/24	81	84443	12-01		25.20	1	14.13	45	11.07		0.00	0.00
02/05/24	02/05/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00
02/05/24	02/05/24	81	82607	12-01		22.00	1	12.66	45	9.34		0.00	0.00
02/05/24	02/05/24	81	82746	12-01		22.00	1	10.51	45	11.49		0.00	0.00
02/05/24	02/05/24	81	83540	12-01		9.71	1	5.44	45	4.27		0.00	0.00
02/05/24	02/05/24	81	83550	12-01		13.11	1	7.35	45	5.76		0.00	0.00
CLAIM TOTALS						150.86		80.44		70.42		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573		303-0503280		PRESLEY	A	BEG845429564			BEG845429564	I1564974		
02/15/24	02/15/24	81		87635	12-01	150.00		0.00	45	118.32	0.00	31.68
02/15/24	02/15/24	81		87486	12-01	42.00		0.00	45	23.06	0.00	18.94
02/15/24	02/15/24	81		87498	12-01	37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81		87581	12-01	42.00		0.00	45	23.06	0.00	18.94
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	45	132.88	0.00	185.17
02/15/24	02/15/24	81		87634	12-01	105.30		0.00	45	67.11	0.00	38.19
02/15/24	02/15/24	81		87640	12-01	37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81		87641	12-01	37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	45	30.92	0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74	0.00	368.68
512-05573		303-0512162		PRESSNELL	O	IBU873159288			IBU873159288	I1566368		
02/08/24	02/08/24	81		86140	12-01	15.00		0.00	45	10.65	0.00	4.35
02/08/24	02/08/24	81		86038	12-01	40.00		0.00	45	29.84	0.00	10.16
CLAIM TOTALS						55.00		0.00		40.49	0.00	14.51
512-05573		302-0478272		PRIDMORE	S	NEI800984074			NEI800984074	I1564075		
02/14/24	02/14/24	81		87635	12-01	150.00		0.00	45	118.32	0.00	31.68
02/14/24	02/14/24	81		87486	12-01	42.00		0.00	45	23.06	0.00	18.94
02/14/24	02/14/24	81		87498	12-01	37.07		0.00	45	18.13	0.00	18.94
02/14/24	02/14/24	81		87581	12-01	42.00		0.00	45	23.06	0.00	18.94
02/14/24	02/14/24	81		87633	12-01	318.05		0.00	45	132.88	0.00	185.17
02/14/24	02/14/24	81		87634	12-01	105.30		0.00	45	67.11	0.00	38.19
02/14/24	02/14/24	81		87640	12-01	37.07		0.00	45	18.13	0.00	18.94
02/14/24	02/14/24	81		87641	12-01	37.07		0.00	45	18.13	0.00	18.94
02/14/24	02/14/24	81		87651	12-01	49.86		0.00	45	30.92	0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74	0.00	368.68
512-05573		303-3463260		PYLANT	A	TOA632W09165			TOA996499571	I1502776		
12/08/23	12/08/23	81	87486	87486	12-01	42.00		0.00	252	42.00	0.00	0.00
12/08/23	12/08/23	81	87502	87502	12-01	105.06		0.00	252	105.06	0.00	0.00
12/08/23	12/08/23	81	87635	87635	12-01	150.00		0.00	252	150.00	0.00	0.00
CLAIM TOTALS						297.06		0.00		297.06	0.00	0.00



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DATES OF SERVICE		ORIG		PROCEDURES		TOTAL		WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-3463260		PYLANT		A		TOA632W09165		TOA996499571		I1502776	
12/08/23	12/08/23	81	87486	87486	12-22	-42.00		0.00	252	-42.00		0.00	0.00
12/08/23	12/08/23	81	87502	87502	12-22	-105.06		0.00	252	-105.06		0.00	0.00
12/08/23	12/08/23	81	87635	87635	12-22	-150.00		0.00	252	-150.00		0.00	0.00
CLAIM TOTALS						-297.06		0.00		-297.06		0.00	0.00
512-05573		303-0512164		RABY		J		EDU888226830		EDU888226830		I1566370	
02/16/24	02/16/24	81	80053	84999	12-01	15.84	3	5.00	45	19.61	94	-13.11	4.34
02/16/24	02/16/24	81		82607	12-01	22.00	3	5.00	45	9.34		0.00	7.66
02/16/24	02/16/24	81		83540	12-01	9.71	3	5.00	45	4.27		0.00	0.44
02/16/24	02/16/24	81		83550	12-01	13.11	3	5.00	45	5.76		0.00	2.35
02/16/24	02/16/24	81		83036	12-01	14.00	3	5.00	45	5.84		0.00	3.16
02/16/24	02/16/24	81		83735	12-01	13.11		0.00	97	13.11		0.00	0.00
02/16/24	02/16/24	81		80061	12-01	20.00	3	5.00	45	10.44		0.00	4.56
02/16/24	02/16/24	81		84443	12-01	25.20	3	5.00	45	11.07		0.00	9.13
02/16/24	02/16/24	81		85027	12-01	12.00	3	3.90	45	8.10		0.00	0.00
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						149.47		38.90		92.04		-13.11	31.64
512-05573		303-0512017		RAFAEL		E		PPA800962906		PPA800962906		I1566371	
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88		0.00	185.17
02/16/24	02/16/24	81		87634	12-01	70.20		0.00	97	70.20		0.00	0.00
02/16/24	02/16/24	81		87635	12-01	150.00		0.00	45	118.32		0.00	31.68
CLAIM TOTALS						617.32		0.00		362.59		0.00	254.73
512-05573		303-0370502		RAMSEY		C		PHU10074741P		PHU996925285		I1553904	
01/29/24	01/29/24	81		84425	12-01	63.00	197	63.00		0.00		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		503-0473083		RANDOLPH		B	PPA871697033		PPA848161539		I1564080		
02/14/24	02/14/24	81	87635	12-02		150.00		0.00	45	118.32	23	31.68	0.00
02/14/24	02/14/24	81	87486	12-02		42.00		0.00	45	23.06	23	18.94	0.00
02/14/24	02/14/24	81	87498	12-02		37.07		0.00	45	18.13	23	18.94	0.00
02/14/24	02/14/24	81	87640	12-02		37.07		0.00	45	18.13	23	18.94	0.00
02/14/24	02/14/24	81	87581	12-02		42.00		0.00	45	23.06	23	18.94	0.00
02/14/24	02/14/24	81	87633	12-02		318.05		0.00	45	132.88	23	185.17	0.00
02/14/24	02/14/24	81	87634	12-02		105.30		0.00	45	67.11	23	38.19	0.00
02/14/24	02/14/24	81	87641	12-02		37.07		0.00	45	18.13	23	18.94	0.00
02/14/24	02/14/24	81	87651	12-02		49.86		0.00	45	30.92	23	18.94	0.00
CLAIM TOTALS						818.42		0.00		449.74		368.68	0.00
512-05573		303-0503281		RAOUF		S	RGN848326895		RGN848326895		I1564975		
02/10/24	02/10/24	81	87086	12-01		18.53	3	0.68	45	11.75		0.00	6.10
02/10/24	02/10/24	81	87186	12-01		13.50	3	0.73	45	6.23		0.00	6.54
02/10/24	02/10/24	81	87088	12-01		8.09	3	0.68	45	1.29		0.00	6.12
CLAIM TOTALS						40.12		2.09		19.27		0.00	18.76
512-05573		503-0503281		RAOUF		S	RGN848326895		PPA877864975		I1564975		
02/10/24	02/10/24	81	87086	12-02		18.53		0.00	45	11.75	23	6.10	0.68
02/10/24	02/10/24	81	87186	12-02		13.50		0.00	45	6.23	23	6.54	0.73
02/10/24	02/10/24	81	87088	12-02		8.09		0.00	45	1.29	23	6.12	0.68
CLAIM TOTALS						40.12		0.00		19.27		18.76	2.09
512-05573		303-0463781		RAUB		E	NGO208M90350		NGO996169967		I1562186		
02/12/24	02/12/24	81	87486	12-01		42.00		0.00	252	42.00		0.00	0.00
02/12/24	02/12/24	81	87498	12-01		37.07		0.00	252	37.07		0.00	0.00
02/12/24	02/12/24	81	87640	12-01		37.07		0.00	252	37.07		0.00	0.00
02/12/24	02/12/24	81	87581	12-01		42.00		0.00	252	42.00		0.00	0.00
02/12/24	02/12/24	81	87633	12-01		318.05		0.00	252	318.05		0.00	0.00
02/12/24	02/12/24	81	87634	12-01		105.30		0.00	252	105.30		0.00	0.00
02/12/24	02/12/24	81	87641	12-01		37.07		0.00	252	37.07		0.00	0.00
02/12/24	02/12/24	81	87651	12-01		49.86		0.00	252	49.86		0.00	0.00
02/12/24	02/12/24	81	87798	12-01		336.00		0.00	252	336.00		0.00	0.00
CLAIM TOTALS						1004.42		0.00		1004.42		0.00	0.00



**BlueCross BlueShield
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512-05573
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DATES OF SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR WRITE	OFF	OTHER	ADJUSTMENTS	CONTROL	NUMBER		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT		
512-05573	303-0512165	RAY	J	LGB901424727						LGB901424727	I1566373				
02/16/24	02/16/24	81	80053	12-01		15.84	3	7.50	45	6.97		0.00	1.37		
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00		
CLAIM TOTALS						20.34		7.50		11.47		0.00	1.37		
512-05573	303-0512166	RAY	M	KHH822635986						KHH822635986	I1566374				
02/13/24	02/13/24	81	80307	12-01		83.81	49	83.81		0.00		0.00	0.00		
02/13/24	02/13/24	81	G0482	12-01		174.33	49	174.33		0.00		0.00	0.00		
CLAIM TOTALS						258.14		258.14		0.00		0.00	0.00		
512-05573	303-0512167	RAY	W	KHH822635986						KHH822635986	I1566375				
02/13/24	02/13/24	81	80307	12-01		83.81	49	83.81		0.00		0.00	0.00		
02/13/24	02/13/24	81	G0482	12-01		174.33	49	174.33		0.00		0.00	0.00		
CLAIM TOTALS						258.14		258.14		0.00		0.00	0.00		
512-05573	302-0478484	REAGIN	P	BEG820569499						BEG820569499	I1564082				
02/08/24	02/08/24	81	G0482	12-01		174.33		0.00	45	124.97		0.00	49.36		
512-05573	303-0468693	REAVES	M	YNF132485632001						YNF996447150	I1562752				
02/05/24	02/05/24	81	87651	12-02		49.86		0.00	45	30.92	23	13.94	5.00		
512-05573	303-0514182	REDING	J	LGL137670549001						LGL996935351	I1566377				
02/15/24	02/15/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00		
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00		
02/15/24	02/15/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00		
02/15/24	02/15/24	81	82607	12-01		22.00	1	12.66	45	9.34		0.00	0.00		
02/15/24	02/15/24	81	83540	12-01		9.71	1	5.44	45	4.27		0.00	0.00		
02/15/24	02/15/24	81	83550	12-01		13.11	1	7.35	45	5.76		0.00	0.00		
02/15/24	02/15/24	81	82670	12-01		41.00	1	23.47	45	17.53		0.00	0.00		
02/15/24	02/15/24	81	82728	12-01		40.00	1	11.45	45	28.55		0.00	0.00		
02/15/24	02/15/24	81	84481	12-01		24.00	1	14.23	45	9.77		0.00	0.00		
02/15/24	02/15/24	81	84403	12-01		38.00	1	21.69	45	16.31		0.00	0.00		
CLAIM TOTALS						217.16		108.92		108.24		0.00	0.00		

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE			CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573		303-0514183		REDING	J	LGL137670549001				LGL996935351	I1566377			
02/15/24	02/15/24	81		83036	12-01	14.00	1	8.16	45	5.84		0.00	0.00	
02/15/24	02/15/24	81		84443	12-01	25.20	1	14.13	45	11.07		0.00	0.00	
02/15/24	02/15/24	81		84439	12-01	13.00	1	7.58	45	5.42		0.00	0.00	
CLAIM TOTALS						52.20		29.87		22.33		0.00	0.00	
512-05573		303-0512020		REED	A	PGX870069599				PGX870069599	I1566379			
02/12/24	02/12/24	81		88175	12-01	81.00		0.00	45	42.87		0.00	38.13	
02/12/24	02/12/24	81		87624	12-01	35.09		0.00	45	16.15		0.00	18.94	
CLAIM TOTALS						116.09		0.00		59.02		0.00	57.07	
512-05573		303-0512169		REED	C	EDU852792278				EDU852792278	I1566380			
02/16/24	02/16/24	81		83540	12-01	9.71	3	5.00	45	4.27		0.00	0.44	
02/16/24	02/16/24	81		83550	12-01	13.11	3	5.00	45	5.76		0.00	2.35	
02/16/24	02/16/24	81		82728	12-01	40.00	3	5.00	45	28.55		0.00	6.45	
02/16/24	02/16/24	81		84481	12-01	24.00	3	5.00	45	9.77		0.00	9.23	
02/16/24	02/16/24	81		80061	12-01	20.00	3	5.00	45	10.44		0.00	4.56	
02/16/24	02/16/24	81		84443	12-01	25.20	3	5.00	45	11.07		0.00	9.13	
02/16/24	02/16/24	81		84439	12-01	13.00	3	5.00	45	5.42		0.00	2.58	
02/16/24	02/16/24	81		82533	12-01	24.00	3	5.00	45	10.30		0.00	8.70	
02/16/24	02/16/24	81		80069	12-01	13.00	3	5.00	45	5.70		0.00	2.30	
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00	
CLAIM TOTALS						186.52		45.00		95.78		0.00	45.74	
512-05573		303-0512170		REED	C	EDU852792278				EDU852792278	I1566380			
02/16/24	02/16/24	81		85049	12-01	9.00	3	3.76	45	5.24		0.00	0.00	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR WRITE	OFF	OTHER	ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0468697		REEVES	L	MYT922508590					MYT922508590		I1562757	
02/10/24	02/10/24	81	84156	12-01		8.00	1	3.08	45	4.92		0.00	0.00
02/10/24	02/10/24	81	82570	12-01		8.00	1	4.35	45	3.65		0.00	0.00
02/10/24	02/10/24	81	83069	12-01		8.00	1	3.32	45	4.68		0.00	0.00
02/10/24	02/10/24	81	84311	12-01		32.00	1	5.88	45	26.12		0.00	0.00
02/10/24	02/10/24	81	82010	12-01		16.00	1	6.21	45	9.79		0.00	0.00
02/10/24	02/10/24	81	82945	12-01		8.00	1	3.30	45	4.70		0.00	0.00
02/10/24	02/10/24	81	82247	12-01		8.00	1	4.22	45	3.78		0.00	0.00
02/10/24	02/10/24	81	83986	12-01		7.00	1	3.01	45	3.99		0.00	0.00
02/10/24	02/10/24	81	81007	12-01		120.00	1	2.16	45	117.84		0.00	0.00
02/10/24	02/10/24	81	82043	12-01		7.58	1	4.86	45	2.72		0.00	0.00
CLAIM TOTALS						222.58		40.39		182.19		0.00	0.00
512-05573	303-0514184		REID	L	NDJ887946634					NDJ887946634		I1566381	
02/08/24	02/08/24	81	84466	12-01		40.00	3	0.85	45	36.61		0.00	2.54
02/08/24	02/08/24	81	84402	12-01		38.00	3	5.35	45	16.61		0.00	16.04
CLAIM TOTALS						78.00		6.20		53.22		0.00	18.58
512-05573	303-0503282		RENEMAN	M	KID800747608					KID800747608		I1564977	
02/15/24	02/15/24	81	87481	12-01		42.00		0.00	109	42.00		0.00	0.00
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	109	37.07		0.00	0.00
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	109	37.07		0.00	0.00
02/15/24	02/15/24	81	87653	12-01		37.07		0.00	109	37.07		0.00	0.00
02/15/24	02/15/24	81	87801	12-01		74.14		0.00	109	74.14		0.00	0.00
CLAIM TOTALS						227.35		0.00		227.35		0.00	0.00



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DATES OF	SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR WRITE	OFF	OTHER	ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512172		RESENDEZ	A	CPX899371053					CPX899371053		I1566382	
02/14/24	02/14/24	81	87481	12-01	168.00		1	75.76	45	92.24		0.00	0.00
02/14/24	02/14/24	81	87500	12-01	33.00		1	18.94	45	14.06		0.00	0.00
02/14/24	02/14/24	81	87529	12-01	99.72		1	37.88	45	61.84		0.00	0.00
02/14/24	02/14/24	81	87551	12-01	144.72		1	37.88	45	106.84		0.00	0.00
02/14/24	02/14/24	81	87563	12-01	42.50		1	18.94	45	23.56		0.00	0.00
02/14/24	02/14/24	81	87640	12-01	37.07		1	18.94	45	18.13		0.00	0.00
02/14/24	02/14/24	81	87641	12-01	37.07		1	18.94	45	18.13		0.00	0.00
02/14/24	02/14/24	81	87651	12-01	49.86		1	18.94	45	30.92		0.00	0.00
02/14/24	02/14/24	81	87653	12-01	37.07		1	18.94	45	18.13		0.00	0.00
CLAIM TOTALS						649.01		265.16		383.85		0.00	0.00
512-05573	303-0514185		REYNOLDS	M	PHT821345227					PHT821345227		I1566383	
02/16/24	02/16/24	81	87086	12-01	18.53			0.00	45	11.75		0.00	6.78
512-05573	303-0514186		RHEA	T	TVA907925186					TVA907925186		I1566384	
02/15/24	02/15/24	81	80053	12-01	15.84		3	1.77	45	6.97		0.00	7.10
02/15/24	02/15/24	81	85049	12-01	9.00		3	0.75	45	5.24		0.00	3.01
02/15/24	02/15/24	81	82607	12-01	22.00		3	2.53	45	9.34		0.00	10.13
02/15/24	02/15/24	81	83540	12-01	9.71		3	1.08	45	4.27		0.00	4.36
02/15/24	02/15/24	81	83550	12-01	13.11		3	1.47	45	5.76		0.00	5.88
02/15/24	02/15/24	81	82728	12-01	40.00		3	2.29	45	28.55		0.00	9.16
02/15/24	02/15/24	81	84403	12-01	38.00		3	4.33	45	16.31		0.00	17.36
02/15/24	02/15/24	81	83036	12-01	14.00			0.00	45	5.84		0.00	8.16
02/15/24	02/15/24	81	84481	12-01	24.00		3	2.84	45	9.77		0.00	11.39
02/15/24	02/15/24	81	84443	12-01	25.20		3	2.82	45	11.07		0.00	11.31
CLAIM TOTALS						210.86		19.88		103.12		0.00	87.86
512-05573	303-0514187		RHEA	T	TVA907925186					TVA907925186		I1566384	
02/15/24	02/15/24	81	84439	12-01	13.00		3	1.51	45	5.42		0.00	6.07
02/15/24	02/15/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00
CLAIM TOTALS						17.50		1.51		9.92		0.00	6.07



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503283		RHODES	C	PPA837906269			PPA837906269	I1564978		
02/15/24	02/15/24	81	87486	12-01	42.00			45 23.06		0.00	18.94
02/15/24	02/15/24	81	87498	12-01	37.07			45 18.13		0.00	18.94
02/15/24	02/15/24	81	87640	12-01	37.07			45 18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01	42.00			45 23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01	318.05			45 132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01	105.30			45 67.11		0.00	38.19
02/15/24	02/15/24	81	87641	12-01	37.07			45 18.13		0.00	18.94
02/15/24	02/15/24	81	87651	12-01	49.86			45 30.92		0.00	18.94
CLAIM TOTALS						668.42		331.42		0.00	337.00
512-05573	303-0514188		RICHARDS	B	EDU858649112			EDU858649112	I1566386		
02/16/24	02/16/24	81	87635	12-01	150.00	3	5.00	45 118.32		0.00	26.68
02/16/24	02/16/24	81	87486	12-01	42.00	3	5.00	45 23.06		0.00	13.94
02/16/24	02/16/24	81	87498	12-01	37.07	3	5.00	45 18.13		0.00	13.94
02/16/24	02/16/24	81	87581	12-01	42.00	3	5.00	45 23.06		0.00	13.94
02/16/24	02/16/24	81	87633	12-01	318.05	3	5.00	45 132.88		0.00	180.17
02/16/24	02/16/24	81	87634	12-01	105.30	3	5.00	45 67.11		0.00	33.19
02/16/24	02/16/24	81	87640	12-01	37.07	3	5.00	45 18.13		0.00	13.94
02/16/24	02/16/24	81	87641	12-01	37.07	3	5.00	45 18.13		0.00	13.94
02/16/24	02/16/24	81	87651	12-01	49.86	3	5.00	45 30.92		0.00	13.94
CLAIM TOTALS						818.42	45.00	449.74		0.00	323.68
512-05573	303-0512179		RICHARDSON	L	EIB901398735			EIB901398735	I1566387		
02/16/24	02/16/24	81	87635	12-01	150.00	3	7.50	45 118.32		0.00	24.18
02/16/24	02/16/24	81	87486	12-01	42.00	3	7.50	45 23.06		0.00	11.44
02/16/24	02/16/24	81	87498	12-01	37.07	3	7.50	45 18.13		0.00	11.44
02/16/24	02/16/24	81	87581	12-01	42.00	3	7.50	45 23.06		0.00	11.44
02/16/24	02/16/24	81	87633	12-01	318.05	3	7.50	45 132.88		0.00	177.67
02/16/24	02/16/24	81	87634	12-01	105.30	3	7.50	45 67.11		0.00	30.69
02/16/24	02/16/24	81	87640	12-01	37.07	3	7.50	45 18.13		0.00	11.44
02/16/24	02/16/24	81	87641	12-01	37.07	3	7.50	45 18.13		0.00	11.44
02/16/24	02/16/24	81	87651	12-01	49.86	3	7.50	45 30.92		0.00	11.44
CLAIM TOTALS						818.42	67.50	449.74		0.00	301.18



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0512021		RICHTER	K	PPA859235946			PPA859235946	I1566388	
02/16/24	02/16/24	81		87635	12-01	150.00		0.00	45	118.32	0.00
02/16/24	02/16/24	81		87486	12-01	42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/16/24	02/16/24	81		87634	12-01	105.30		0.00	45	67.11	0.00
02/16/24	02/16/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87641	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87651	12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00
512-05573		303-0503284		RICHTER	M	KID800455849			KID800455849	I1564980	
02/15/24	02/15/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/15/24	02/15/24	81		87634	12-01	70.20		0.00	97	70.20	0.00
02/15/24	02/15/24	81		87635	12-01	150.00		0.00	45	118.32	0.00
CLAIM TOTALS						617.32		0.00		362.59	0.00
512-05573		303-0512192		RICKARD	A	PPA855993925			PPA855993925	I1566389	
02/15/24	02/15/24	81		84153	12-01	27.00		0.00	45	11.54	0.00
02/15/24	02/15/24	81		84443	12-01	25.20		0.00	45	11.07	0.00
02/15/24	02/15/24	81		84436	12-01	10.00		0.00	45	4.22	0.00
02/15/24	02/15/24	81		80061	12-01	20.00		0.00	45	10.44	0.00
02/15/24	02/15/24	81		85049	12-01	9.00		0.00	45	5.24	0.00
02/15/24	02/15/24	81		80053	12-01	15.84		0.00	45	6.97	0.00
02/15/24	02/15/24	81		82607	12-01	22.00		0.00	45	9.34	0.00
02/15/24	02/15/24	81		82306	12-01	44.00	96	44.00		0.00	0.00
02/15/24	02/15/24	81		83540	12-01	9.71		0.00	45	4.27	0.00
02/15/24	02/15/24	81		83550	12-01	13.11		0.00	45	5.76	0.00
CLAIM TOTALS						195.86		44.00		68.85	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512193		RICKARD	A	PPA855993925			PPA855993925	I1566389		
02/15/24	02/15/24	81	82670	12-01		41.00		45	17.53	0.00	23.47
02/15/24	02/15/24	81	82728	12-01		40.00		45	28.55	0.00	11.45
02/15/24	02/15/24	81	84481	12-01		24.00		45	9.77	0.00	14.23
02/15/24	02/15/24	81	84403	12-01		38.00		45	16.31	0.00	21.69
02/15/24	02/15/24	81	83036	12-01		14.00		45	5.84	0.00	8.16
CLAIM TOTALS						157.00			78.00	0.00	79.00
512-05573	303-0512209		RICKARD	A	PPA855993925			PPA855993925	I1566390		
02/15/24	02/15/24	81	82627	12-01		33.00		45	14.31	0.00	18.69
512-05573	303-0512022		RIDDLE	V	J2D1011490LE			J2D996742569	I1566391		
11/16/23	11/16/23	81	87635	12-01		150.00		252	150.00	0.00	0.00
11/16/23	11/16/23	81	87486	12-01		42.00		252	42.00	0.00	0.00
11/16/23	11/16/23	81	87498	12-01		37.07		252	37.07	0.00	0.00
11/16/23	11/16/23	81	87640	12-01		37.07		252	37.07	0.00	0.00
11/16/23	11/16/23	81	87581	12-01		42.00		252	42.00	0.00	0.00
11/16/23	11/16/23	81	87633	12-01		318.05		252	318.05	0.00	0.00
11/16/23	11/16/23	81	87634	12-01		105.30		252	105.30	0.00	0.00
11/16/23	11/16/23	81	87641	12-01		37.07		252	37.07	0.00	0.00
11/16/23	11/16/23	81	87651	12-01		49.86		252	49.86	0.00	0.00
CLAIM TOTALS						818.42			818.42	0.00	0.00
512-05573	303-0362331		RIGGINS	W	PPA888976746			PPA888976746	I1552463		
02/01/24	02/01/24	81	87486	12-01		42.00		45	23.06	0.00	18.94
02/01/24	02/01/24	81	87498	12-01		37.07		45	18.13	0.00	18.94
02/01/24	02/01/24	81	87581	12-01		42.00		45	23.06	0.00	18.94
02/01/24	02/01/24	81	87633	12-01		318.05		45	132.88	0.00	185.17
02/01/24	02/01/24	81	87634	12-01		105.30		45	67.11	0.00	38.19
02/01/24	02/01/24	81	87640	12-01		37.07		45	18.13	0.00	18.94
02/01/24	02/01/24	81	87641	12-01		37.07		45	18.13	0.00	18.94
02/01/24	02/01/24	81	87651	12-01		49.86		45	30.92	0.00	18.94
CLAIM TOTALS						668.42			331.42	0.00	337.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL					OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0505693		RIKARD	A	PPA822574722					PPA822574722	I1564981		
02/14/24	02/14/24	81	80053	12-01	15.84			0.00	45	6.97		0.00	8.87
02/14/24	02/14/24	81	83036	12-01	14.00			0.00	45	5.84		0.00	8.16
02/14/24	02/14/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00
CLAIM TOTALS						34.34		0.00		17.31		0.00	17.03
512-05573	303-0468702		RIPPLE BAKER D	LNCAN7830762						LNC996274331	I1562765		
02/08/24	02/08/24	81	80307	12-01	83.81			0.00	45	34.88		0.00	48.93
02/08/24	02/08/24	81	G0482	12-01	174.33			0.00	45	124.97		0.00	49.36
CLAIM TOTALS						258.14		0.00		159.85		0.00	98.29
512-05573	303-0501383		RISNER	J	U4U337w13210					U4U996659385	I1564982		
02/15/24	02/15/24	81	80053	12-01	15.84		3	8.87	45	6.97		0.00	0.00
02/15/24	02/15/24	81	83036	12-01	14.00		3	8.16	45	5.84		0.00	0.00
02/15/24	02/15/24	81	80061	12-01	20.00		3	9.56	45	10.44		0.00	0.00
02/15/24	02/15/24	81	84443	12-01	25.20		3	14.13	45	11.07		0.00	0.00
02/15/24	02/15/24	81	85049	12-01	9.00		3	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						84.04		44.48		39.56		0.00	0.00
512-05573	302-1889951		ROBBINS	H	NAF847023181					NAF847023181	I1357520		
06/26/23	06/26/23	81	87486	12-01	42.00			0.00	B13	42.00		0.00	0.00
06/26/23	06/26/23	81	87498	12-01	37.07			0.00	B13	37.07		0.00	0.00
06/26/23	06/26/23	81	87502	12-01	81.38			0.00	B13	81.38		0.00	0.00
06/26/23	06/26/23	81	87581	12-01	42.00			0.00	B13	42.00		0.00	0.00
06/26/23	06/26/23	81	87633	12-01	318.05			0.00	B13	318.05		0.00	0.00
06/26/23	06/26/23	81	87634	12-01	105.30			0.00	B13	105.30		0.00	0.00
06/26/23	06/26/23	81	87640	12-01	37.07			0.00	B13	37.07		0.00	0.00
06/26/23	06/26/23	81	87641	12-01	37.07			0.00	B13	37.07		0.00	0.00
06/26/23	06/26/23	81	87651	12-01	49.86			0.00	B13	49.86		0.00	0.00
CLAIM TOTALS						749.80		0.00		749.80		0.00	0.00
512-05573	303-0512212		ROBERSON	L	CSE100435026					CSE100435026	I1566393		
12/05/23	12/05/23	81	87507	12-01	319.55		96	319.55		0.00		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512213	ROBERSON	L	CSE100435026							
12/06/23	12/06/23	81	85049	12-01	9.00	0.00	45	CSE100435026	I1566394	0.00	3.76
512-05573	303-0512211	ROBERTS	G	PAS824119939				ACH824119939	I1566392		
02/16/24	02/16/24	81	87635	12-01	150.00	242	150.00	0.00		0.00	0.00
02/16/24	02/16/24	81	87486	12-01	42.00	242	42.00	0.00		0.00	0.00
02/16/24	02/16/24	81	87498	12-01	37.07	242	37.07	0.00		0.00	0.00
02/16/24	02/16/24	81	87581	12-01	42.00	242	42.00	0.00		0.00	0.00
02/16/24	02/16/24	81	87633	12-01	318.05	242	318.05	0.00		0.00	0.00
02/16/24	02/16/24	81	87634	12-01	105.30	242	105.30	0.00		0.00	0.00
02/16/24	02/16/24	81	87640	12-01	37.07	242	37.07	0.00		0.00	0.00
02/16/24	02/16/24	81	87641	12-01	37.07	242	37.07	0.00		0.00	0.00
02/16/24	02/16/24	81	87651	12-01	49.86	242	49.86	0.00		0.00	0.00
CLAIM TOTALS					818.42	818.42		0.00		0.00	0.00
512-05573	503-0454600	ROBERTS	K	XAK851901756				XAK851901756	I1561604		
02/10/24	02/10/24	81	87486	12-02	42.00	0.00	0.00	0.00	23	42.00	0.00
02/10/24	02/10/24	81	87498	12-02	37.07	0.00	0.00	0.00	23	37.07	0.00
02/10/24	02/10/24	81	87581	12-02	42.00	0.00	0.00	0.00	23	42.00	0.00
02/10/24	02/10/24	81	87633	12-02	318.05	0.00	0.00	0.00	23	318.05	0.00
02/10/24	02/10/24	81	87634	12-02	105.30	0.00	0.00	0.00	23	105.30	0.00
02/10/24	02/10/24	81	87640	12-02	37.07	0.00	0.00	0.00	23	37.07	0.00
02/10/24	02/10/24	81	87641	12-02	37.07	0.00	0.00	0.00	23	37.07	0.00
02/10/24	02/10/24	81	87651	12-02	49.86	0.00	0.00	0.00	23	49.86	0.00
CLAIM TOTALS					668.42	0.00		0.00		668.42	0.00
512-05573	303-0503286	ROBERTS	M	THV849182481				THV849182481	I1564984		
02/15/24	02/15/24	81	87651	12-01	49.86	0.00	45	30.92		0.00	18.94



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573		302-0239768		ROBERTS		S	PGX872671271		PGX872671271		I1541009	
01/18/24	01/18/24	81	87486	12-01		42.00		0.00	45	23.06	0.00	18.94
01/18/24	01/18/24	81	87498	12-01		37.07		0.00	45	18.13	0.00	18.94
01/18/24	01/18/24	81	87581	12-01		42.00		0.00	45	23.06	0.00	18.94
01/18/24	01/18/24	81	87633	12-01		318.05		0.00	45	132.88	0.00	185.17
01/18/24	01/18/24	81	87634	12-01		105.30		0.00	45	67.11	0.00	38.19
01/18/24	01/18/24	81	87640	12-01		37.07		0.00	45	18.13	0.00	18.94
01/18/24	01/18/24	81	87641	12-01		37.07		0.00	45	18.13	0.00	18.94
01/18/24	01/18/24	81	87651	12-01		49.86		0.00	45	30.92	0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42	0.00	337.00
512-05573		302-0449641		ROBERTS		V	PPA881935885		PPA881935885		I1560440	
02/08/24	02/08/24	81	80061	12-01		20.00		0.00	45	10.44	0.00	9.56
02/08/24	02/08/24	81	80048	12-01		12.69		0.00	45	5.58	0.00	7.11
CLAIM TOTALS						32.69		0.00		16.02	0.00	16.67
512-05573		303-0503285		ROBERTSON		K	BEG852079183		BEG852079183		I1564983	
02/14/24	02/14/24	81	80053	12-01		15.84	3	2.22	45	6.97	0.00	6.65
02/14/24	02/14/24	81	87389	12-01		36.00	3	5.06	45	15.76	0.00	15.18
02/14/24	02/14/24	81	83036	12-01		14.00	3	2.04	45	5.84	0.00	6.12
02/14/24	02/14/24	81	84481	12-01		24.00	3	3.56	45	9.77	0.00	10.67
02/14/24	02/14/24	81	86376	12-01		21.00	3	3.06	45	8.77	0.00	9.17
02/14/24	02/14/24	81	84443	12-01		25.20	3	3.53	45	11.07	0.00	10.60
02/14/24	02/14/24	81	84436	12-01		10.00	3	1.45	45	4.22	0.00	4.33
02/14/24	02/14/24	81	86800	12-01		23.00	3	3.34	45	9.63	0.00	10.03
02/14/24	02/14/24	81	84432	12-01		24.00	3	3.38	45	10.50	0.00	10.12
CLAIM TOTALS						193.04		27.64		82.53	0.00	82.87
512-05573		303-3135631		ROBINSON		D	PPA849428601		PPA849428601		I1146459	
11/07/22	11/07/22	81	87491	87491	12-01	49.86		0.00	45	30.92	0.00	18.94
11/07/22	11/07/22	81	87511	87511	12-01	42.00		0.00	45	23.06	0.00	18.94
11/07/22	11/07/22	81	87529	87529	12-01	49.86		0.00	45	30.92	0.00	18.94
11/07/22	11/07/22	81	87591	87591	12-01	42.00		0.00	45	23.06	0.00	18.94
11/07/22	11/07/22	81	87661	87661	12-01	32.30		0.00	45	13.36	0.00	18.94
CLAIM TOTALS						216.02		0.00		121.32	0.00	94.70



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0514189		ROBINSON	J	IHH846594618					IHH846594618		I1566395		
02/02/24	02/02/24	81	87498	12-01	37.07		1	18.94	45	18.13		0.00	0.00	
02/02/24	02/02/24	81	87581	12-01	42.00		1	18.94	45	23.06		0.00	0.00	
02/02/24	02/02/24	81	87633	12-01	318.05		1	185.17	45	132.88		0.00	0.00	
02/02/24	02/02/24	81	87634	12-01	70.20			0.00	97	70.20		0.00	0.00	
CLAIM TOTALS						467.32		223.05		244.27		0.00	0.00	
512-05573	303-0503287		ROBINSON	J	EDU884604079					EDU884604079		I1564985		
02/15/24	02/15/24	81	87635	12-01	150.00		3	5.00	45	118.32		0.00	26.68	
02/15/24	02/15/24	81	87486	12-01	42.00		3	5.00	45	23.06		0.00	13.94	
02/15/24	02/15/24	81	87498	12-01	37.07		3	5.00	45	18.13		0.00	13.94	
02/15/24	02/15/24	81	87581	12-01	42.00		3	5.00	45	23.06		0.00	13.94	
02/15/24	02/15/24	81	87633	12-01	318.05		3	5.00	45	132.88		0.00	180.17	
02/15/24	02/15/24	81	87634	12-01	105.30		3	5.00	45	67.11		0.00	33.19	
02/15/24	02/15/24	81	87640	12-01	37.07		3	5.00	45	18.13		0.00	13.94	
02/15/24	02/15/24	81	87641	12-01	37.07		3	5.00	45	18.13		0.00	13.94	
02/15/24	02/15/24	81	87651	12-01	49.86		3	5.00	45	30.92		0.00	13.94	
CLAIM TOTALS						818.42		45.00		449.74		0.00	323.68	
512-05573	302-0246804		ROBINSON	L	w9G2251356AB					w9G996393797		I1541915		
01/22/24	01/22/24	81	87635	87635	12-01	150.00		0.00	B12	150.00		0.00	0.00	
01/22/24	01/22/24	81	87486	87486	12-01	42.00		0.00	B12	42.00		0.00	0.00	
01/22/24	01/22/24	81	87498	87498	12-01	37.07		0.00	B12	37.07		0.00	0.00	
01/22/24	01/22/24	81	87581	87581	12-01	42.00		0.00	B12	42.00		0.00	0.00	
01/22/24	01/22/24	81	87633	87633	12-01	318.05		0.00	B12	318.05		0.00	0.00	
01/22/24	01/22/24	81	87634	87634	12-01	105.30		0.00	B12	105.30		0.00	0.00	
01/22/24	01/22/24	81	87640	87640	12-01	37.07		0.00	B12	37.07		0.00	0.00	
01/22/24	01/22/24	81	87641	87641	12-01	37.07		0.00	B12	37.07		0.00	0.00	
01/22/24	01/22/24	81	87651	87651	12-01	49.86		0.00	B12	49.86		0.00	0.00	
CLAIM TOTALS						818.42		0.00		818.42		0.00	0.00	



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FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-0246804		ROBINSON		L	W9G2251356AB		W9G996393797		I1541915		
01/22/24	01/22/24	81	87635	87635	12-22	-150.00		0.00	252	-150.00		0.00	0.00
01/22/24	01/22/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00		0.00	0.00
01/22/24	01/22/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07		0.00	0.00
01/22/24	01/22/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00		0.00	0.00
01/22/24	01/22/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05		0.00	0.00
01/22/24	01/22/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30		0.00	0.00
01/22/24	01/22/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07		0.00	0.00
01/22/24	01/22/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07		0.00	0.00
01/22/24	01/22/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86		0.00	0.00
CLAIM TOTALS						-818.42		0.00		-818.42		0.00	0.00
512-05573		303-0512023		ROCK		M	PPA823390825		PPA823390825		I1566396		
02/14/24	02/14/24	81		87086	12-01	18.53		0.00	45	11.75		0.00	6.78
02/14/24	02/14/24	81		87186	12-01	13.50		0.00	45	6.23		0.00	7.27
02/14/24	02/14/24	81		87088	12-01	8.09		0.00	45	1.29		0.00	6.80
CLAIM TOTALS						40.12		0.00		19.27		0.00	20.85
512-05573		303-0512024		RODGERS		M	EDU843044339		EDU843044339		I1566397		
02/16/24	02/16/24	81		87635	12-01	150.00	3	5.00	45	118.32		0.00	26.68
02/16/24	02/16/24	81		87486	12-01	42.00	3	5.00	45	23.06		0.00	13.94
02/16/24	02/16/24	81		87498	12-01	37.07	3	5.00	45	18.13		0.00	13.94
02/16/24	02/16/24	81		87581	12-01	42.00	3	5.00	45	23.06		0.00	13.94
02/16/24	02/16/24	81		87633	12-01	318.05	3	5.00	45	132.88		0.00	180.17
02/16/24	02/16/24	81		87634	12-01	105.30	3	5.00	45	67.11		0.00	33.19
02/16/24	02/16/24	81		87640	12-01	37.07	3	5.00	45	18.13		0.00	13.94
02/16/24	02/16/24	81		87641	12-01	37.07	3	5.00	45	18.13		0.00	13.94
02/16/24	02/16/24	81		87651	12-01	49.86	3	5.00	45	30.92		0.00	13.94
CLAIM TOTALS						818.42		45.00		449.74		0.00	323.68

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**BlueCross BlueShield
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CORE DIAGNOSTIC LABORATORIES

1930 EDWARDS LAKE RD STE 138

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FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0468706		ROGERS	S	STTS00632662				STT996872679		I1562773		
02/12/24	02/12/24	81	80053	12-01	15.84	3	1.33	45	6.97			0.00	7.54
02/12/24	02/12/24	81	83036	12-01	14.00	3	1.22	45	5.84			0.00	6.94
02/12/24	02/12/24	81	80061	12-01	20.00	3	1.43	45	10.44			0.00	8.13
02/12/24	02/12/24	81	84443	12-01	25.20	3	2.11	45	11.07			0.00	12.02
02/12/24	02/12/24	81	84439	12-01	13.00	3	1.13	45	5.42			0.00	6.45
02/12/24	02/12/24	81	36415	12-01	4.50		0.00	97	4.50			0.00	0.00
02/12/24	02/12/24	81	85049	12-01	9.00	3	0.56	45	5.24			0.00	3.20
CLAIM TOTALS							101.54		49.48			0.00	44.28
512-05573	303-0514190		ROSE	A	LGB912142706				LGB912142706		I1566399		
02/15/24	02/15/24	81	87507	12-01	319.55	3	7.50	45	134.38			0.00	177.67
512-05573	302-0049959		ROSEBOROUGH	L	W9F2255646AB				W9F996464453		I1521578		
12/29/23	12/29/23	81	87635	87635	12-01	150.00		0.00	B12	150.00		0.00	0.00
12/29/23	12/29/23	81	87486	87486	12-01	42.00		0.00	B12	42.00		0.00	0.00
12/29/23	12/29/23	81	87498	87498	12-01	37.07		0.00	B12	37.07		0.00	0.00
12/29/23	12/29/23	81	87581	87581	12-01	42.00		0.00	B12	42.00		0.00	0.00
12/29/23	12/29/23	81	87633	87633	12-01	318.05		0.00	B12	318.05		0.00	0.00
12/29/23	12/29/23	81	87634	87634	12-01	105.30		0.00	B12	105.30		0.00	0.00
12/29/23	12/29/23	81	87640	87640	12-01	37.07		0.00	B12	37.07		0.00	0.00
12/29/23	12/29/23	81	87641	87641	12-01	37.07		0.00	B12	37.07		0.00	0.00
12/29/23	12/29/23	81	87651	87651	12-01	49.86		0.00	B12	49.86		0.00	0.00
CLAIM TOTALS							818.42		818.42			0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0049959		ROSEBOROUGH	L	W9F2255646AB			W9F996464453	I1521578		
12/29/23	12/29/23	81	87635	87635	12-22	-150.00		252	-150.00	0.00	0.00
12/29/23	12/29/23	81	87486	87486	12-22	-42.00		252	-42.00	0.00	0.00
12/29/23	12/29/23	81	87498	87498	12-22	-37.07		252	-37.07	0.00	0.00
12/29/23	12/29/23	81	87581	87581	12-22	-42.00		252	-42.00	0.00	0.00
12/29/23	12/29/23	81	87633	87633	12-22	-318.05		252	-318.05	0.00	0.00
12/29/23	12/29/23	81	87634	87634	12-22	-105.30		252	-105.30	0.00	0.00
12/29/23	12/29/23	81	87640	87640	12-22	-37.07		252	-37.07	0.00	0.00
12/29/23	12/29/23	81	87641	87641	12-22	-37.07		252	-37.07	0.00	0.00
12/29/23	12/29/23	81	87651	87651	12-22	-49.86		252	-49.86	0.00	0.00
CLAIM TOTALS						-818.42		0.00	-818.42	0.00	0.00
512-05573	302-0478332		ROTHWELL	C	J2D1007807LE			J2D996739296	I1564096		
02/13/24	02/13/24	81	80053	12-01	15.84	3	8.87	45	6.97	0.00	0.00
02/13/24	02/13/24	81	82607	12-01	22.00	3	12.66	45	9.34	0.00	0.00
02/13/24	02/13/24	81	80061	12-01	20.00	3	3.47	45	10.44	0.00	6.09
02/13/24	02/13/24	81	83540	12-01	9.00		0.00	45	3.56	0.00	5.44
02/13/24	02/13/24	81	36415	12-01	4.50		0.00	97	4.50	0.00	0.00
02/13/24	02/13/24	81	85049	12-01	9.00		0.00	45	5.24	0.00	3.76
CLAIM TOTALS						80.34	25.00	40.05		0.00	15.29
512-05573	302-0505695		ROY	T	EIB901326253			EIB901326253	I1564987		
02/12/24	02/12/24	81	87086	12-01	18.53	3	6.78	45	11.75	0.00	0.00
512-05573	502-3617492		RUDOLPH	R	P4S823536238			HYN881214577	I1517427		
10/23/23	10/23/23	81	87481	12-02	84.00		0.00	45	46.12	0.00	37.88
10/23/23	10/23/23	81	87491	12-02	49.86		0.00	45	30.92	23	18.94
10/23/23	10/23/23	81	87511	12-02	42.00		0.00	45	23.06	0.00	18.94
10/23/23	10/23/23	81	87529	12-02	99.72		0.00	45	61.84	0.00	37.88
10/23/23	10/23/23	81	87591	12-02	42.00		0.00	45	23.06	23	18.94
10/23/23	10/23/23	81	87653	12-02	74.14		0.00	45	55.20	23	4.06
10/23/23	10/23/23	81	87661	12-02	32.30		0.00	45	13.36	23	17.05
10/23/23	10/23/23	81	87563	12-02	42.50		0.00	45	23.56	23	18.94
10/23/23	10/23/23	81	87640	12-02	37.07		0.00	45	18.13	23	17.05
CLAIM TOTALS						503.59	0.00	295.25		94.98	113.36



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-0478333		RUSSELL	B	TVA908959188			TVA908959188	I1564099	
02/13/24	02/13/24	81		80053	12-01	15.84	1	8.87	45	6.97	0.00
02/13/24	02/13/24	81		82607	12-01	22.00	1	12.66	45	9.34	0.00
02/13/24	02/13/24	81		83540	12-01	9.71	1	5.44	45	4.27	0.00
02/13/24	02/13/24	81		83550	12-01	13.11	1	7.35	45	5.76	0.00
02/13/24	02/13/24	81		82728	12-01	40.00	1	11.45	45	28.55	0.00
02/13/24	02/13/24	81		84481	12-01	24.00	1	14.23	45	9.77	0.00
02/13/24	02/13/24	81		83036	12-01	14.00		0.00	45	5.84	8.16
02/13/24	02/13/24	81		84443	12-01	25.20	1	14.13	45	11.07	0.00
02/13/24	02/13/24	81		84439	12-01	13.00	1	7.58	45	5.42	0.00
02/13/24	02/13/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
CLAIM TOTALS						181.36		81.71		91.49	8.16
512-05573		302-0478334		RUSSELL	B	TVA908959188			TVA908959188	I1564099	
02/13/24	02/13/24	81		85049	12-01	9.00	1	3.76	45	5.24	0.00
512-05573		303-0503289		RUSSELL	S	NDJ850439135			NDJ850439135	I1564988	
02/14/24	02/14/24	81		84156	12-01	8.00		0.00	45	4.92	3.08
02/14/24	02/14/24	81		82570	12-01	8.00		0.00	45	3.65	4.35
02/14/24	02/14/24	81		83069	12-01	8.00		0.00	45	4.68	3.32
02/14/24	02/14/24	81		84311	12-01	32.00		0.00	45	26.12	5.88
02/14/24	02/14/24	81		82010	12-01	16.00		0.00	45	9.79	6.21
02/14/24	02/14/24	81		82945	12-01	8.00		0.00	45	4.70	3.30
02/14/24	02/14/24	81		82247	12-01	8.00		0.00	45	3.78	4.22
02/14/24	02/14/24	81		83986	12-01	7.00		0.00	45	3.99	3.01
02/14/24	02/14/24	81		81007	12-01	120.00		0.00	45	117.84	2.16
02/14/24	02/14/24	81		82043	12-01	7.58		0.00	45	2.72	4.86
CLAIM TOTALS						222.58		0.00		182.19	40.39
512-05573		303-0512214		RUSSELL	S	NDJ850439135			NDJ850439135	I1566400	
02/14/24	02/14/24	81		87086	12-01	18.53		0.00	97	18.53	0.00
02/14/24	02/14/24	81		87186	12-01	13.50		0.00	45	6.23	7.27
02/14/24	02/14/24	81		87088	12-01	8.09		0.00	97	8.09	0.00
CLAIM TOTALS						40.12		0.00		32.85	7.27



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	AMOUNT	PAYMENT
512-05573	303-0468710		RYLES		M	ENA820W15677				ENA996733008	I1562778	
02/09/24	02/09/24	81	G0482		12-01	174.33	3	40.00	45	124.97	0.00	9.36
512-05573	303-0473044		SAGER		J	YRX825A21881				YRX996304406	I1564100	
02/13/24	02/13/24	81	84153		12-01	27.00		0.00	45	11.54	0.00	15.46
02/13/24	02/13/24	81	84403		12-01	38.00		0.00	45	16.31	0.00	21.69
02/13/24	02/13/24	81	36415		12-01	4.50		0.00	97	4.50	0.00	0.00
CLAIM TOTALS								0.00		32.35	0.00	37.15
512-05573	303-0514119		SAGER		J	YRX825A21881				YRX996304406	I1566401	
02/13/24	02/13/24	81	80307		12-01	83.81		0.00	45	34.88	0.00	48.93
02/13/24	02/13/24	81	G0482		12-01	174.33		0.00	45	124.97	0.00	49.36
CLAIM TOTALS								0.00		159.85	0.00	98.29
512-05573	302-0505696		SAINT		C	PPA815461012				PPA815461012	I1564990	
02/14/24	02/14/24	81	80053		12-01	15.84		0.00	45	6.97	0.00	8.87
02/14/24	02/14/24	81	36415		12-01	4.50		0.00	97	4.50	0.00	0.00
02/14/24	02/14/24	81	85049		12-01	9.00		0.00	45	5.24	0.00	3.76
02/14/24	02/14/24	81	82607		12-01	22.00		0.00	45	9.34	0.00	12.66
02/14/24	02/14/24	81	83540		12-01	9.71		0.00	45	4.27	0.00	5.44
02/14/24	02/14/24	81	83550		12-01	13.11		0.00	45	5.76	0.00	7.35
02/14/24	02/14/24	81	82728		12-01	40.00		0.00	45	28.55	0.00	11.45
02/14/24	02/14/24	81	84403		12-01	38.00		0.00	45	16.31	0.00	21.69
02/14/24	02/14/24	81	83036		12-01	14.00		0.00	45	5.84	0.00	8.16
02/14/24	02/14/24	81	84481		12-01	24.00		0.00	45	9.77	0.00	14.23
CLAIM TOTALS								0.00		96.55	0.00	93.61
512-05573	302-0505697		SAINT		C	PPA815461012				PPA815461012	I1564990	
02/14/24	02/14/24	81	80061		12-01	20.00		0.00	45	10.44	0.00	9.56
02/14/24	02/14/24	81	84443		12-01	25.20		0.00	45	11.07	0.00	14.13
02/14/24	02/14/24	81	84439		12-01	13.00		0.00	45	5.42	0.00	7.58
CLAIM TOTALS								0.00		26.93	0.00	31.27



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512215	SAINT		P		BEG846277189			BEG846277189	I1566402	
02/08/24	02/08/24	81	G0480	12-01		125.00		0.00	45	75.64	0.00
49.36											
512-05573	303-0393085	SAMS		D		BEG862012421			BEG862012421	I1556757	
02/05/24	02/05/24	81	87481	12-01		42.00	3	4.74	45	23.06	0.00
14.20											
02/05/24	02/05/24	81	87640	12-01		37.07	3	4.74	45	18.13	0.00
14.20											
02/05/24	02/05/24	81	87641	12-01		37.07	3	4.74	45	18.13	0.00
14.20											
02/05/24	02/05/24	81	87653	12-01		37.07	3	4.74	45	18.13	0.00
14.20											
02/05/24	02/05/24	81	87529	12-01		99.72	3	9.47	45	61.84	0.00
28.41											
CLAIM TOTALS						252.93		28.43		139.29	0.00
85.21											
512-05573	972-3116478	SAMUELS		K		PGX866466351			PGX866466351	I1471300	
11/02/23	11/02/23	81	87591	87591	12-02	42.00		0.00	45	23.06	23
18.94											0.00
11/02/23	11/02/23	81	87661	87661	12-02	32.30		0.00	45	13.36	23
18.94											0.00
11/02/23	11/02/23	81	87481	87481	12-02	42.00		0.00	45	23.06	23
18.94											0.00
11/02/23	11/02/23	81	87491	87491	12-02	49.86		0.00	45	30.92	23
18.94											0.00
11/02/23	11/02/23	81	87511	87511	12-02	42.00		0.00	45	23.06	23
18.94											0.00
CLAIM TOTALS						208.16		0.00		113.46	94.70
0.00											
512-05573	303-0384264	SANDEFUR		W		PPA813191606			PPA813191606	I1555387	
02/05/24	02/05/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
18.94											
02/05/24	02/05/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
18.94											
02/05/24	02/05/24	81	87653	12-01		37.07		0.00	45	18.13	0.00
18.94											
02/05/24	02/05/24	81	87481	12-01		42.00		0.00	45	23.06	0.00
18.94											
CLAIM TOTALS						153.21		0.00		77.45	0.00
75.76											
512-05573	303-0392769	SANDEFUR		W		PPA813191606			PPA813191606	I1556759	
02/05/24	02/05/24	81	87086	12-01		18.53		0.00	45	11.75	0.00
6.78											

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		001-0330402		SANDERS		E	KHH820544869		KHH820544869		
04/11/23	04/11/23	81	87491	87491	12-01	49.86		0.00	B13	49.86	0.00
04/11/23	04/11/23	81	87511	87511	12-01	42.00	49	42.00		0.00	0.00
04/11/23	04/11/23	81	87529	87529	12-01	49.86	49	49.86		0.00	0.00
04/11/23	04/11/23	81	87591	87591	12-01	42.00		0.00	B13	42.00	0.00
04/11/23	04/11/23	81	87661	87661	12-01	32.30	49	32.30		0.00	0.00
CLAIM TOTALS						216.02		124.16		91.86	0.00
512-05573		303-0501403		BUNTING		J	PPA806987423		PPA806987423		I1564772
02/15/24	02/15/24	81	87635		12-01	150.00		0.00	45	118.32	0.00
02/15/24	02/15/24	81	87486		12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81	87498		12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81	87581		12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81	87633		12-01	318.05		0.00	45	132.88	0.00
02/15/24	02/15/24	81	87634		12-01	105.30		0.00	45	67.11	0.00
02/15/24	02/15/24	81	87640		12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81	87641		12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81	87651		12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00
512-05573		303-0503290		SANDERSON		C	PPA848199292		PPA848199292		I1564991
02/15/24	02/15/24	81	87651		12-01	49.86	1	18.94	45	30.92	0.00
02/15/24	02/15/24	81	87486		12-01	42.00	1	18.94	45	23.06	0.00
02/15/24	02/15/24	81	87498		12-01	37.07	1	18.94	45	18.13	0.00
02/15/24	02/15/24	81	87581		12-01	42.00	1	18.94	45	23.06	0.00
02/15/24	02/15/24	81	87633		12-01	318.05	1	185.17	45	132.88	0.00
02/15/24	02/15/24	81	87634		12-01	105.30	1	38.19	45	67.11	0.00
02/15/24	02/15/24	81	87640		12-01	37.07	1	18.94	45	18.13	0.00
02/15/24	02/15/24	81	87641		12-01	37.07	1	18.94	45	18.13	0.00
02/15/24	02/15/24	81	87651		12-01	49.86		0.00	96	49.86	0.00
CLAIM TOTALS						718.28		337.00		381.28	0.00
512-05573		303-0512025		SANGILLO		J	PPA870204881		PPA870204881		I1566403
09/06/23	09/06/23	81	87086		12-01	18.53		0.00	45	11.75	0.00
											6.78

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-3463282		SAVAGE		M	SJS100010716425				SJS996722552		I1558778	
12/08/23	12/08/23	81	87486		12-01	42.00	1	18.94	45	23.06		0.00	0.00
12/08/23	12/08/23	81	87498		12-01	37.07	1	18.94	45	18.13		0.00	0.00
12/08/23	12/08/23	81	87581		12-01	42.00	1	18.94	45	23.06		0.00	0.00
12/08/23	12/08/23	81	87631		12-01	330.00	1	59.19	45	270.81		0.00	0.00
12/08/23	12/08/23	81	87634		12-01	105.30	1	38.19	45	67.11		0.00	0.00
12/08/23	12/08/23	81	87640		12-01	37.07	1	18.94	45	18.13		0.00	0.00
12/08/23	12/08/23	81	87641		12-01	37.07	1	18.94	45	18.13		0.00	0.00
12/08/23	12/08/23	81	87651		12-01	49.86	1	18.94	45	30.92		0.00	0.00
12/08/23	12/08/23	81	87635		12-01	150.00	1	31.68	45	118.32		0.00	0.00
CLAIM TOTALS						830.37		242.70		587.67		0.00	0.00
512-05573	303-3463282		SAVAGE		M	SJS100010716425				SJS996722552		I1502805	
12/08/23	12/08/23	81	87486	87486	12-22	-42.00	1	-18.94	45	-23.06		0.00	0.00
12/08/23	12/08/23	81	87498	87498	12-22	-37.07	1	-18.94	45	-18.13		0.00	0.00
12/08/23	12/08/23	81	87581	87581	12-22	-42.00	1	-18.94	45	-23.06		0.00	0.00
12/08/23	12/08/23	81	87633	87633	12-22	-318.05		0.00	45	-132.88	96	-185.17	0.00
12/08/23	12/08/23	81	87634	87634	12-22	-105.30	1	-38.19	45	-67.11		0.00	0.00
12/08/23	12/08/23	81	87640	87640	12-22	-37.07	1	-18.94	45	-18.13		0.00	0.00
12/08/23	12/08/23	81	87641	87641	12-22	-37.07	1	-18.94	45	-18.13		0.00	0.00
12/08/23	12/08/23	81	87651	87651	12-22	-49.86	1	-18.94	45	-30.92		0.00	0.00
12/08/23	12/08/23	81	87635	87635	12-22	-150.00	1	-31.68	45	-118.32		0.00	0.00
CLAIM TOTALS						-818.42		-183.51		-449.74		-185.17	0.00
512-05573	001-0330384		SCHABLOW		S	RGN894108654				RGN894108654			
01/18/24	01/18/24	81	87761	87661	12-01	32.30	3	1.89	45	13.36		0.00	17.05



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573		303-0514191		SCHAFFER		C	PPA879437022		PPA879437022		I1566405			
02/07/24	02/07/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17	
02/07/24	02/07/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94	
02/07/24	02/07/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94	
02/07/24	02/07/24	81	87633	12-01		318.05		0.00	96	318.05		0.00	0.00	
02/07/24	02/07/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94	
02/07/24	02/07/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94	
02/07/24	02/07/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94	
CLAIM TOTALS						844.10		0.00		564.23		0.00	279.87	
512-05573		304-3123052		SCHRIMSHER		T	PGX846109488		PGX846109488		I1145228			
11/05/22	11/05/22	81	87511	87511	12-01	42.00	1	18.94	45	23.06		0.00	0.00	
11/05/22	11/05/22	81	87529	87529	12-01	99.72	1	37.88	45	61.84		0.00	0.00	
11/05/22	11/05/22	81	87661	87661	12-01	32.30	1	18.94	45	13.36		0.00	0.00	
CLAIM TOTALS						174.02		75.76		98.26		0.00	0.00	
512-05573		303-0381611		SCOTT		A	UDYAN8659812		UDY996231608		I1555390			
02/05/24	02/05/24	81	87635	87635	12-01	150.00		0.00	B12	150.00		0.00	0.00	
02/05/24	02/05/24	81	87486	87486	12-01	42.00		0.00	B12	42.00		0.00	0.00	
02/05/24	02/05/24	81	87498	87498	12-01	37.07		0.00	B12	37.07		0.00	0.00	
02/05/24	02/05/24	81	87581	87581	12-01	42.00		0.00	B12	42.00		0.00	0.00	
02/05/24	02/05/24	81	87633	87633	12-01	318.05		0.00	B12	318.05		0.00	0.00	
02/05/24	02/05/24	81	87634	87634	12-01	105.30		0.00	B12	105.30		0.00	0.00	
02/05/24	02/05/24	81	87640	87640	12-01	37.07		0.00	B12	37.07		0.00	0.00	
02/05/24	02/05/24	81	87641	87641	12-01	37.07		0.00	B12	37.07		0.00	0.00	
02/05/24	02/05/24	81	87651	87651	12-01	49.86		0.00	B12	49.86		0.00	0.00	
CLAIM TOTALS						818.42		0.00		818.42		0.00	0.00	

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0381611		SCOTT		A	UDYAN8659812				UDY996231608		I1555390		
02/05/24	02/05/24	81	87635	87635	12-22	-150.00		0.00	252	-150.00		0.00	0.00	
02/05/24	02/05/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00		0.00	0.00	
02/05/24	02/05/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07		0.00	0.00	
02/05/24	02/05/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00		0.00	0.00	
02/05/24	02/05/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05		0.00	0.00	
02/05/24	02/05/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30		0.00	0.00	
02/05/24	02/05/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07		0.00	0.00	
02/05/24	02/05/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07		0.00	0.00	
02/05/24	02/05/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86		0.00	0.00	
CLAIM TOTALS						-818.42		0.00		-818.42		0.00	0.00	
512-05573	303-0512177		SCRUSHY		J	PPA873915536				PPA873915536		I1566406		
02/16/24	02/16/24	81	87498		12-01	37.07	1	18.94	45	18.13		0.00	0.00	
02/16/24	02/16/24	81	87581		12-01	42.00	1	18.94	45	23.06		0.00	0.00	
02/16/24	02/16/24	81	87633		12-01	318.05	1	185.17	45	132.88		0.00	0.00	
02/16/24	02/16/24	81	87634		12-01	70.20		0.00	97	70.20		0.00	0.00	
CLAIM TOTALS						467.32		223.05		244.27		0.00	0.00	
512-05573	303-0514192		SEALES		D	LGB901238475				LGB901238475		I1566407		
02/08/24	02/08/24	81	87635		12-01	150.00	3	7.50	45	118.32		0.00	24.18	
02/08/24	02/08/24	81	87486		12-01	42.00	3	7.50	45	23.06		0.00	11.44	
02/08/24	02/08/24	81	87502		12-01	105.06	3	7.50	45	63.87		0.00	33.69	
CLAIM TOTALS						297.06		22.50		205.25		0.00	69.31	
512-05573	303-0512178		SEDINGER		C	TKB868556877M				TKB995533890		I1566408		
02/15/24	02/15/24	81	80053		12-01	15.84	1	8.87	45	6.97		0.00	0.00	
02/15/24	02/15/24	81	84481		12-01	24.00	1	14.23	45	9.77		0.00	0.00	
02/15/24	02/15/24	81	80061		12-01	20.00	1	9.56	45	10.44		0.00	0.00	
02/15/24	02/15/24	81	84443		12-01	25.20	1	14.13	45	11.07		0.00	0.00	
02/15/24	02/15/24	81	84439		12-01	13.00	1	7.58	45	5.42		0.00	0.00	
02/15/24	02/15/24	81	36415		12-01	4.50		0.00	97	4.50		0.00	0.00	
02/15/24	02/15/24	81	85049		12-01	9.00	1	3.76	45	5.24		0.00	0.00	
CLAIM TOTALS						111.54		58.13		53.41		0.00	0.00	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0501384		SELLERS	R	PPA849912088			PPA849912088	I1564992			
02/15/24	02/15/24	81	87635	12-01		150.00		45	118.32	0.00	31.68	
02/15/24	02/15/24	81	87498	12-01		37.07		45	18.13	0.00	18.94	
02/15/24	02/15/24	81	87581	12-01		42.00		45	23.06	0.00	18.94	
02/15/24	02/15/24	81	87633	12-01		318.05		45	132.88	0.00	185.17	
02/15/24	02/15/24	81	87634	12-01		70.20		97	70.20	0.00	0.00	
CLAIM TOTALS						617.32			362.59	0.00	254.73	
512-05573	303-0468714		SELSOR	L	DZVAN6198564			DZV995723792	I1562787			
02/12/24	02/12/24	81	80053	12-01		15.84	3	8.87	45	6.97	0.00	0.00
02/12/24	02/12/24	81	82607	12-01		22.00	3	11.13	45	9.34	0.00	1.53
02/12/24	02/12/24	81	82746	12-01		22.00		45	11.49	0.00	10.51	
02/12/24	02/12/24	81	82306	12-01		44.00		45	19.12	0.00	24.88	
02/12/24	02/12/24	81	83540	12-01		9.71		45	4.27	0.00	5.44	
02/12/24	02/12/24	81	83550	12-01		13.11		45	5.76	0.00	7.35	
02/12/24	02/12/24	81	82728	12-01		40.00		45	28.55	0.00	11.45	
02/12/24	02/12/24	81	80061	12-01		20.00		45	10.44	0.00	9.56	
02/12/24	02/12/24	81	84443	12-01		25.20		45	11.07	0.00	14.13	
02/12/24	02/12/24	81	36415	12-01		4.50		97	4.50	0.00	0.00	
CLAIM TOTALS						216.36			111.51	0.00	84.85	
512-05573	303-0468715		SELSOR	L	DZVAN6198564			DZV995723792	I1562787			
02/12/24	02/12/24	81	85049	12-01		9.00		45	5.24	0.00	3.76	
512-05573	303-0501385		SEVIER	J	EDU885702937			EDU885702937	I1564993			
02/12/24	02/12/24	81	80307	12-01		83.81	3	5.00	45	34.88	0.00	43.93
02/12/24	02/12/24	81	G0482	12-01		174.33	3	5.00	45	124.97	0.00	44.36
CLAIM TOTALS						258.14			159.85	0.00	88.29	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0501386		SEXTON	B		EQB867001571				EQB867001571	I1564994	
02/15/24	02/15/24	81	87635	12-01		150.00	1	31.68	45	118.32	0.00	0.00
02/15/24	02/15/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00	0.00
02/15/24	02/15/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/15/24	02/15/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00	0.00
02/15/24	02/15/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00	0.00
02/15/24	02/15/24	81	87634	12-01		105.30	1	38.19	45	67.11	0.00	0.00
02/15/24	02/15/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/15/24	02/15/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00	0.00
02/15/24	02/15/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00	0.00
CLAIM TOTALS						818.42		368.68		449.74	0.00	0.00
512-05573	302-0478339		SHACKELFORD	R		HST823427368				HST823427368	I1564107	
02/13/24	02/13/24	81	80053	12-01		15.84		0.00	45	6.97	0.00	8.87
02/13/24	02/13/24	81	82728	12-01		40.00		0.00	45	28.55	0.00	11.45
02/13/24	02/13/24	81	83036	12-01		14.00		0.00	45	5.84	0.00	8.16
02/13/24	02/13/24	81	84443	12-01		25.20		0.00	45	11.07	0.00	14.13
02/13/24	02/13/24	81	84439	12-01		13.00		0.00	45	5.42	0.00	7.58
02/13/24	02/13/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
02/13/24	02/13/24	81	85049	12-01		9.00		0.00	45	5.24	0.00	3.76
CLAIM TOTALS						121.54		0.00		67.59	0.00	53.95
512-05573	303-0503291		SHARBUTT	K		EDU882690005				EDU882690005	I1564995	
02/14/24	02/14/24	81	80053	12-01		15.84	3	5.00	45	6.97	0.00	3.87
02/14/24	02/14/24	81	82607	12-01		22.00	3	5.00	45	9.34	0.00	7.66
02/14/24	02/14/24	81	82306	12-01		44.00	96	44.00		0.00	0.00	0.00
02/14/24	02/14/24	81	82728	12-01		40.00	3	5.00	45	28.55	0.00	6.45
02/14/24	02/14/24	81	83036	12-01		14.00	3	5.00	45	5.84	0.00	3.16
02/14/24	02/14/24	81	84443	12-01		25.20	3	5.00	45	11.07	0.00	9.13
02/14/24	02/14/24	81	84436	12-01		10.00	3	5.00	45	4.22	0.00	0.78
02/14/24	02/14/24	81	83540	12-01		9.00	3	5.00	45	3.56	0.00	0.44
02/14/24	02/14/24	81	80061	12-01		20.00	3	5.00	45	10.44	0.00	4.56
02/14/24	02/14/24	81	85049	12-01		9.00	3	3.76	45	5.24	0.00	0.00
CLAIM TOTALS						209.04		87.76		85.23	0.00	36.05



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512027		SHELBY	B	PPA841431188					PPA841431188		I1566409	
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/16/24	02/16/24	81	85049	12-01		9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						13.50		0.00		9.74		0.00	3.76
512-05573	304-3616839		SHEPARD	J	BEG856168287					BEG856168287		I1190284	
12/22/22	12/22/22	81	87511	87511	12-01	42.00		0.00	45	23.06		0.00	18.94
12/22/22	12/22/22	81	87529	87529	12-01	49.86		0.00	45	30.92		0.00	18.94
12/22/22	12/22/22	81	87661	87661	12-01	32.30		0.00	45	13.36		0.00	18.94
CLAIM TOTALS						124.16		0.00		67.34		0.00	56.82
512-05573	303-1351771		SHERROD	C	KHB851037669					KHB851037669		I1319781	
05/10/23	05/10/23	81	87498	87498	12-01	37.07		0.00	45	18.13		0.00	18.94
05/10/23	05/10/23	81	87502	87502	12-01	81.38		0.00	45	40.19		0.00	41.19
05/10/23	05/10/23	81	87581	87581	12-01	42.00		0.00	45	23.06		0.00	18.94
05/10/23	05/10/23	81	87633	87633	12-01	318.05		0.00	45	132.88		0.00	185.17
05/10/23	05/10/23	81	87634	87634	12-01	70.20		0.00	97	70.20		0.00	0.00
05/10/23	05/10/23	81	87798	87798	12-01	168.00	96	168.00		0.00		0.00	0.00
CLAIM TOTALS						716.70		168.00		284.46		0.00	264.24
512-05573	303-0503292		SHOEMAKE	H	KID801944598					KID801944598		I1564997	
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42		0.00	337.00



**BlueCross BlueShield
of Alabama**

P.O. BOX 995
BIRMINGHAM, ALABAMA 35298-0001

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512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0512028		SIKES		T	TVA908310116				TVA908310116		I1566413		
02/16/24	02/16/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00	
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00	
02/16/24	02/16/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00	
02/16/24	02/16/24	81	82607	12-01		22.00	1	12.66	45	9.34		0.00	0.00	
02/16/24	02/16/24	81	82746	12-01		22.00	1	10.51	45	11.49		0.00	0.00	
02/16/24	02/16/24	81	82306	12-01		44.00	1	24.88	45	19.12		0.00	0.00	
02/16/24	02/16/24	81	84481	12-01		24.00	1	14.23	45	9.77		0.00	0.00	
02/16/24	02/16/24	81	84403	12-01		38.00	1	21.69	45	16.31		0.00	0.00	
02/16/24	02/16/24	81	83036	12-01		14.00		0.00	45	5.84		0.00	8.16	
02/16/24	02/16/24	81	80061	12-01		20.00	1	9.56	45	10.44		0.00	0.00	
CLAIM TOTALS						213.34		106.16		99.02		0.00	8.16	
512-05573	303-0512029		SIKES		T	TVA908310116				TVA908310116		I1566413		
02/16/24	02/16/24	81	84443	12-01		25.20	1	14.13	45	11.07		0.00	0.00	
02/16/24	02/16/24	81	84439	12-01		13.00	1	7.58	45	5.42		0.00	0.00	
CLAIM TOTALS						38.20		21.71		16.49		0.00	0.00	
512-05573	303-0512181		SILVEY		P	LGB901278567				LGB901278567		I1566414		
02/13/24	02/13/24	81	80053	12-01		15.84	3	7.50	45	6.97		0.00	1.37	
02/13/24	02/13/24	81	80061	12-01		20.00	3	7.50	45	10.44		0.00	2.06	
02/13/24	02/13/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00	
02/13/24	02/13/24	81	85049	12-01		9.00	3	3.76	45	5.24		0.00	0.00	
02/13/24	02/13/24	81	84443	12-01		25.20	3	7.50	45	11.07		0.00	6.63	
CLAIM TOTALS						74.54		26.26		38.22		0.00	10.06	
512-05573	303-0501360		SIMPSON		D	WMW12039926W00				WMW995492685		I1564998		
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00	
02/15/24	02/15/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00	
CLAIM TOTALS						13.50		3.76		9.74		0.00	0.00	
512-05573	303-0512182		SIMS		T	BEG865845067				BEG865845067		I1566415		
02/13/24	02/13/24	81	G0482	12-01		174.33	3	12.34	45	124.97		0.00	37.02	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	559-0460122		SKELTON	E	XYM62279169				VRY996665579	I1558790	
02/08/24	02/08/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00
512-05573	303-0512183		SKELTON	M	EDU885248010				EDU885248010	I1566416	
02/16/24	02/16/24	81	80053	12-01		15.84	3	5.00	45	6.97	0.00
02/16/24	02/16/24	81	84403	12-01		38.00	3	5.00	45	16.31	0.00
02/16/24	02/16/24	81	83036	12-01		14.00	3	5.00	45	5.84	0.00
02/16/24	02/16/24	81	80061	12-01		20.00	3	5.00	45	10.44	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00	3	3.76	45	5.24	0.00
CLAIM TOTALS						101.34		23.76		49.30	0.00
512-05573	303-0512184		SKELTON	M	EDU885248010				EDU885248010	I1566417	
02/16/24	02/16/24	81	82570	12-01		8.00	3	4.35	45	3.65	0.00
02/16/24	02/16/24	81	82043	12-01		7.58	3	4.86	45	2.72	0.00
CLAIM TOTALS						15.58		9.21		6.37	0.00
512-05573	304-3143309		SLATON	B	EDU858678070				EDU858678070	I1148128	
11/08/22	11/08/22	81	85049	85049	12-01	9.00	3	3.76	45	5.24	0.00
512-05573	302-0449656		SMALLWOOD	D	MPB2601366AB				MPB996409451	I1560466	
02/09/24	02/09/24	81	80053	84999	12-01	15.84	1	9.34	45	14.50	94
02/09/24	02/09/24	81	80061	12-01		20.00	1	9.56	45	10.44	-8.00
02/09/24	02/09/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/09/24	02/09/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
02/09/24	02/09/24	81	84156	12-01		8.00	1	3.08	45	4.92	0.00
02/09/24	02/09/24	81	82570	12-01		8.00	1	4.35	45	3.65	0.00
02/09/24	02/09/24	81	83069	12-01		8.00	1	3.32	45	4.68	0.00
02/09/24	02/09/24	81	84311	12-01		32.00	1	5.88	45	26.12	0.00
02/09/24	02/09/24	81	82010	12-01		16.00	1	6.21	45	9.79	0.00
02/09/24	02/09/24	81	82945	12-01		8.00	1	3.30	45	4.70	0.00
CLAIM TOTALS						129.34		48.80		88.54	-8.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0449657		SMALLWOOD	D	MPB2601366AB					MPB996409451	I1560466		
02/09/24	02/09/24	81	82247	12-01		8.00		0.00	97	8.00		0.00	0.00
02/09/24	02/09/24	81	83986	12-01		7.00	1	3.01	45	3.99		0.00	0.00
02/09/24	02/09/24	81	81007	12-01		120.00	1	2.16	45	117.84		0.00	0.00
02/09/24	02/09/24	81	82043	12-01		7.58	1	4.86	45	2.72		0.00	0.00
CLAIM TOTALS						142.58		10.03		132.55		0.00	0.00
512-05573	303-0468718		SMALLWOOD	D	MPB2601366AB					MPB996409451	I1562796		
02/09/24	02/09/24	81	87086	12-01		18.53	1	6.78	45	11.75		0.00	0.00
02/09/24	02/09/24	81	87186	12-01		13.50	1	7.27	45	6.23		0.00	0.00
02/09/24	02/09/24	81	87088	12-01		8.09	1	6.80	45	1.29		0.00	0.00
CLAIM TOTALS						40.12		20.85		19.27		0.00	0.00
512-05573	302-0469817		SMILEY	T	K4E2892174CH					K4E996761670	I1562799		
02/13/24	02/13/24	81	87635	12-01		150.00	1	31.68	45	118.32		0.00	0.00
512-05573	303-0512187		SMITH	B	RYU829393400					RYU829393400	I1566421		
02/06/24	02/06/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/06/24	02/06/24	81	82247	84999	12-01	8.00		0.00	45	20.19	94	-15.00	2.81
02/06/24	02/06/24	81	82248	12-01		15.00		0.00	97	15.00		0.00	0.00
CLAIM TOTALS						27.50		0.00		39.69		-15.00	2.81
512-05573	303-0512188		SMITH	H	PPA805905726					PPA805905726	I1566422		
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01		70.20		0.00	97	70.20		0.00	0.00
02/15/24	02/15/24	81	87635	12-01		150.00		0.00	45	118.32		0.00	31.68
CLAIM TOTALS						617.32		0.00		362.59		0.00	254.73



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0376311		SMITH	J	CMLL10007194				CML996917747	I1553972	
02/01/24	02/01/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/01/24	02/01/24	81	82306	12-01		44.00	1	24.88	45	19.12	0.00
02/01/24	02/01/24	81	83540	12-01		9.71	1	5.44	45	4.27	0.00
02/01/24	02/01/24	81	83550	12-01		13.11	1	7.35	45	5.76	0.00
02/01/24	02/01/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00
02/01/24	02/01/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/01/24	02/01/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						116.16		59.86		56.30	0.00
512-05573	302-0478341		SMITH	J	TXY261M70191				TXY996921100	I1564112	
02/14/24	02/14/24	81	87635	12-01		150.00		0.00	252	150.00	0.00
02/14/24	02/14/24	81	87486	12-01		42.00		0.00	252	42.00	0.00
02/14/24	02/14/24	81	87498	12-01		37.07		0.00	252	37.07	0.00
02/14/24	02/14/24	81	87581	12-01		42.00		0.00	252	42.00	0.00
02/14/24	02/14/24	81	87633	12-01		318.05		0.00	252	318.05	0.00
02/14/24	02/14/24	81	87634	12-01		105.30		0.00	252	105.30	0.00
02/14/24	02/14/24	81	87640	12-01		37.07		0.00	252	37.07	0.00
02/14/24	02/14/24	81	87641	12-01		37.07		0.00	252	37.07	0.00
02/14/24	02/14/24	81	87651	12-01		49.86		0.00	252	49.86	0.00
CLAIM TOTALS						818.42		0.00		818.42	0.00
512-05573	302-0478452		SMITH	J	QSJ2142298HS				QSJ996672276	I1564113	
02/13/24	02/13/24	81	87486	12-01		42.00		0.00	252	42.00	0.00
02/13/24	02/13/24	81	87498	12-01		37.07		0.00	252	37.07	0.00
02/13/24	02/13/24	81	87581	12-01		42.00		0.00	252	42.00	0.00
02/13/24	02/13/24	81	87633	12-01		318.05		0.00	252	318.05	0.00
02/13/24	02/13/24	81	87634	12-01		105.30		0.00	252	105.30	0.00
02/13/24	02/13/24	81	87640	12-01		37.07		0.00	252	37.07	0.00
02/13/24	02/13/24	81	87641	12-01		37.07		0.00	252	37.07	0.00
02/13/24	02/13/24	81	87651	12-01		49.86		0.00	252	49.86	0.00
CLAIM TOTALS						668.42		0.00		668.42	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0501362		SMITH		K	PPA876087068				PPA876087068		I1565000		
02/15/24	02/15/24	81		80053	12-01	15.84		0.00	45	6.97		0.00	8.87	
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00	
CLAIM TOTALS						20.34		0.00		11.47		0.00	8.87	
512-05573	303-0512030		SMITH		L	REX805926837				REX805926837		I1566423		
02/15/24	02/15/24	81		80053	12-01	15.84	1	8.87	45	6.97		0.00	0.00	
02/15/24	02/15/24	81		83540	12-01	9.71	1	5.44	45	4.27		0.00	0.00	
02/15/24	02/15/24	81		83550	12-01	13.11	1	7.35	45	5.76		0.00	0.00	
02/15/24	02/15/24	81		82728	12-01	40.00	1	11.45	45	28.55		0.00	0.00	
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00	
02/15/24	02/15/24	81		85049	12-01	9.00	1	3.76	45	5.24		0.00	0.00	
CLAIM TOTALS						92.16		36.87		55.29		0.00	0.00	
512-05573	302-0449488		SMITH		M	G8S588264915				G8S588264915		I1560470		
02/09/24	02/09/24	81		80053	12-01	15.84	1	8.87	45	6.97		0.00	0.00	
02/09/24	02/09/24	81		82306	12-01	44.00	1	24.88	45	19.12		0.00	0.00	
02/09/24	02/09/24	81		84443	12-01	25.20	1	14.13	45	11.07		0.00	0.00	
02/09/24	02/09/24	81		84439	12-01	13.00	1	7.58	45	5.42		0.00	0.00	
02/09/24	02/09/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00	
CLAIM TOTALS						102.54		55.46		47.08		0.00	0.00	
512-05573	303-0381617		SMITH		M	PPA869005412				PPA869005412		I1555399		
02/03/24	02/03/24	81		87640	12-01	37.07		0.00	45	18.13		0.00	18.94	
02/03/24	02/03/24	81		87641	12-01	37.07		0.00	45	18.13		0.00	18.94	
02/03/24	02/03/24	81		87653	12-01	37.07		0.00	45	18.13		0.00	18.94	
02/03/24	02/03/24	81		87481	12-01	42.00		0.00	45	23.06		0.00	18.94	
02/03/24	02/03/24	81		87481	12-01	42.00		0.00	45	23.06		0.00	18.94	
02/03/24	02/03/24	81		87640	12-01	37.07		0.00	96	37.07		0.00	0.00	
02/03/24	02/03/24	81		87653	12-01	37.07		0.00	96	37.07		0.00	0.00	
02/03/24	02/03/24	81		87641	12-01	37.07		0.00	96	37.07		0.00	0.00	
CLAIM TOTALS						306.42		0.00		211.72		0.00	94.70	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING		TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER	ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT		PAYMENT
512-05573	303-0503293		SMITH		M	UCR013A24090				UCR994997465		I1565001		
02/12/24	02/12/24	81		80307	12-01	83.81		48.93		45	34.88		0.00	0.00
02/12/24	02/12/24	81		G0482	12-01	174.33		49.36	1	45	124.97		0.00	0.00
CLAIM TOTALS						258.14		98.29			159.85		0.00	0.00
512-05573	303-0512031		SMITH		M	XAA831877580				XAA831877580		I1566424		
02/08/24	02/08/24	81		82672	12-01	60.00		0.00		45	41.77		0.00	18.23
02/08/24	02/08/24	81		84270	12-01	32.00		0.00		45	13.73		0.00	18.27
02/08/24	02/08/24	81		84402	12-01	38.00		0.00		45	16.61		0.00	21.39
CLAIM TOTALS						130.00		0.00			72.11		0.00	57.89
512-05573	303-0404471		SMITH		T	PPA836289539				PPA836289539		I1557736		
02/07/24	02/07/24	81		87635	12-01	150.00		0.00		45	118.32		0.00	31.68
02/07/24	02/07/24	81		87486	12-01	42.00		0.00		45	23.06		0.00	18.94
02/07/24	02/07/24	81		87502	12-01	105.06		0.00		45	63.87		0.00	41.19
CLAIM TOTALS						297.06		0.00			205.25		0.00	91.81
512-05573	303-0512189		SMITH		Y	SCY825463116				SCY825463116		I1566425		
02/16/24	02/16/24	81		84156	12-01	8.00		0.00		45	4.92		0.00	3.08
02/16/24	02/16/24	81		82570	12-01	8.00		0.00		45	3.65		0.00	4.35
02/16/24	02/16/24	81		83069	12-01	8.00		0.00		45	4.68		0.00	3.32
02/16/24	02/16/24	81		84311	12-01	32.00		0.00		45	26.12		0.00	5.88
02/16/24	02/16/24	81		82010	12-01	16.00		0.00		45	9.79		0.00	6.21
02/16/24	02/16/24	81		82945	12-01	8.00		0.00		45	4.70		0.00	3.30
02/16/24	02/16/24	81	82247	84999	12-01	8.00		0.00		45	14.50	94	-15.84	9.34
02/16/24	02/16/24	81		83986	12-01	7.00		0.00		45	3.99		0.00	3.01
02/16/24	02/16/24	81		81007	12-01	120.00		0.00		45	117.84		0.00	2.16
02/16/24	02/16/24	81		82043	12-01	7.58		0.00		45	2.72		0.00	4.86
CLAIM TOTALS						222.58		0.00			192.91		-15.84	45.51



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512190		SMITH		Y	SCY825463116			SCY825463116	I1566425	
02/16/24	02/16/24	81		80053	12-01	15.84		0.00	97	15.84	0.00
02/16/24	02/16/24	81		83036	12-01	14.00		0.00	45	5.84	8.16
02/16/24	02/16/24	81		80061	12-01	20.00		0.00	45	10.44	9.56
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81		85049	12-01	9.00		0.00	45	5.24	3.76
CLAIM TOTALS						63.34		0.00		41.86	21.48
512-05573	303-0512191		SMOTHERS		A	KID880340837			KID880340837	I1566426	
02/16/24	02/16/24	81		87635	12-01	150.00		0.00	45	118.32	31.68
02/16/24	02/16/24	81		87486	12-01	42.00		0.00	45	23.06	18.94
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13	18.94
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06	18.94
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88	185.17
02/16/24	02/16/24	81		87634	12-01	105.30		0.00	45	67.11	38.19
02/16/24	02/16/24	81		87640	12-01	37.07		0.00	45	18.13	18.94
02/16/24	02/16/24	81		87641	12-01	37.07		0.00	45	18.13	18.94
02/16/24	02/16/24	81		87651	12-01	49.86		0.00	45	30.92	18.94
CLAIM TOTALS						818.42		0.00		449.74	368.68
512-05573	302-0505698		SNIPES		L	BGI818015744			BGI818015744	I1565002	
02/15/24	02/15/24	81		87481	12-01	84.00	1	37.88	45	46.12	0.00
02/15/24	02/15/24	81		87491	12-01	49.86	1	18.94	45	30.92	0.00
02/15/24	02/15/24	81		87511	12-01	42.00	1	18.94	45	23.06	0.00
02/15/24	02/15/24	81		87529	12-01	99.72	1	37.88	45	61.84	0.00
02/15/24	02/15/24	81		87591	12-01	42.00	1	18.94	45	23.06	0.00
02/15/24	02/15/24	81		87653	12-01	74.14	1	18.94	45	55.20	0.00
02/15/24	02/15/24	81		87661	12-01	32.30	1	18.94	45	13.36	0.00
02/15/24	02/15/24	81		87563	12-01	42.50	1	18.94	45	23.56	0.00
02/15/24	02/15/24	81		87640	12-01	37.07	1	18.94	45	18.13	0.00
CLAIM TOTALS						503.59		208.34		295.25	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512196		SPARKS	A		PLC875815496			PLC875815496	I1566429	
02/16/24	02/16/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30	1	38.19	45	67.11	0.00
02/16/24	02/16/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00
CLAIM TOTALS						668.42		337.00		331.42	0.00
512-05573	303-0512197		SPARKS	J		KID800025056			KID800025056	I1566430	
02/15/24	02/15/24	81	80053	12-01		15.84		0.00	45	6.97	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/15/24	02/15/24	81	85049	12-01		9.00		0.00	45	5.24	0.00
CLAIM TOTALS						29.34		0.00		16.71	0.00
512-05573	303-0501363		SPEEGLE	D		EDU863044981			EDU863044981	I1565003	
02/15/24	02/15/24	81	87635	12-01		150.00	3	5.00	45	118.32	0.00
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06	0.00
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06	0.00
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88	0.00
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11	0.00
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13	0.00
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92	0.00
CLAIM TOTALS						818.42		45.00		449.74	0.00
512-05573	303-0512198		SPEEGLE	P		PPA869454801			PPA869454801	I1566431	
02/16/24	02/16/24	81	82306	12-01		44.00	1	24.88	45	19.12	0.00
02/16/24	02/16/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						68.50		34.44		34.06	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512199		SPEER	K	PPA837037529			PPA837037529	I1566432		
02/14/24	02/14/24	81	87086	12-01		18.53		45	11.75	0.00	6.78
02/14/24	02/14/24	81	87186	12-01		13.50		45	6.23	0.00	7.27
02/14/24	02/14/24	81	87088	12-01		8.09		45	1.29	0.00	6.80
CLAIM TOTALS						40.12			19.27	0.00	20.85
512-05573	303-0512200		SPOONER	P	BAG854978321			BAG854978321	I1566433		
02/16/24	02/16/24	81	84481	12-01		24.00	3	2.85	45	9.77	11.38
02/16/24	02/16/24	81	84443	12-01		25.20	3	2.83	45	11.07	11.30
02/16/24	02/16/24	81	84439	12-01		13.00	3	1.52	45	5.42	6.06
02/16/24	02/16/24	81	82533	12-01		24.00	3	2.74	45	10.30	10.96
02/16/24	02/16/24	81	36415	12-01		4.50		97	4.50	0.00	0.00
CLAIM TOTALS						90.70			41.06	0.00	39.70
512-05573	303-0503294		SPRAYBERRY	R	PPA842465981			PPA842465981	I1565004		
02/15/24	02/15/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00
512-05573	303-0512202		STANCIL	P	DUS0593714MB			DUS996562939	I1566435		
02/16/24	02/16/24	81	87486	12-01		42.00		252	42.00	0.00	0.00
02/16/24	02/16/24	81	87498	12-01		37.07		252	37.07	0.00	0.00
02/16/24	02/16/24	81	87581	12-01		42.00		252	42.00	0.00	0.00
02/16/24	02/16/24	81	87633	12-01		318.05		252	318.05	0.00	0.00
02/16/24	02/16/24	81	87634	12-01		105.30		252	105.30	0.00	0.00
02/16/24	02/16/24	81	87640	12-01		37.07		252	37.07	0.00	0.00
02/16/24	02/16/24	81	87641	12-01		37.07		252	37.07	0.00	0.00
02/16/24	02/16/24	81	87651	12-01		49.86		252	49.86	0.00	0.00
CLAIM TOTALS						668.42			668.42	0.00	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0512203		STANDRIDGE		R	THV839205417		THV839205417		I1566436
02/16/24	02/16/24	81	82306	12-01		44.00		0.00	45	19.12	0.00
02/16/24	02/16/24	81	83540	12-01		9.71		0.00	45	4.27	0.00
02/16/24	02/16/24	81	83550	12-01		13.11		0.00	45	5.76	0.00
02/16/24	02/16/24	81	82728	12-01		40.00		0.00	45	28.55	0.00
02/16/24	02/16/24	81	80069	12-01		13.00		0.00	45	5.70	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00		0.00	45	5.24	0.00
CLAIM TOTALS						133.32		0.00		73.14	0.00
512-05573		303-0514193		STANSELL		T	AQL133246266001		AQL996523747		I1566437
02/16/24	02/16/24	81	87635	12-01		150.00	1	31.68	45	118.32	0.00
02/16/24	02/16/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30	1	38.19	45	67.11	0.00
02/16/24	02/16/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00
CLAIM TOTALS						818.42		368.68		449.74	0.00
512-05573		302-0478345		STEELE		M	ZJY812154754		ZJY812154754		I1564118
02/13/24	02/13/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/13/24	02/13/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
02/13/24	02/13/24	81	82607	12-01		22.00	1	12.66	45	9.34	0.00
02/13/24	02/13/24	81	83540	12-01		9.71	1	5.44	45	4.27	0.00
02/13/24	02/13/24	81	83550	12-01		13.11	1	7.35	45	5.76	0.00
02/13/24	02/13/24	81	82728	12-01		40.00	1	11.45	45	28.55	0.00
02/13/24	02/13/24	81	84481	12-01		24.00	1	14.23	45	9.77	0.00
02/13/24	02/13/24	81	84403	12-01		38.00	1	21.69	45	16.31	0.00
02/13/24	02/13/24	81	83036	12-01		14.00	1	8.16	45	5.84	0.00
02/13/24	02/13/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00
CLAIM TOTALS						210.86		107.74		103.12	0.00

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DATES OF	SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR WRITE	OFF	OTHER	ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0478346		STEELE	M	ZJY812154754					ZJY812154754		I1564118	
02/13/24	02/13/24	81	84439	12-01	13.00		1	7.58	45	5.42		0.00	0.00
02/13/24	02/13/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00
CLAIM TOTALS								7.58		9.92		0.00	0.00
512-05573	303-0501463		STEPHENS	D	XJBH42112404					XJB996847362		I1565005	
02/12/24	02/12/24	81	80307	12-01	83.81		1	48.93	45	34.88		0.00	0.00
02/12/24	02/12/24	81	G0482	12-01	174.33		1	49.36	45	124.97		0.00	0.00
CLAIM TOTALS								98.29		159.85		0.00	0.00
512-05573	303-0514195		STEPHENSON	C	PPA822062683					PPA822062683		I1566438	
02/15/24	02/15/24	81	80053	12-01	15.84			0.00	45	6.97		0.00	8.87
02/15/24	02/15/24	81	82607	12-01	22.00			0.00	45	9.34		0.00	12.66
02/15/24	02/15/24	81	83540	12-01	9.71			0.00	45	4.27		0.00	5.44
02/15/24	02/15/24	81	83550	12-01	13.11			0.00	45	5.76		0.00	7.35
02/15/24	02/15/24	81	82728	12-01	40.00			0.00	45	28.55		0.00	11.45
02/15/24	02/15/24	81	84481	12-01	24.00			0.00	45	9.77		0.00	14.23
02/15/24	02/15/24	81	83036	12-01	14.00			0.00	45	5.84		0.00	8.16
02/15/24	02/15/24	81	84443	12-01	25.20			0.00	45	11.07		0.00	14.13
02/15/24	02/15/24	81	84439	12-01	13.00			0.00	45	5.42		0.00	7.58
02/15/24	02/15/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00
CLAIM TOTALS								0.00		91.49		0.00	89.87
512-05573	303-0514196		STEPHENSON	C	PPA822062683					PPA822062683		I1566438	
02/15/24	02/15/24	81	85049	12-01	9.00			0.00	45	5.24		0.00	3.76
512-05573	303-0512204		STEPHENSON	K	BEG869637573					BEG869637573		I1566439	
02/07/24	02/07/24	81	80053	12-01	15.84			0.00	45	6.97		0.00	8.87
02/07/24	02/07/24	81	83036	12-01	14.00			0.00	45	5.84		0.00	8.16
02/07/24	02/07/24	81	80061	12-01	20.00			0.00	45	10.44		0.00	9.56
02/07/24	02/07/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00
02/07/24	02/07/24	81	85049	12-01	9.00			0.00	45	5.24		0.00	3.76
CLAIM TOTALS								0.00		32.99		0.00	30.35

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0512032		STEVENSON	J	BEG849535817					BEG849535817	I1566440		
02/14/24	02/14/24	81	82570	12-01	8.00		1	4.35	45	3.65		0.00	0.00
02/14/24	02/14/24	81	84156	12-01	8.00		1	3.08	45	4.92		0.00	0.00
CLAIM TOTALS						16.00		7.43		8.57		0.00	0.00
512-05573	302-0505699		STEWART	A	XIR923384842					XIR923384842	I1565007		
02/14/24	02/14/24	81	87491	12-01	49.86		3	18.94	45	30.92		0.00	0.00
02/14/24	02/14/24	81	87591	12-01	42.00		3	11.06	45	23.06		0.00	7.88
02/14/24	02/14/24	81	87661	12-01	32.30			0.00	45	13.36		0.00	18.94
CLAIM TOTALS						124.16		30.00		67.34		0.00	26.82
512-05573	303-0514197		STEWART	A	XIR923384842					XIR923384842	I1566441		
02/14/24	02/14/24	81	87086	12-01	18.53			0.00	45	11.75		0.00	6.78
512-05573	303-0503295		STEWART	L	NDJ880095518					NDJ880095518	I1565008		
02/13/24	02/13/24	81	87086	12-01	18.53		1	6.78	45	11.75		0.00	0.00
02/13/24	02/13/24	81	87186	12-01	13.50		1	7.27	45	6.23		0.00	0.00
02/13/24	02/13/24	81	87088	12-01	8.09		1	6.80	45	1.29		0.00	0.00
CLAIM TOTALS						40.12		20.85		19.27		0.00	0.00
512-05573	303-0503296		STRENGTH	J	PGX808679635					PGX808679635	I1565010		
02/15/24	02/15/24	81	80061	12-01	20.00		1	9.56	45	10.44		0.00	0.00
02/15/24	02/15/24	81	80048	12-01	12.69		1	7.11	45	5.58		0.00	0.00
CLAIM TOTALS						32.69		16.67		16.02		0.00	0.00
512-05573	303-0454634		STRICKLAND	J	BEG851452514					BEG851452514	I1561649		
09/28/23	09/28/23	81	87389	12-01	36.00		3	6.07	45	15.76		0.00	14.17
09/28/23	09/28/23	81	82728	12-01	40.00		3	3.44	45	28.55		0.00	8.01
09/28/23	09/28/23	81	83036	12-01	14.00			0.00	45	5.84		0.00	8.16
09/28/23	09/28/23	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00
09/28/23	09/28/23	81	85049	12-01	9.00		3	1.13	45	5.24		0.00	2.63
CLAIM TOTALS						103.50		10.64		59.89		0.00	32.97



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LOCATION ID		CLAIM	PATIENT		ORIGINAL CONTRACT		CORRECTED CONTRACT		PATIENT CONTROL NUMBER				
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0454644		STRICKLAND J		BEG851452514		BEG851452514		I1561650			
09/28/23	09/28/23	81		85014	12-01	6.00		0.00	45	4.00		0.00	2.00
09/28/23	09/28/23	81		86803	12-01	21.00		0.00	45	10.25		0.00	10.75
09/28/23	09/28/23	81		85660	12-01	8.00	3	1.39	45	3.36		0.00	3.25
09/28/23	09/28/23	81		86850	12-01	30.00	3	2.65	45	21.16		0.00	6.19
09/28/23	09/28/23	81		86901	12-01	9.00		0.00	45	6.49		0.00	2.51
09/28/23	09/28/23	81		86900	12-01	9.00	3	0.75	45	6.49		0.00	1.76
09/28/23	09/28/23	81		86592	12-01	7.00	3	1.08	45	3.41		0.00	2.51
09/28/23	09/28/23	81		86762	12-01	42.00	3	3.63	45	29.91		0.00	8.46
09/28/23	09/28/23	81		86706	12-01	21.00	3	2.49	45	12.70		0.00	5.81
09/28/23	09/28/23	81		87340	12-01	15.00		0.00	45	6.32		0.00	8.68
CLAIM TOTALS						168.00		11.99		104.09		0.00	51.92
512-05573		303-0454645		STRICKLAND J		BEG851452514		BEG851452514		I1561650			
09/28/23	09/28/23	81		86704	12-01	18.00	3	2.20	45	10.68		0.00	5.12
09/28/23	09/28/23	81		86762	12-01	42.00	3	3.63	45	29.91		0.00	8.46
CLAIM TOTALS						60.00		5.83		40.59		0.00	13.58
512-05573		303-0266162		STRINGFELLOW D		PPA820623524		PPA820623524		I1544204			
01/19/24	01/19/24	81		80307	12-01	83.81		0.00	45	34.88		0.00	48.93
01/19/24	01/19/24	81		G0482	12-01	174.33		0.00	45	124.97		0.00	49.36
CLAIM TOTALS						258.14		0.00		159.85		0.00	98.29
512-05573		303-0503297		STRINGFELLOW H		PGX859694541		BEG859694541		I1565011			
02/15/24	02/15/24	81	80053	84999	12-01	15.84	3	2.34	45	16.50	94	-10.00	7.00
02/15/24	02/15/24	81		82607	12-01	22.00	3	3.17	45	9.34		0.00	9.49
02/15/24	02/15/24	81		82746	12-01	22.00	3	2.63	45	11.49		0.00	7.88
02/15/24	02/15/24	81		84443	12-01	25.20	3	3.53	45	11.07		0.00	10.60
02/15/24	02/15/24	81		82550	12-01	10.00		0.00	97	10.00		0.00	0.00
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/15/24	02/15/24	81		85049	12-01	9.00	3	0.94	45	5.24		0.00	2.82
CLAIM TOTALS						108.54		12.61		68.14		-10.00	37.79



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DATES OF	SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL	OR WRITE	OFF	OTHER	ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503298		SWEATT	C	CQJ837761161					CQJ837761161		I1565013	
02/15/24	02/15/24	81	87651	12-01	49.86	3		3.78	45	30.92		0.00	15.16
512-05573	303-0512205		TANNER	M	LNGM63174710					LNG996920945		I1566445	
02/16/24	02/16/24	81	84153	12-01	27.00	1		15.46	45	11.54		0.00	0.00
02/16/24	02/16/24	81	83525	12-01	17.15	1		9.27	45	7.88		0.00	0.00
02/16/24	02/16/24	81	80061	12-01	20.00	1		9.56	45	10.44		0.00	0.00
02/16/24	02/16/24	81	36415	12-01	4.50			0.00	97	4.50		0.00	0.00
02/16/24	02/16/24	81	85049	12-01	9.00	1		3.76	45	5.24		0.00	0.00
02/16/24	02/16/24	81	80053	12-01	15.84	1		8.87	45	6.97		0.00	0.00
02/16/24	02/16/24	81	82607	12-01	22.00	1		12.66	45	9.34		0.00	0.00
02/16/24	02/16/24	81	82306	12-01	44.00	1		24.88	45	19.12		0.00	0.00
02/16/24	02/16/24	81	83540	12-01	9.71	1		5.44	45	4.27		0.00	0.00
02/16/24	02/16/24	81	83550	12-01	13.11	1		7.35	45	5.76		0.00	0.00
CLAIM TOTALS					182.31			97.25		85.06		0.00	0.00
512-05573	303-0512206		TANNER	M	LNGM63174710					LNG996920945		I1566445	
02/16/24	02/16/24	81	82728	12-01	40.00	1		11.45	45	28.55		0.00	0.00
02/16/24	02/16/24	81	84403	12-01	38.00	1		21.69	45	16.31		0.00	0.00
02/16/24	02/16/24	81	83036	12-01	14.00			0.00	45	5.84		0.00	8.16
02/16/24	02/16/24	81	84443	12-01	25.20	1		14.13	45	11.07		0.00	0.00
02/16/24	02/16/24	81	84436	12-01	10.00	1		5.78	45	4.22		0.00	0.00
CLAIM TOTALS					127.20			53.05		65.99		0.00	8.16
512-05573	303-0512207		TANNER	M	LNGM63174710					LNG996920945		I1566446	
02/16/24	02/16/24	81	84681	12-01	63.00	1		8.35	45	54.65		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0512208		TAPSCOTT		H	ZES910124976		ZES910124976		I1566447
02/16/24	02/16/24	81	87635	12-01		150.00	1	31.68	45	118.32	0.00
02/16/24	02/16/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30	1	38.19	45	67.11	0.00
02/16/24	02/16/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00
CLAIM TOTALS						818.42		368.68		449.74	0.00
512-05573		303-0512034		TATE		J	PGX882667586		PGX882667586		I1566448
12/14/23	12/14/23	81	87086	12-01		18.53		0.00	45	11.75	0.00
12/14/23	12/14/23	81	87186	12-01		13.50		0.00	45	6.23	0.00
12/14/23	12/14/23	81	87088	12-01		8.09		0.00	45	1.29	0.00
CLAIM TOTALS						40.12		0.00		19.27	0.00
512-05573		303-0512035		TAYLOR		C	EDU816368337		EDU816368337		I1566449
02/07/24	02/07/24	81	80053	12-01		15.84	3	5.00	45	6.97	0.00
02/07/24	02/07/24	81	83036	12-01		14.00	3	5.00	45	5.84	0.00
02/07/24	02/07/24	81	84443	12-01		25.20	3	5.00	45	11.07	0.00
02/07/24	02/07/24	81	83721	12-01		15.00	3	5.00	45	7.90	0.00
02/07/24	02/07/24	81	85049	12-01		9.00	3	3.76	45	5.24	0.00
CLAIM TOTALS						79.04		23.76		37.02	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0501364		TESTER		S	J3V830522647		J3V830522647		I1565015		
02/14/24	02/14/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
02/14/24	02/14/24	81	82607	12-01		22.00	1	12.66	45	9.34		0.00	0.00
02/14/24	02/14/24	81	83540	12-01		9.71	1	5.44	45	4.27		0.00	0.00
02/14/24	02/14/24	81	83550	12-01		13.11	1	7.35	45	5.76		0.00	0.00
02/14/24	02/14/24	81	82728	12-01		40.00	1	11.45	45	28.55		0.00	0.00
02/14/24	02/14/24	81	83036	12-01		14.00	1	8.16	45	5.84		0.00	0.00
02/14/24	02/14/24	81	84439	12-01		13.00	1	7.58	45	5.42		0.00	0.00
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/14/24	02/14/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						141.16		65.27		75.89		0.00	0.00
512-05573		302-0449491		THEISS		A	EDU828902779		EDU828902779		I1560494		
02/08/24	02/08/24	81	80053	12-01		15.84	3	5.00	45	6.97		0.00	3.87
02/08/24	02/08/24	81	84443	12-01		25.20	3	5.00	45	11.07		0.00	9.13
02/08/24	02/08/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/08/24	02/08/24	81	85049	12-01		9.00	3	3.76	45	5.24		0.00	0.00
02/08/24	02/08/24	81	82607	12-01		22.00	3	5.00	45	9.34		0.00	7.66
02/08/24	02/08/24	81	82306	12-01		44.00	96	44.00		0.00		0.00	0.00
02/08/24	02/08/24	81	83001	12-01		27.87	3	5.00	45	12.25		0.00	10.62
02/08/24	02/08/24	81	82670	12-01		41.00	3	5.00	45	17.53		0.00	18.47
02/08/24	02/08/24	81	85652	12-01		4.00	3	2.27	45	1.73		0.00	0.00
02/08/24	02/08/24	81	84481	12-01		24.00	3	5.00	45	9.77		0.00	9.23
CLAIM TOTALS						217.41		80.03		78.40		0.00	58.98
512-05573		302-0449492		THEISS		A	EDU828902779		EDU828902779		I1560494		
02/08/24	02/08/24	81	84403	12-01		38.00	3	5.00	45	16.31		0.00	16.69
02/08/24	02/08/24	81	83036	12-01		14.00	3	5.00	45	5.84		0.00	3.16
02/08/24	02/08/24	81	80061	12-01		20.00	3	5.00	45	10.44		0.00	4.56
CLAIM TOTALS						72.00		15.00		32.59		0.00	24.41
512-05573		303-0514113		THOMAS		S	A9C260W03568		A9C996295538		I1566454		
02/13/24	02/13/24	81	G0482	12-01		174.33	1	49.36	45	124.97		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	559-0510028		THOMPSON	B		TVA907422502			TVO907422502		I1561667
02/12/24	02/12/24	81	87507	12-01		319.55	1	185.17	45	134.38	0.00
02/12/24	02/12/24	81	87635	12-01		150.00	1	31.68	45	118.32	0.00
02/12/24	02/12/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00
02/12/24	02/12/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00
02/12/24	02/12/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00
02/12/24	02/12/24	81	87633	12-01		318.05	3 1	51.48	45	132.88	0.00
02/12/24	02/12/24	81	87634	12-01		105.30	3	7.63	45	67.11	0.00
02/12/24	02/12/24	81	87640	12-01		37.07	3	3.78	45	18.13	0.00
02/12/24	02/12/24	81	87641	12-01		37.07	3	3.78	45	18.13	0.00
02/12/24	02/12/24	81	87651	12-01		49.86	3	3.78	45	30.92	0.00
CLAIM TOTALS						1137.97		344.12		584.12	0.00
512-05573	303-0514084		THOMPSON	B		LGB901403077			LGB901403077		I1566456
02/16/24	02/16/24	81	87635	12-01		150.00	3	7.50	45	118.32	0.00
02/16/24	02/16/24	81	87486	12-01		42.00	3	7.50	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07	3	7.50	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00	3	7.50	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05	3	7.50	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30	3	7.50	45	67.11	0.00
02/16/24	02/16/24	81	87640	12-01		37.07	3	7.50	45	18.13	0.00
02/16/24	02/16/24	81	87641	12-01		37.07	3	7.50	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86	3	7.50	45	30.92	0.00
CLAIM TOTALS						818.42		67.50		449.74	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0512036		THOMPSON		T	EDU879379078		EDU879379078		I1566457		
02/15/24	02/15/24	81	87635	12-01		150.00	3	5.00	45	118.32		0.00	26.68
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06		0.00	13.94
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13		0.00	13.94
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06		0.00	13.94
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88		0.00	180.17
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11		0.00	33.19
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13		0.00	13.94
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13		0.00	13.94
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92		0.00	13.94
CLAIM TOTALS						818.42		45.00		449.74		0.00	323.68
512-05573		301-0011567		THORNTON		C	QDB413w05858		QDB996361932		I1519744		
12/26/23	12/26/23	81	87486	87486	12-01	42.00		0.00	252	42.00		0.00	0.00
12/26/23	12/26/23	81	87498	87498	12-01	37.07		0.00	252	37.07		0.00	0.00
12/26/23	12/26/23	81	87640	87640	12-01	37.07		0.00	252	37.07		0.00	0.00
12/26/23	12/26/23	81	87581	87581	12-01	42.00		0.00	252	42.00		0.00	0.00
12/26/23	12/26/23	81	87633	87633	12-01	318.05		0.00	252	318.05		0.00	0.00
12/26/23	12/26/23	81	87634	87634	12-01	105.30		0.00	252	105.30		0.00	0.00
12/26/23	12/26/23	81	87641	87641	12-01	37.07		0.00	252	37.07		0.00	0.00
12/26/23	12/26/23	81	87651	87651	12-01	49.86		0.00	252	49.86		0.00	0.00
CLAIM TOTALS						668.42		0.00		668.42		0.00	0.00
512-05573		301-0011567		THORNTON		C	QDB413w05858		QDB996361932		I1519744		
12/26/23	12/26/23	81	87486	87486	12-22	-42.00		0.00	252	-42.00		0.00	0.00
12/26/23	12/26/23	81	87498	87498	12-22	-37.07		0.00	252	-37.07		0.00	0.00
12/26/23	12/26/23	81	87640	87640	12-22	-37.07		0.00	252	-37.07		0.00	0.00
12/26/23	12/26/23	81	87581	87581	12-22	-42.00		0.00	252	-42.00		0.00	0.00
12/26/23	12/26/23	81	87633	87633	12-22	-318.05		0.00	252	-318.05		0.00	0.00
12/26/23	12/26/23	81	87634	87634	12-22	-105.30		0.00	252	-105.30		0.00	0.00
12/26/23	12/26/23	81	87641	87641	12-22	-37.07		0.00	252	-37.07		0.00	0.00
12/26/23	12/26/23	81	87651	87651	12-22	-49.86		0.00	252	-49.86		0.00	0.00
CLAIM TOTALS						-668.42		0.00		-668.42		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501365		THORNTON	J	PAS849334960					PAS849334960	I1565017		
02/15/24	02/15/24	81	84156	12-01		8.00	1	3.08	45	4.92		0.00	0.00
02/15/24	02/15/24	81	82570	12-01		8.00	1	4.35	45	3.65		0.00	0.00
02/15/24	02/15/24	81	83069	12-01		8.00	1	3.32	45	4.68		0.00	0.00
02/15/24	02/15/24	81	84311	12-01		32.00	1	5.88	45	26.12		0.00	0.00
02/15/24	02/15/24	81	82010	12-01		16.00	1	6.21	45	9.79		0.00	0.00
02/15/24	02/15/24	81	82945	12-01		8.00	1	3.30	45	4.70		0.00	0.00
02/15/24	02/15/24	81	82247	12-01		8.00	1	4.22	45	3.78		0.00	0.00
02/15/24	02/15/24	81	83986	12-01		7.00	1	3.01	45	3.99		0.00	0.00
02/15/24	02/15/24	81	81007	12-01		120.00	1	2.16	45	117.84		0.00	0.00
02/15/24	02/15/24	81	82043	12-01		7.58	1	4.86	45	2.72		0.00	0.00
CLAIM TOTALS						222.58		40.39		182.19		0.00	0.00
512-05573	303-0512037		THORNTON	J	PAS849334960					PAS849334960	I1566458		
02/15/24	02/15/24	81	80053	12-01		15.84	1	8.87	45	6.97		0.00	0.00
02/15/24	02/15/24	81	82306	12-01		44.00	1	24.88	45	19.12		0.00	0.00
02/15/24	02/15/24	81	83036	12-01		14.00		0.00	97	14.00		0.00	0.00
02/15/24	02/15/24	81	80061	12-01		20.00	1	9.56	45	10.44		0.00	0.00
02/15/24	02/15/24	81	84443	12-01		25.20	1	14.13	45	11.07		0.00	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
02/15/24	02/15/24	81	85049	12-01		9.00	1	3.76	45	5.24		0.00	0.00
CLAIM TOTALS						132.54		61.20		71.34		0.00	0.00
512-05573	303-0514096		TIDMORE	J	PPA827182930					PPA827182930	I1566459		
02/14/24	02/14/24	81	86665	12-01		70.00		0.00	45	39.50		0.00	30.50
02/14/24	02/14/24	81	86664	12-01		30.00		0.00	45	17.15		0.00	12.85
CLAIM TOTALS						100.00		0.00		56.65		0.00	43.35



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501366		TIDWELL	K	PPA883689862			PPA883689862	I1565020		
02/14/24	02/14/24	81	80053	12-01	15.84			0.00	45	6.97	8.87
02/14/24	02/14/24	81	82607	12-01	22.00			0.00	45	9.34	12.66
02/14/24	02/14/24	81	83540	12-01	9.71			0.00	45	4.27	5.44
02/14/24	02/14/24	81	83550	12-01	13.11			0.00	45	5.76	7.35
02/14/24	02/14/24	81	82728	12-01	40.00			0.00	45	28.55	11.45
02/14/24	02/14/24	81	84481	12-01	24.00			0.00	45	9.77	14.23
02/14/24	02/14/24	81	83036	12-01	14.00			0.00	45	5.84	8.16
02/14/24	02/14/24	81	84443	12-01	25.20			0.00	45	11.07	14.13
02/14/24	02/14/24	81	84439	12-01	13.00			0.00	45	5.42	7.58
02/14/24	02/14/24	81	36415	12-01	4.50			0.00	97	4.50	0.00
CLAIM TOTALS						181.36		0.00		91.49	89.87
512-05573	303-0501367		TIDWELL	K	PPA883689862			PPA883689862	I1565020		
02/14/24	02/14/24	81	85049	12-01	9.00			0.00	45	5.24	3.76
512-05573	717-0260654		TINKER	T	BEG823206266			BEG823206266	I1533736		
01/10/24	01/10/24	81	87086	12-01	18.53	A1	18.53			0.00	0.00
512-05573	302-0505702		TIPPETT	J	BGL820038572			BGL820038572	I1565021		
02/12/24	02/12/24	81	87086	12-01	18.53			0.00	45	11.75	6.78
512-05573	303-0514108		TOMASSON	E	PPA825628233			PPA825628233	I1566460		
02/16/24	02/16/24	81	80053	12-01	15.84			0.00	45	6.97	8.87
02/16/24	02/16/24	81	83036	12-01	14.00			0.00	45	5.84	8.16
02/16/24	02/16/24	81	84481	12-01	24.00			0.00	45	9.77	14.23
02/16/24	02/16/24	81	80061	12-01	20.00			0.00	45	10.44	9.56
02/16/24	02/16/24	81	86376	12-01	21.00			0.00	45	8.77	12.23
02/16/24	02/16/24	81	84443	12-01	25.20			0.00	45	11.07	14.13
02/16/24	02/16/24	81	84436	12-01	10.00			0.00	45	4.22	5.78
02/16/24	02/16/24	81	86800	12-01	23.00			0.00	45	9.63	13.37
02/16/24	02/16/24	81	84432	12-01	24.00			0.00	45	10.50	13.50
CLAIM TOTALS						177.04		0.00		77.21	99.83



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DATES OF	SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR	WRITE OFF	OTHER	ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0505703		TONER		N	SCY850080792			SCY850080792	I1565022	
02/14/24	02/14/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/14/24	02/14/24	81	83001	12-01		27.87	1	15.62	45	12.25	0.00
02/14/24	02/14/24	81	82670	12-01		41.00	1	23.47	45	17.53	0.00
02/14/24	02/14/24	81	84403	12-01		38.00	1	21.69	45	16.31	0.00
02/14/24	02/14/24	81	84443	12-01		25.20	1	14.13	45	11.07	0.00
02/14/24	02/14/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						156.91		87.54		69.37	0.00
512-05573	302-0505704		TONER		N	SCY850080792			SCY850080792	I1565023	
02/14/24	02/14/24	81	84144	12-01		31.00	1	17.53	45	13.47	0.00
512-05573	303-0515960		TORRES		M	PPA873279452			PPA873279452	I1566462	
02/16/24	02/16/24	81	80053	12-01		15.84		0.00	45	6.97	0.00
02/16/24	02/16/24	81	85652	12-01		4.00		0.00	45	1.73	0.00
02/16/24	02/16/24	81	84443	12-01		25.20		0.00	45	11.07	0.00
02/16/24	02/16/24	81	84439	12-01		13.00		0.00	45	5.42	0.00
02/16/24	02/16/24	81	86431	12-01		20.00		0.00	45	15.23	0.00
02/16/24	02/16/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/16/24	02/16/24	81	85049	12-01		9.00		0.00	45	5.24	0.00
CLAIM TOTALS						91.54		0.00		50.16	0.00
512-05573	303-0512041		TOWERY		A	PPA836801609			PPA836801609	I1566463	
02/16/24	02/16/24	81	87086	12-01		18.53		0.00	45	11.75	0.00
											6.78

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FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT		
512-05573	303-0514111		TOWNSEND	A	PPM116272450001			PPM996312231	I1566464				
02/16/24	02/16/24	81	87635	12-01		150.00	3	6.34	45	118.32	0.00	25.34	
02/16/24	02/16/24	81	87486	12-01		42.00	3	3.79	45	23.06	0.00	15.15	
02/16/24	02/16/24	81	87498	12-01		37.07	3	3.79	45	18.13	0.00	15.15	
02/16/24	02/16/24	81	87581	12-01		42.00	3	3.79	45	23.06	0.00	15.15	
02/16/24	02/16/24	81	87633	12-01		318.05	3	37.03	45	132.88	0.00	148.14	
02/16/24	02/16/24	81	87634	12-01		105.30	3	7.64	45	67.11	0.00	30.55	
02/16/24	02/16/24	81	87640	12-01		37.07	3	3.79	45	18.13	0.00	15.15	
02/16/24	02/16/24	81	87641	12-01		37.07	3	3.79	45	18.13	0.00	15.15	
02/16/24	02/16/24	81	87651	12-01		49.86	3	3.79	45	30.92	0.00	15.15	
CLAIM TOTALS						818.42		73.75		449.74	0.00	294.93	
512-05573	303-0514112		TOXEY	D	EDU010403999			EDU870883696	I1566465				
02/15/24	02/15/24	81	80053	12-01		15.84	3	5.00	45	6.97	0.00	3.87	
02/15/24	02/15/24	81	82607	12-01		22.00	3	5.00	45	9.34	0.00	7.66	
02/15/24	02/15/24	81	84481	12-01		24.00	3	5.00	45	9.77	0.00	9.23	
02/15/24	02/15/24	81	84443	12-01		25.20	3	5.00	45	11.07	0.00	9.13	
02/15/24	02/15/24	81	84439	12-01		13.00	3	5.00	45	5.42	0.00	2.58	
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00	
CLAIM TOTALS						104.54		25.00		47.07	0.00	32.47	
512-05573	302-0099772		TRAIL	G	EMR824013930			EMR824013930	I1528623				
01/05/24	01/05/24	81	84550	84999	12-22	-6.78	1	-9.34	45	-26.39	96	28.95	0.00
01/05/24	01/05/24	81	85049	85049	12-22	-9.00	1	-3.76	45	-5.24		0.00	0.00
01/05/24	01/05/24	81	82607	82607	12-22	-22.00	1	-12.66	45	-9.34		0.00	0.00
01/05/24	01/05/24	81	82746	82746	12-22	-22.00	1	-10.51	45	-11.49		0.00	0.00
01/05/24	01/05/24	81	83540	83540	12-22	-9.71	1	-5.44	45	-4.27		0.00	0.00
01/05/24	01/05/24	81	83550	83550	12-22	-13.11	1	-7.35	45	-5.76		0.00	0.00
01/05/24	01/05/24	81	85652	85652	12-22	-4.00	1	-2.27	45	-1.73		0.00	0.00
CLAIM TOTALS						-86.60		-51.33		-64.22	28.95	0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		001-0390238		TRAIL	G	EMR824013930			EMR824013930		
01/05/24	01/05/24	81	85049	85049	12-01	6.78	1	3.76	45	3.02	0.00
01/05/24	01/05/24	81	85049	85049	12-01	9.00		0.00	B13	9.00	0.00
01/05/24	01/05/24	81	80053	80053	12-01	15.84	1	8.87	45	6.97	0.00
01/05/24	01/05/24	81	82607	82607	12-01	22.00	1	12.66	45	9.34	0.00
01/05/24	01/05/24	81	82746	82746	12-01	22.00	1	10.51	45	11.49	0.00
01/05/24	01/05/24	81	82306	82306	12-01	44.00	96	44.00		0.00	0.00
01/05/24	01/05/24	81	83540	83540	12-01	9.71	1	5.44	45	4.27	0.00
01/05/24	01/05/24	81	83550	83550	12-01	13.11		0.00	97	13.11	0.00
01/05/24	01/05/24	81	85652	85652	12-01	4.00	1	2.27	45	1.73	0.00
CLAIM TOTALS						146.44		87.51		58.93	0.00
512-05573		303-0533959		TROUSDALE	H	FNG840033360			FNG840033360	I1250390	
12/03/22	12/03/22	81	87507	87507	12-22	-319.55	50	-319.55		0.00	0.00
512-05573		303-0514114		TUCKER	A	EDU800751682			EDU800751682	I1566467	
02/13/24	02/13/24	81	87086	12-01	18.53			0.00	97	18.53	0.00
02/13/24	02/13/24	81	87186	12-01	13.50	3	5.00	6.23	45	6.23	2.27
02/13/24	02/13/24	81	87088	12-01	8.09		0.00	8.09	97	8.09	0.00
CLAIM TOTALS						40.12		5.00		32.85	2.27
512-05573		303-0514118		TUNISON	A	KID814573820			KID814573820	I1566468	
02/15/24	02/15/24	81	87486	12-01	42.00		0.00	23.06	45	23.06	18.94
02/15/24	02/15/24	81	87498	12-01	37.07		0.00	18.13	45	18.13	18.94
02/15/24	02/15/24	81	87581	12-01	42.00		0.00	23.06	45	23.06	18.94
02/15/24	02/15/24	81	87633	12-01	318.05		0.00	132.88	45	132.88	185.17
02/15/24	02/15/24	81	87634	12-01	105.30		0.00	67.11	45	67.11	38.19
02/15/24	02/15/24	81	87640	12-01	37.07		0.00	18.13	45	18.13	18.94
02/15/24	02/15/24	81	87641	12-01	37.07		0.00	18.13	45	18.13	18.94
02/15/24	02/15/24	81	87651	12-01	49.86		0.00	30.92	45	30.92	18.94
CLAIM TOTALS						668.42		0.00		331.42	337.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503303		TURNER		M	EDU898207747				EDU898207747	I1565026		
02/13/24	02/13/24	81		86665	12-01	70.00	3	10.00	45	39.50		0.00	20.50
02/13/24	02/13/24	81		86664	12-01	30.00	3	5.00	45	17.15		0.00	7.85
CLAIM TOTALS						100.00		15.00		56.65		0.00	28.35
512-05573	303-0466293		TURNER		R	BEG877570509				BEG877570509	I1566469		
02/12/24	02/12/24	81	87086	87086	12-01	18.53		0.00	45	11.75		0.00	6.78
512-05573	303-0501369		TURNER		T	BEG814271898				BEG814271898	I1565028		
02/14/24	02/14/24	81		80053	12-01	15.84	3	2.22	45	6.97		0.00	6.65
02/14/24	02/14/24	81		85049	12-01	9.00	3	0.94	45	5.24		0.00	2.82
02/14/24	02/14/24	81		82607	12-01	22.00	3	3.17	45	9.34		0.00	9.49
02/14/24	02/14/24	81		82746	12-01	22.00	3	2.63	45	11.49		0.00	7.88
02/14/24	02/14/24	81		82306	12-01	44.00	3	6.22	45	19.12		0.00	18.66
02/14/24	02/14/24	81		84481	12-01	24.00	3	3.56	45	9.77		0.00	10.67
02/14/24	02/14/24	81		83036	12-01	14.00	3	2.04	45	5.84		0.00	6.12
02/14/24	02/14/24	81		80061	12-01	20.00	3	2.39	45	10.44		0.00	7.17
02/14/24	02/14/24	81		84443	12-01	25.20	3	3.53	45	11.07		0.00	10.60
02/14/24	02/14/24	81		84439	12-01	13.00	3	1.90	45	5.42		0.00	5.68
CLAIM TOTALS						209.04		28.60		94.70		0.00	85.74
512-05573	303-0501370		TURNER		T	BEG814271898				BEG814271898	I1565028		
02/14/24	02/14/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00

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1930 EDWARDS LAKE RD STE 138
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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0503304		UNDERWOOD	C		PPA876693599				PPA876693599	I1565029		
02/14/24	02/14/24	81	84156	12-01		8.00		0.00	45	4.92		0.00	3.08
02/14/24	02/14/24	81	82570	12-01		8.00		0.00	45	3.65		0.00	4.35
02/14/24	02/14/24	81	83069	12-01		8.00		0.00	45	4.68		0.00	3.32
02/14/24	02/14/24	81	84311	12-01		32.00		0.00	45	26.12		0.00	5.88
02/14/24	02/14/24	81	82010	12-01		16.00		0.00	45	9.79		0.00	6.21
02/14/24	02/14/24	81	82945	12-01		8.00		0.00	45	4.70		0.00	3.30
02/14/24	02/14/24	81	82247	12-01		8.00		0.00	45	3.78		0.00	4.22
02/14/24	02/14/24	81	83986	12-01		7.00		0.00	45	3.99		0.00	3.01
02/14/24	02/14/24	81	81007	12-01		120.00		0.00	45	117.84		0.00	2.16
02/14/24	02/14/24	81	82043	12-01		7.58		0.00	45	2.72		0.00	4.86
CLAIM TOTALS						222.58		0.00		182.19		0.00	40.39
512-05573	303-0503305		UNDERWOOD	C		PPA876693599				PPA876693599	I1565029		
02/14/24	02/14/24	81	82306	12-01		44.00		0.00	45	19.12		0.00	24.88
02/14/24	02/14/24	81	87389	12-01		36.00		0.00	45	15.76		0.00	20.24
02/14/24	02/14/24	81	83036	12-01		14.00		0.00	45	5.84		0.00	8.16
02/14/24	02/14/24	81	80061	12-01		20.00		0.00	45	10.44		0.00	9.56
02/14/24	02/14/24	81	85049	12-01		9.00		0.00	45	5.24		0.00	3.76
02/14/24	02/14/24	81	80074	12-01		71.00		0.00	45	32.23		0.00	38.77
CLAIM TOTALS						194.00		0.00		88.63		0.00	105.37
512-05573	303-0512044		UNDERWOOD	J		BEG842973331				BEG842973331	I1566473		
02/15/24	02/15/24	81	84156	12-01		8.00	3	0.77	45	4.92		0.00	2.31
02/15/24	02/15/24	81	82570	12-01		8.00	3	1.09	45	3.65		0.00	3.26
02/15/24	02/15/24	81	83069	12-01		8.00	3	0.83	45	4.68		0.00	2.49
02/15/24	02/15/24	81	84311	12-01		32.00	3	1.47	45	26.12		0.00	4.41
02/15/24	02/15/24	81	82010	12-01		16.00	3	1.55	45	9.79		0.00	4.66
02/15/24	02/15/24	81	82945	12-01		8.00	3	0.83	45	4.70		0.00	2.47
02/15/24	02/15/24	81	82247	12-01		8.00	3	1.06	45	3.78		0.00	3.16
02/15/24	02/15/24	81	83986	12-01		7.00	3	0.75	45	3.99		0.00	2.26
02/15/24	02/15/24	81	81007	12-01		120.00	3	0.54	45	117.84		0.00	1.62
02/15/24	02/15/24	81	82043	12-01		7.58	3	1.22	45	2.72		0.00	3.64
CLAIM TOTALS						222.58		10.11		182.19		0.00	30.28



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0478468		VALENTI	J	LGB901268927			LGB901268927	I1564139		
02/14/24	02/14/24	81	87491	12-01	49.86	3	7.50	45	30.92	0.00	11.44
02/14/24	02/14/24	81	87511	12-01	42.00	3	7.50	45	23.06	0.00	11.44
02/14/24	02/14/24	81	87529	12-01	49.86	3	7.50	45	30.92	0.00	11.44
02/14/24	02/14/24	81	87591	12-01	42.00	3	7.50	45	23.06	0.00	11.44
02/14/24	02/14/24	81	87661	12-01	32.30	3	7.50	45	13.36	0.00	11.44
CLAIM TOTALS						216.02		37.50	121.32	0.00	57.20
512-05573	303-0468746		VANCE	K	DLG909046353			DLG909046353	I1562839		
02/13/24	02/13/24	81	80061	12-01	20.00		0.00	45	10.44	0.00	9.56
02/13/24	02/13/24	81	80048	12-01	12.69		0.00	45	5.58	0.00	7.11
CLAIM TOTALS						32.69		0.00	16.02	0.00	16.67
512-05573	302-0505718		VANDIVER	C	TVA904992513			TVA904992513	I1565030		
02/14/24	02/14/24	81	80053	12-01	15.84	1	8.87	45	6.97	0.00	0.00
02/14/24	02/14/24	81	83002	12-01	27.78	1	15.56	45	12.22	0.00	0.00
02/14/24	02/14/24	81	83001	12-01	27.87	1	15.62	45	12.25	0.00	0.00
02/14/24	02/14/24	81	82670	12-01	41.00	1	23.47	45	17.53	0.00	0.00
02/14/24	02/14/24	81	84403	12-01	38.00	1	21.69	45	16.31	0.00	0.00
02/14/24	02/14/24	81	82533	12-01	24.00	1	13.70	45	10.30	0.00	0.00
02/14/24	02/14/24	81	83525	12-01	17.15	1	9.27	45	7.88	0.00	0.00
02/14/24	02/14/24	81	36415	12-01	4.50		0.00	97	4.50	0.00	0.00
02/14/24	02/14/24	81	85049	12-01	9.00	1	3.76	45	5.24	0.00	0.00
CLAIM TOTALS						205.14		111.94	93.20	0.00	0.00
512-05573	302-0505719		VANDIVER	C	TVA904992513			TVA904992513	I1565031		
02/14/24	02/14/24	81	82627	12-01	33.00	1	18.69	45	14.31	0.00	0.00
02/14/24	02/14/24	81	84144	12-01	31.00	1	17.53	45	13.47	0.00	0.00
02/14/24	02/14/24	81	84146	12-01	57.00	1	16.28	45	40.72	0.00	0.00
02/14/24	02/14/24	81	84270	12-01	32.00	1	18.27	45	13.73	0.00	0.00
CLAIM TOTALS						153.00		70.77	82.23	0.00	0.00

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DATES OF SERVICE		ORIG		PROCEDURES		FILING		TOTAL		PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS					
FROM		THRU		POT	ORIG	CHGD	/STAT	CHARGES		CODES		AMOUNT		CODES		AMOUNT		PAYMENT	
512-05573		302-0367727		VASILEVA		PAREM		NUA406w16100				NUA996761837		I1552549					
02/01/24	02/01/24	81	87486	87486	12-01			42.00		0.00	B12	42.00		0.00		0.00			
02/01/24	02/01/24	81	87498	87498	12-01			37.07		0.00	B12	37.07		0.00		0.00			
02/01/24	02/01/24	81	87581	87581	12-01			42.00		0.00	B12	42.00		0.00		0.00			
02/01/24	02/01/24	81	87633	87633	12-01			318.05		0.00	B12	318.05		0.00		0.00			
02/01/24	02/01/24	81	87634	87634	12-01			105.30		0.00	B12	105.30		0.00		0.00			
02/01/24	02/01/24	81	87640	87640	12-01			37.07		0.00	B12	37.07		0.00		0.00			
02/01/24	02/01/24	81	87641	87641	12-01			37.07		0.00	B12	37.07		0.00		0.00			
02/01/24	02/01/24	81	87651	87651	12-01			49.86		0.00	B12	49.86		0.00		0.00			
CLAIM TOTALS								668.42		0.00		668.42		0.00		0.00			
512-05573		302-0367727		VASILEVA		PAREM		NUA406w16100				NUA996761837		I1552549					
02/01/24	02/01/24	81	87486	87486	12-22			-42.00		0.00	252	-42.00		0.00		0.00			
02/01/24	02/01/24	81	87498	87498	12-22			-37.07		0.00	252	-37.07		0.00		0.00			
02/01/24	02/01/24	81	87581	87581	12-22			-42.00		0.00	252	-42.00		0.00		0.00			
02/01/24	02/01/24	81	87633	87633	12-22			-318.05		0.00	252	-318.05		0.00		0.00			
02/01/24	02/01/24	81	87634	87634	12-22			-105.30		0.00	252	-105.30		0.00		0.00			
02/01/24	02/01/24	81	87640	87640	12-22			-37.07		0.00	252	-37.07		0.00		0.00			
02/01/24	02/01/24	81	87641	87641	12-22			-37.07		0.00	252	-37.07		0.00		0.00			
02/01/24	02/01/24	81	87651	87651	12-22			-49.86		0.00	252	-49.86		0.00		0.00			
CLAIM TOTALS								-668.42		0.00		-668.42		0.00		0.00			
512-05573		303-0381639		VICK		O		Q2B302w10779				Q2B996602418		I1555433					
02/05/24	02/05/24	81	87498	87498	12-01			37.07		0.00	B12	37.07		0.00		0.00			
02/05/24	02/05/24	81	87581	87581	12-01			42.00		0.00	B12	42.00		0.00		0.00			
02/05/24	02/05/24	81	87633	87633	12-01			318.05		0.00	B12	318.05		0.00		0.00			
02/05/24	02/05/24	81	87634	87634	12-01			70.20		0.00	97	70.20		0.00		0.00			
CLAIM TOTALS								467.32		0.00		467.32		0.00		0.00			
512-05573		303-0381639		VICK		O		Q2B302w10779				Q2B996602418		I1555433					
02/05/24	02/05/24	81	87498	87498	12-22			-37.07		0.00	252	-37.07		0.00		0.00			
02/05/24	02/05/24	81	87581	87581	12-22			-42.00		0.00	252	-42.00		0.00		0.00			
02/05/24	02/05/24	81	87633	87633	12-22			-318.05		0.00	252	-318.05		0.00		0.00			
02/05/24	02/05/24	81	87634	87634	12-22			-70.20		0.00	97	-70.20		0.00		0.00			
CLAIM TOTALS								-467.32		0.00		-467.32		0.00		0.00			



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501459		VICKERY	D	HML825979840				HML825979840	I1565032	
01/12/24	01/12/24	81	G0482	12-01	174.33			0.00	45	124.97	0.00 49.36
512-05573	302-0469823		VINSON	M	BCJ114w11960				BCJ996832217	I1562844	
02/10/24	02/10/24	81	87491	12-01	49.86		1	18.94	45	30.92	0.00 0.00
02/10/24	02/10/24	81	87511	12-01	42.00		1	18.94	45	23.06	0.00 0.00
02/10/24	02/10/24	81	87529	12-01	49.86		1	18.94	45	30.92	0.00 0.00
02/10/24	02/10/24	81	87591	12-01	42.00		1	18.94	45	23.06	0.00 0.00
02/10/24	02/10/24	81	87661	12-01	32.30		1	18.94	45	13.36	0.00 0.00
02/10/24	02/10/24	81	87086	12-01	18.53		1	6.78	45	11.75	0.00 0.00
CLAIM TOTALS					234.55			101.48	133.07	0.00	0.00
512-05573	302-0049960		WADE	K	GFM275M98202				GFM996142915	I1521632	
01/02/24	01/02/24	81	87635	87635	12-01	150.00		0.00	B12	150.00	0.00 0.00
01/02/24	01/02/24	81	87486	87486	12-01	42.00		0.00	B12	42.00	0.00 0.00
01/02/24	01/02/24	81	87498	87498	12-01	37.07		0.00	B12	37.07	0.00 0.00
01/02/24	01/02/24	81	87581	87581	12-01	42.00		0.00	B12	42.00	0.00 0.00
01/02/24	01/02/24	81	87633	87633	12-01	318.05		0.00	B12	318.05	0.00 0.00
01/02/24	01/02/24	81	87634	87634	12-01	105.30		0.00	B12	105.30	0.00 0.00
01/02/24	01/02/24	81	87640	87640	12-01	37.07		0.00	B12	37.07	0.00 0.00
01/02/24	01/02/24	81	87641	87641	12-01	37.07		0.00	B12	37.07	0.00 0.00
01/02/24	01/02/24	81	87651	87651	12-01	49.86		0.00	B12	49.86	0.00 0.00
CLAIM TOTALS					818.42			0.00	818.42	0.00	0.00
512-05573	302-0049960		WADE	K	GFM275M98202				GFM996142915	I1521632	
01/02/24	01/02/24	81	87635	87635	12-22	-150.00		0.00	252	-150.00	0.00 0.00
01/02/24	01/02/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00	0.00 0.00
01/02/24	01/02/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07	0.00 0.00
01/02/24	01/02/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00	0.00 0.00
01/02/24	01/02/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05	0.00 0.00
01/02/24	01/02/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30	0.00 0.00
01/02/24	01/02/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07	0.00 0.00
01/02/24	01/02/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07	0.00 0.00
01/02/24	01/02/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86	0.00 0.00
CLAIM TOTALS					-818.42			0.00	-818.42	0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0501371		WADSWORTH		D	IPM118191025001		IPM995310878		I1565034
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	45	30.92	0.00
02/15/24	02/15/24	81		87486	12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/15/24	02/15/24	81		87634	12-01	105.30		0.00	45	67.11	0.00
02/15/24	02/15/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87641	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	96	49.86	0.00
CLAIM TOTALS						718.28		0.00		381.28	0.00
512-05573		304-3346334		WALDROP		D	NUR842W06179		NUR996377373		I1492573
11/28/23	11/28/23	81		87635	87635	12-01	150.00	0.00	252	150.00	0.00
11/28/23	11/28/23	81		87486	87486	12-01	42.00	0.00	252	42.00	0.00
11/28/23	11/28/23	81		87498	87498	12-01	37.07	0.00	252	37.07	0.00
11/28/23	11/28/23	81		87581	87581	12-01	42.00	0.00	252	42.00	0.00
11/28/23	11/28/23	81		87633	87633	12-01	318.05	0.00	252	318.05	0.00
11/28/23	11/28/23	81		87634	87634	12-01	105.30	0.00	252	105.30	0.00
11/28/23	11/28/23	81		87640	87640	12-01	37.07	0.00	252	37.07	0.00
11/28/23	11/28/23	81		87641	87641	12-01	37.07	0.00	252	37.07	0.00
11/28/23	11/28/23	81		87651	87651	12-01	49.86	0.00	252	49.86	0.00
CLAIM TOTALS						818.42		0.00		818.42	0.00
512-05573		304-3346334		WALDROP		D	NUR842W06179		NUR996377373		I1492573
11/28/23	11/28/23	81		87635	87635	12-22	-150.00	0.00	252	-150.00	0.00
11/28/23	11/28/23	81		87486	87486	12-22	-42.00	0.00	252	-42.00	0.00
11/28/23	11/28/23	81		87498	87498	12-22	-37.07	0.00	252	-37.07	0.00
11/28/23	11/28/23	81		87581	87581	12-22	-42.00	0.00	252	-42.00	0.00
11/28/23	11/28/23	81		87633	87633	12-22	-318.05	0.00	252	-318.05	0.00
11/28/23	11/28/23	81		87634	87634	12-22	-105.30	0.00	252	-105.30	0.00
11/28/23	11/28/23	81		87640	87640	12-22	-37.07	0.00	252	-37.07	0.00
11/28/23	11/28/23	81		87641	87641	12-22	-37.07	0.00	252	-37.07	0.00
11/28/23	11/28/23	81		87651	87651	12-22	-49.86	0.00	252	-49.86	0.00
CLAIM TOTALS						-818.42		0.00		-818.42	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0514085		WALDROP		L	TCA801242000		TCA801242000		I1566475
02/16/24	02/16/24	81	87635	12-01		150.00		0.00	45	118.32	0.00
02/16/24	02/16/24	81	87486	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05		0.00	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30		0.00	45	67.11	0.00
02/16/24	02/16/24	81	87640	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87641	12-01		37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00
512-05573		303-0501456		WALDRUP		T	PPA848191423		PPA848191423		I1565035
02/14/24	02/14/24	81	80053	12-01		15.84		0.00	45	6.97	0.00
02/14/24	02/14/24	81	80061	12-01		20.00		0.00	45	10.44	0.00
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
CLAIM TOTALS						40.34		0.00		21.91	0.00
512-05573		308-3600573		WALKER		C	EZVAN2441009		EZV994970288		I1515833
12/20/23	12/20/23	81	87486	87486	12-01	42.00		0.00	B12	42.00	0.00
12/20/23	12/20/23	81	87498	87498	12-01	37.07		0.00	B12	37.07	0.00
12/20/23	12/20/23	81	87640	87640	12-01	37.07		0.00	B12	37.07	0.00
12/20/23	12/20/23	81	87581	87581	12-01	42.00		0.00	B12	42.00	0.00
12/20/23	12/20/23	81	87633	87633	12-01	318.05		0.00	B12	318.05	0.00
12/20/23	12/20/23	81	87634	87634	12-01	105.30		0.00	B12	105.30	0.00
12/20/23	12/20/23	81	87641	87641	12-01	37.07		0.00	B12	37.07	0.00
12/20/23	12/20/23	81	87651	87651	12-01	49.86		0.00	B12	49.86	0.00
CLAIM TOTALS						668.42		0.00		668.42	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	308-3600573		WALKER		C	EZVAN2441009			EZV994970288		I1515833
12/20/23	12/20/23	81	87486	87486	12-22	-42.00		0.00	252	-42.00	0.00
12/20/23	12/20/23	81	87498	87498	12-22	-37.07		0.00	252	-37.07	0.00
12/20/23	12/20/23	81	87640	87640	12-22	-37.07		0.00	252	-37.07	0.00
12/20/23	12/20/23	81	87581	87581	12-22	-42.00		0.00	252	-42.00	0.00
12/20/23	12/20/23	81	87633	87633	12-22	-318.05		0.00	252	-318.05	0.00
12/20/23	12/20/23	81	87634	87634	12-22	-105.30		0.00	252	-105.30	0.00
12/20/23	12/20/23	81	87641	87641	12-22	-37.07		0.00	252	-37.07	0.00
12/20/23	12/20/23	81	87651	87651	12-22	-49.86		0.00	252	-49.86	0.00
CLAIM TOTALS						-668.42		0.00		-668.42	0.00
512-05573	302-0478472		WALKER		M	GJDM50029329			GJD996859556		I1564144
02/14/24	02/14/24	81	87498		12-01	37.07		0.00	252	37.07	0.00
02/14/24	02/14/24	81	87581		12-01	42.00		0.00	252	42.00	0.00
02/14/24	02/14/24	81	87633		12-01	318.05		0.00	252	318.05	0.00
02/14/24	02/14/24	81	87634		12-01	70.20		0.00	97	70.20	0.00
CLAIM TOTALS						467.32		0.00		467.32	0.00
512-05573	303-0514086		WALLACE		K	BEG831419704			BEG831419704		I1566476
02/12/24	02/12/24	81	82627		12-01	33.00	3	4.67	45	14.31	0.00
02/12/24	02/12/24	81	84144		12-01	31.00	3	4.38	45	13.47	0.00
02/12/24	02/12/24	81	86140		12-01	15.00	3	1.09	45	10.65	0.00
02/12/24	02/12/24	81	84270		12-01	32.00	3	4.57	45	13.73	0.00
02/12/24	02/12/24	81	84140		12-01	41.34	3	4.34	45	23.97	0.00
CLAIM TOTALS						152.34		19.05		76.13	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	302-0505705		WALLACE	L	PPA854848007					PPA854848007		I1565037		
02/15/24	02/15/24	81	87635	12-01		150.00	1	31.68	45	118.32		0.00	0.00	
02/15/24	02/15/24	81	87486	12-01		42.00	1	18.94	45	23.06		0.00	0.00	
02/15/24	02/15/24	81	87498	12-01		37.07	1	18.94	45	18.13		0.00	0.00	
02/15/24	02/15/24	81	87581	12-01		42.00	1	18.94	45	23.06		0.00	0.00	
02/15/24	02/15/24	81	87633	12-01		318.05	1	185.17	45	132.88		0.00	0.00	
02/15/24	02/15/24	81	87634	12-01		105.30	1	38.19	45	67.11		0.00	0.00	
02/15/24	02/15/24	81	87640	12-01		37.07	1	18.94	45	18.13		0.00	0.00	
02/15/24	02/15/24	81	87641	12-01		37.07	1	18.94	45	18.13		0.00	0.00	
02/15/24	02/15/24	81	87651	12-01		49.86	1	18.94	45	30.92		0.00	0.00	
CLAIM TOTALS						818.42		368.68		449.74		0.00	0.00	
512-05573	303-0515961		WALLACE	M	EDU865064925					EDU865064925		I1566477		
02/04/24	02/04/24	81	87635	12-01		150.00	3	5.00	45	118.32		0.00	26.68	
02/04/24	02/04/24	81	87498	12-01		37.07	3	5.00	45	18.13		0.00	13.94	
02/04/24	02/04/24	81	87581	12-01		42.00	3	5.00	45	23.06		0.00	13.94	
02/04/24	02/04/24	81	87633	12-01		318.05	3	5.00	45	132.88		0.00	180.17	
02/04/24	02/04/24	81	87634	12-01		70.20		0.00	97	70.20		0.00	0.00	
CLAIM TOTALS						617.32		20.00		362.59		0.00	234.73	
512-05573	303-0442824		WALTON	S	EIB901435824					EIB901435824		I1560521		
02/09/24	02/09/24	81	87491	12-01		49.86		0.00	45	30.92		0.00	18.94	
02/09/24	02/09/24	81	87591	12-01		42.00		0.00	45	23.06		0.00	18.94	
02/09/24	02/09/24	81	87661	12-01		32.30	3	7.50	45	13.36		0.00	11.44	
CLAIM TOTALS						124.16		7.50		67.34		0.00	49.32	
512-05573	302-0505706		WALTON	S	EIB901435824					EIB901435824		I1565038		
02/09/24	02/09/24	81	87086	12-01		18.53	3	6.78	45	11.75		0.00	0.00	
02/09/24	02/09/24	81	87186	12-01		13.50	3	7.27	45	6.23		0.00	0.00	
02/09/24	02/09/24	81	87088	12-01		8.09	3	6.80	45	1.29		0.00	0.00	
CLAIM TOTALS						40.12		20.85		19.27		0.00	0.00	

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0515962	WARD		D	N2S579w17890			N2S996923220	I1566478		
02/12/24	02/12/24	81	87486	12-01		42.00		252 42.00		0.00	0.00
02/12/24	02/12/24	81	87502	12-01		105.06		252 105.06		0.00	0.00
02/12/24	02/12/24	81	87635	12-01		150.00		252 150.00		0.00	0.00
CLAIM TOTALS						297.06		297.06		0.00	0.00
512-05573	303-0404478	WARD		G	QAD230166220			QAD230166220	I1557767		
02/07/24	02/07/24	81	87486	12-01		42.00	1	18.94	45 23.06	0.00	0.00
02/07/24	02/07/24	81	87498	12-01		37.07	1	18.94	45 18.13	0.00	0.00
02/07/24	02/07/24	81	87581	12-01		42.00	1	18.94	45 23.06	0.00	0.00
02/07/24	02/07/24	81	87633	12-01		318.05	55	318.05	0.00	0.00	0.00
02/07/24	02/07/24	81	87634	12-01		105.30	1	38.19	45 67.11	0.00	0.00
02/07/24	02/07/24	81	87640	12-01		37.07	1	18.94	45 18.13	0.00	0.00
02/07/24	02/07/24	81	87641	12-01		37.07	1	18.94	45 18.13	0.00	0.00
02/07/24	02/07/24	81	87651	12-01		49.86	1	18.94	45 30.92	0.00	0.00
CLAIM TOTALS						668.42		469.88	198.54	0.00	0.00
512-05573	303-0514087	WARNICK		T	BEG875621861			BEG875621861	I1566479		
02/13/24	02/13/24	81	G0482	12-01		174.33		45 124.97		0.00	49.36
512-05573	303-3495963	WARREN		T	X6B671w10823			X6B996557612	I1507245		
12/12/23	12/12/23	81	87481	87481	12-01	84.00	22	84.00	0.00	0.00	0.00
12/12/23	12/12/23	81	87491	87491	12-01	49.86	22	49.86	0.00	0.00	0.00
12/12/23	12/12/23	81	87511	87511	12-01	42.00	22	42.00	0.00	0.00	0.00
12/12/23	12/12/23	81	87529	87529	12-01	99.72	22	99.72	0.00	0.00	0.00
12/12/23	12/12/23	81	87591	87591	12-01	42.00	22	42.00	0.00	0.00	0.00
12/12/23	12/12/23	81	87653	87653	12-01	74.14	22	74.14	0.00	0.00	0.00
12/12/23	12/12/23	81	87661	87661	12-01	32.30	22	32.30	0.00	0.00	0.00
12/12/23	12/12/23	81	87563	87563	12-01	42.50	22	42.50	0.00	0.00	0.00
12/12/23	12/12/23	81	87640	87640	12-01	37.07	22	37.07	0.00	0.00	0.00
CLAIM TOTALS						503.59		503.59	0.00	0.00	0.00



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DATES OF		SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT		PAYMENT
512-05573	303-3495963		WARREN		T	X6B671W10823				X6B996557612		I1507245		
12/12/23	12/12/23	81	87481	87481	12-22	-84.00		0.00	252	-84.00		0.00	0.00	
12/12/23	12/12/23	81	87491	87491	12-22	-49.86		0.00	252	-49.86		0.00	0.00	
12/12/23	12/12/23	81	87511	87511	12-22	-42.00		0.00	252	-42.00		0.00	0.00	
12/12/23	12/12/23	81	87529	87529	12-22	-99.72		0.00	252	-99.72		0.00	0.00	
12/12/23	12/12/23	81	87591	87591	12-22	-42.00		0.00	252	-42.00		0.00	0.00	
12/12/23	12/12/23	81	87653	87653	12-22	-74.14		0.00	252	-74.14		0.00	0.00	
12/12/23	12/12/23	81	87661	87661	12-22	-32.30		0.00	252	-32.30		0.00	0.00	
12/12/23	12/12/23	81	87563	87563	12-22	-42.50		0.00	252	-42.50		0.00	0.00	
12/12/23	12/12/23	81	87640	87640	12-22	-37.07		0.00	252	-37.07		0.00	0.00	
CLAIM TOTALS						-503.59		0.00		-503.59		0.00	0.00	
512-05573	303-0515963		WASCOM		B	PGX834331675				PGX834331675		I1566480		
02/02/24	02/02/24	81	87635		12-01	150.00	1	31.68	45	118.32		0.00	0.00	
02/02/24	02/02/24	81	87486		12-01	42.00	1	18.94	45	23.06		0.00	0.00	
02/02/24	02/02/24	81	87498		12-01	37.07	1	18.94	45	18.13		0.00	0.00	
02/02/24	02/02/24	81	87581		12-01	42.00	1	18.94	45	23.06		0.00	0.00	
02/02/24	02/02/24	81	87633		12-01	318.05	1	185.17	45	132.88		0.00	0.00	
02/02/24	02/02/24	81	87634		12-01	105.30	1	38.19	45	67.11		0.00	0.00	
02/02/24	02/02/24	81	87640		12-01	37.07	1	18.94	45	18.13		0.00	0.00	
02/02/24	02/02/24	81	87641		12-01	37.07	1	18.94	45	18.13		0.00	0.00	
02/02/24	02/02/24	81	87651		12-01	49.86	1	18.94	45	30.92		0.00	0.00	
CLAIM TOTALS						818.42		368.68		449.74		0.00	0.00	
512-05573	303-0514088		WASHINGTON		A	LUF0588289501				LUF588289501		I1566481		
02/16/24	02/16/24	81	87491		12-01	49.86		0.00	45	30.92		0.00	18.94	
02/16/24	02/16/24	81	87511		12-01	42.00	1	18.94	45	23.06		0.00	0.00	
02/16/24	02/16/24	81	87529		12-01	49.86	1	18.94	45	30.92		0.00	0.00	
02/16/24	02/16/24	81	87591		12-01	42.00		0.00	45	23.06		0.00	18.94	
02/16/24	02/16/24	81	87661		12-01	32.30	1	18.94	45	13.36		0.00	0.00	
CLAIM TOTALS						216.02		56.82		121.32		0.00	37.88	



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501458		WASHINGTON	S		WMW15485031W03				WMW996466832	I1565040
02/15/24	02/15/24	81	83540	12-01		9.71	1	5.44	45	4.27	0.00
02/15/24	02/15/24	81	83550	12-01		13.11	1	7.35	45	5.76	0.00
02/15/24	02/15/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/15/24	02/15/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						36.32		16.55		19.77	0.00
512-05573	303-0512045		WASHINGTON	Z		EDU811492467				EDU811492467	I1566482
02/15/24	02/15/24	81	80053	12-01		15.84	3	5.00	45	6.97	3.87
02/15/24	02/15/24	81	82306	12-01		44.00	3	5.00	45	19.12	19.88
02/15/24	02/15/24	81	83036	12-01		14.00	3	5.00	45	5.84	3.16
02/15/24	02/15/24	81	80061	12-01		20.00	3	5.00	45	10.44	4.56
02/15/24	02/15/24	81	85049	12-01		9.00	3	3.76	45	5.24	0.00
CLAIM TOTALS						102.84		23.76		47.61	31.47
512-05573	303-0501460		WATERS	K		PPA856168497				PPA856168497	I1565041
02/14/24	02/14/24	81	84153	12-01		27.00	1	15.46	45	11.54	0.00
02/14/24	02/14/24	81	80053	12-01		15.84	1	8.87	45	6.97	0.00
02/14/24	02/14/24	81	84403	12-01		38.00	1	21.69	45	16.31	0.00
02/14/24	02/14/24	81	80061	12-01		20.00	1	9.56	45	10.44	0.00
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50	0.00
02/14/24	02/14/24	81	85049	12-01		9.00	1	3.76	45	5.24	0.00
CLAIM TOTALS						114.34		59.34		55.00	0.00
512-05573	303-0501461		WATKINS	S		EDU880089455				EDU880089455	I1565042
02/15/24	02/15/24	81	87635	12-01		150.00	3	5.00	45	118.32	26.68
02/15/24	02/15/24	81	87486	12-01		42.00	3	5.00	45	23.06	13.94
02/15/24	02/15/24	81	87498	12-01		37.07	3	5.00	45	18.13	13.94
02/15/24	02/15/24	81	87581	12-01		42.00	3	5.00	45	23.06	13.94
02/15/24	02/15/24	81	87633	12-01		318.05	3	5.00	45	132.88	180.17
02/15/24	02/15/24	81	87634	12-01		105.30	3	5.00	45	67.11	33.19
02/15/24	02/15/24	81	87640	12-01		37.07	3	5.00	45	18.13	13.94
02/15/24	02/15/24	81	87641	12-01		37.07	3	5.00	45	18.13	13.94
02/15/24	02/15/24	81	87651	12-01		49.86	3	5.00	45	30.92	13.94
CLAIM TOTALS						818.42		45.00		449.74	323.68



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LOCATION ID		CLAIM	PATIENT			ORIGINAL CONTRACT			CORRECTED CONTRACT		PATIENT CONTROL		NUMBER
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501462		WATSON		M	WRY792M83005				WRY995783251		I1565043	
02/13/24	02/13/24	81	82570	12-01		8.00	1	4.35	45	3.65		0.00	0.00
02/13/24	02/13/24	81	82043	12-01		7.58	1	4.86	45	2.72		0.00	0.00
CLAIM TOTALS						15.58		9.21		6.37		0.00	0.00
512-05573	303-0514089		WATSON		M	WRY792M83005				WRY995783251		I1566483	
02/13/24	02/13/24	81	80307	12-01		83.81	1	48.93	45	34.88		0.00	0.00
02/13/24	02/13/24	81	G0482	12-01		174.33	1	49.36	45	124.97		0.00	0.00
CLAIM TOTALS						258.14		98.29		159.85		0.00	0.00
512-05573	303-0501446		WATTS		A	QAU838775120				QAU838775120		I1565044	
02/15/24	02/15/24	81	87486	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87498	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87581	12-01		42.00		0.00	45	23.06		0.00	18.94
02/15/24	02/15/24	81	87633	12-01		318.05		0.00	45	132.88		0.00	185.17
02/15/24	02/15/24	81	87634	12-01		105.30		0.00	45	67.11		0.00	38.19
02/15/24	02/15/24	81	87640	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87641	12-01		37.07		0.00	45	18.13		0.00	18.94
02/15/24	02/15/24	81	87651	12-01		49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						668.42		0.00		331.42		0.00	337.00
512-05573	303-0501447		WAY		C	EDU875806082				EDU875806082		I1565045	
02/14/24	02/14/24	81	80053	12-01		15.84	3	5.00	45	6.97		0.00	3.87
02/14/24	02/14/24	81	36415	12-01		4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						20.34		5.00		11.47		0.00	3.87
512-05573	303-0501374		WAYNICK		R	BEG882697611				BEG882697611		I1565046	
02/14/24	02/14/24	81	80053	12-01		15.84		0.00	45	6.97		0.00	8.87
02/14/24	02/14/24	81	83036	12-01		14.00		0.00	45	5.84		0.00	8.16
02/14/24	02/14/24	81	80061	12-01		20.00		0.00	45	10.44		0.00	9.56
02/14/24	02/14/24	81	85049	12-01		9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						58.84		0.00		28.49		0.00	30.35



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REMITTANCE NOTICE

512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0468754		WEAVER		A	BEG821348903		BEG821348903		I1562854
02/13/24	02/13/24	81	87486	12-01		42.00	A1	42.00		0.00	0.00
02/13/24	02/13/24	81	87498	12-01		37.07	A1	37.07		0.00	0.00
02/13/24	02/13/24	81	87581	12-01		42.00	A1	42.00		0.00	0.00
02/13/24	02/13/24	81	87633	12-01		318.05	A1	318.05		0.00	0.00
02/13/24	02/13/24	81	87634	12-01		105.30	A1	105.30		0.00	0.00
02/13/24	02/13/24	81	87640	12-01		37.07	A1	37.07		0.00	0.00
02/13/24	02/13/24	81	87641	12-01		37.07	A1	37.07		0.00	0.00
02/13/24	02/13/24	81	87651	12-01		49.86	A1	49.86		0.00	0.00
02/13/24	02/13/24	81	87635	12-01		150.00	A1	150.00		0.00	0.00
CLAIM TOTALS						818.42		818.42		0.00	0.00
512-05573		303-0514090		WEBER		S	PAS824545025		PAS824545025		I1566484
02/16/24	02/16/24	81	87486	12-01		42.00	1	18.94	45	23.06	0.00
02/16/24	02/16/24	81	87498	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87581	12-01		42.00	1	18.94	45	23.06	0.00
02/16/24	02/16/24	81	87633	12-01		318.05	1	185.17	45	132.88	0.00
02/16/24	02/16/24	81	87634	12-01		105.30	1	38.19	45	67.11	0.00
02/16/24	02/16/24	81	87640	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87641	12-01		37.07	1	18.94	45	18.13	0.00
02/16/24	02/16/24	81	87651	12-01		49.86	1	18.94	45	30.92	0.00
CLAIM TOTALS						668.42		337.00		331.42	0.00
512-05573		303-0515964		WEBSTER		M	EDU833568623		EDU833568623		I1566485
02/14/24	02/14/24	81	87481	12-01		84.00	3	10.00	45	46.12	0.00
02/14/24	02/14/24	81	87491	12-01		49.86	3	5.00	45	30.92	0.00
02/14/24	02/14/24	81	87511	12-01		42.00	3	5.00	45	23.06	0.00
02/14/24	02/14/24	81	87529	12-01		99.72	3	10.00	45	61.84	0.00
02/14/24	02/14/24	81	87591	12-01		42.00	3	5.00	45	23.06	0.00
02/14/24	02/14/24	81	87653	12-01		74.14	3	5.00	45	55.20	0.00
02/14/24	02/14/24	81	87661	12-01		32.30	3	5.00	45	13.36	0.00
02/14/24	02/14/24	81	87563	12-01		42.50	3	5.00	45	23.56	0.00
02/14/24	02/14/24	81	87640	12-01		37.07	3	5.00	45	18.13	0.00
CLAIM TOTALS						503.59		55.00		295.25	0.00
153.34											

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LOCATION ID		CLAIM	PATIENT		ORIGINAL CONTRACT		CORRECTED CONTRACT		PATIENT CONTROL NUMBER		
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0370578		WEEKS	S	w9F228w14559		w9F996736498		I1554057	
02/04/24	02/04/24	81	87486	87486	12-01	42.00		0.00	B12	42.00	0.00
02/04/24	02/04/24	81	87498	87498	12-01	37.07		0.00	B12	37.07	0.00
02/04/24	02/04/24	81	87581	87581	12-01	42.00		0.00	B12	42.00	0.00
02/04/24	02/04/24	81	87633	87633	12-01	318.05		0.00	B12	318.05	0.00
02/04/24	02/04/24	81	87634	87634	12-01	105.30		0.00	B12	105.30	0.00
02/04/24	02/04/24	81	87640	87640	12-01	37.07		0.00	B12	37.07	0.00
02/04/24	02/04/24	81	87641	87641	12-01	37.07		0.00	B12	37.07	0.00
02/04/24	02/04/24	81	87651	87651	12-01	49.86		0.00	B12	49.86	0.00
CLAIM TOTALS						668.42		0.00		668.42	0.00
512-05573		303-0370578		WEEKS	S	w9F228w14559		w9F996736498		I1554057	
02/04/24	02/04/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00	0.00
02/04/24	02/04/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07	0.00
02/04/24	02/04/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00	0.00
02/04/24	02/04/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05	0.00
02/04/24	02/04/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30	0.00
02/04/24	02/04/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07	0.00
02/04/24	02/04/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07	0.00
02/04/24	02/04/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86	0.00
CLAIM TOTALS						-668.42		0.00		-668.42	0.00
512-05573		302-0478362		WELLS	M	LAS393622423705		LAS996274421		I1564163	
02/13/24	02/13/24	81	80053	12-01	15.84	1	8.87	45	6.97	0.00	0.00
02/13/24	02/13/24	81	36415	12-01	4.50		0.00	97	4.50	0.00	0.00
02/13/24	02/13/24	81	85049	12-01	9.00	1	3.76	45	5.24	0.00	0.00
02/13/24	02/13/24	81	82607	12-01	22.00	1	12.66	45	9.34	0.00	0.00
02/13/24	02/13/24	81	82746	12-01	22.00	1	10.51	45	11.49	0.00	0.00
02/13/24	02/13/24	81	82306	12-01	44.00	1	24.88	45	19.12	0.00	0.00
02/13/24	02/13/24	81	84481	12-01	24.00	1	14.23	45	9.77	0.00	0.00
02/13/24	02/13/24	81	83036	12-01	14.00	1	8.16	45	5.84	0.00	0.00
02/13/24	02/13/24	81	80061	12-01	20.00	1	9.56	45	10.44	0.00	0.00
02/13/24	02/13/24	81	84443	12-01	25.20	1	14.13	45	11.07	0.00	0.00
CLAIM TOTALS						200.54	106.76		93.78	0.00	0.00



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LOCATION ID		CLAIM	PATIENT		ORIGINAL CONTRACT		CORRECTED CONTRACT		PATIENT CONTROL NUMBER		
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0478363		WELLS		M	LAS393622423705			LAS996274421	I1564163	
02/13/24	02/13/24	81		84439	12-01	13.00	1	7.58	45	5.42	0.00
02/13/24	02/13/24	81		83525	12-01	17.15	1	9.27	45	7.88	0.00
CLAIM TOTALS						30.15		16.85		13.30	0.00
512-05573	303-0501448		WHALEY		N	KID815595117			KID815595117	I1565048	
02/15/24	02/15/24	81		87486	12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/15/24	02/15/24	81		87634	12-01	105.30		0.00	45	67.11	0.00
02/15/24	02/15/24	81		87641	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						668.42		0.00		331.42	0.00
512-05573	303-0468756		WHIPPLE		J	WFQ528A68279			WFQ996460658	I1562856	
02/12/24	02/12/24	81		87481	12-01	84.00		0.00	252	84.00	0.00
02/12/24	02/12/24	81		87491	12-01	49.86		0.00	252	49.86	0.00
02/12/24	02/12/24	81		87511	12-01	42.00		0.00	252	42.00	0.00
02/12/24	02/12/24	81		87529	12-01	99.72		0.00	252	99.72	0.00
02/12/24	02/12/24	81		87591	12-01	42.00		0.00	252	42.00	0.00
02/12/24	02/12/24	81		87653	12-01	74.14		0.00	252	74.14	0.00
02/12/24	02/12/24	81		87661	12-01	32.30		0.00	252	32.30	0.00
02/12/24	02/12/24	81		87563	12-01	42.50		0.00	252	42.50	0.00
02/12/24	02/12/24	81		87640	12-01	37.07		0.00	252	37.07	0.00
CLAIM TOTALS						503.59		0.00		503.59	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0431468		WHISENANT	E	SCY813000743					SCY813000743		I1566486	
02/07/24	02/07/24	81	80053	84999	12-01	15.84		0.00	45	19.61	94	-13.11	9.34
02/07/24	02/07/24	81		85652	12-01	4.00		0.00	45	1.73		0.00	2.27
02/07/24	02/07/24	81		82728	12-01	40.00		0.00	45	28.55		0.00	11.45
02/07/24	02/07/24	81		83735	12-01	13.11		0.00	97	13.11		0.00	0.00
02/07/24	02/07/24	81		80061	12-01	20.00		0.00	45	10.44		0.00	9.56
02/07/24	02/07/24	81		84443	12-01	25.20		0.00	45	11.07		0.00	14.13
02/07/24	02/07/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/07/24	02/07/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76
02/07/24	02/07/24	81	87086	87086	12-01	18.53		0.00	45	11.75		0.00	6.78
CLAIM TOTALS						150.18		0.00		106.00		-13.11	57.29
512-05573	303-0431468		WHISENANT	E	SCY813000743					SCY813000743		I1558858	
02/07/24	02/07/24	81	85652	85652	12-22	-4.00		0.00	45	-1.73		0.00	-2.27
02/07/24	02/07/24	81		82728	12-22	-40.00		0.00	45	-28.55		0.00	-11.45
02/07/24	02/07/24	81	80061	80061	12-22	-20.00		0.00	45	-10.44		0.00	-9.56
02/07/24	02/07/24	81	84443	84443	12-22	-25.20		0.00	45	-11.07		0.00	-14.13
02/07/24	02/07/24	81	85049	85049	12-22	-9.00		0.00	45	-5.24		0.00	-3.76
CLAIM TOTALS						-98.20		0.00		-57.03		0.00	-41.17
512-05573	303-0514091		WHISENANT	R	SCY813000743					SCY813000743		I1566487	
02/16/24	02/16/24	81	80053		12-01	15.84		0.00	45	6.97		0.00	8.87
02/16/24	02/16/24	81		83036	12-01	14.00		0.00	45	5.84		0.00	8.16
02/16/24	02/16/24	81		80061	12-01	20.00		0.00	45	10.44		0.00	9.56
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
02/16/24	02/16/24	81		85049	12-01	9.00		0.00	45	5.24		0.00	3.76
CLAIM TOTALS						63.34		0.00		32.99		0.00	30.35
512-05573	303-0501449		WHISENHUNT	T	LGB912129136					LGB912129136		I1565049	
02/15/24	02/15/24	81		87651	12-01	49.86	3	7.50	45	30.92		0.00	11.44



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514092	WHITE	M	IBU875225988				IBU875225988	I1566488		
02/06/24	02/06/24	81	87633	12-01		318.05		45	132.88	0.00	185.17
02/06/24	02/06/24	81	87640	12-01		37.07		45	18.13	0.00	18.94
02/06/24	02/06/24	81	87651	12-01		49.86		45	30.92	0.00	18.94
02/06/24	02/06/24	81	87633	12-01		318.05		96	318.05	0.00	0.00
02/06/24	02/06/24	81	87486	12-01		42.00		45	23.06	0.00	18.94
02/06/24	02/06/24	81	87498	12-01		37.07		45	18.13	0.00	18.94
02/06/24	02/06/24	81	87581	12-01		42.00		45	23.06	0.00	18.94
CLAIM TOTALS						844.10			564.23	0.00	279.87
512-05573	303-0501450	WHITE	O	AGAAN3682253				AGA995307015	I1565052		
02/15/24	02/15/24	81	87486	12-01		42.00		252	42.00	0.00	0.00
02/15/24	02/15/24	81	87498	12-01		37.07		252	37.07	0.00	0.00
02/15/24	02/15/24	81	87581	12-01		42.00		252	42.00	0.00	0.00
02/15/24	02/15/24	81	87633	12-01		318.05		252	318.05	0.00	0.00
02/15/24	02/15/24	81	87634	12-01		105.30		252	105.30	0.00	0.00
02/15/24	02/15/24	81	87640	12-01		37.07		252	37.07	0.00	0.00
02/15/24	02/15/24	81	87641	12-01		37.07		252	37.07	0.00	0.00
02/15/24	02/15/24	81	87651	12-01		49.86		252	49.86	0.00	0.00
CLAIM TOTALS						668.42			668.42	0.00	0.00
512-05573	303-0501376	WHITE	S	PPA824011254				PPA824011254	I1565053		
02/13/24	02/13/24	81	80053	12-01		15.84	1	45	6.97	0.00	0.00
02/13/24	02/13/24	81	83540	12-01		9.71	1	45	4.27	0.00	0.00
02/13/24	02/13/24	81	83550	12-01		13.11		97	13.11	0.00	0.00
02/13/24	02/13/24	81	82728	12-01		40.00	1	45	28.55	0.00	0.00
02/13/24	02/13/24	81	83036	12-01		14.00	1	45	5.84	0.00	0.00
02/13/24	02/13/24	81	80061	12-01		20.00	1	45	10.44	0.00	0.00
02/13/24	02/13/24	81	84443	12-01		25.20	1	45	11.07	0.00	0.00
02/13/24	02/13/24	81	84439	12-01		13.00	1	45	5.42	0.00	0.00
02/13/24	02/13/24	81	85049	12-01		9.00	1	45	5.24	0.00	0.00
CLAIM TOTALS						159.86			90.91	0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501377		WHITE		S	PPA824011254				PPA824011254	I1565054		
02/13/24	02/13/24	81		84466	12-01	40.00		1	10.74	45	29.26	0.00	0.00
512-05573	303-3537544		WHITEHEAD		B	DUS0556703MB				DUS996612007	I1510202		
12/17/23	12/17/23	81	87486	87486	12-01	42.00		1	18.94	45	23.06	0.00	0.00
12/17/23	12/17/23	81	87498	87498	12-01	37.07		1	18.94	45	18.13	0.00	0.00
12/17/23	12/17/23	81	87581	87581	12-01	42.00		1	18.94	45	23.06	0.00	0.00
12/17/23	12/17/23	81	87633	87633	12-01	318.05		1	185.17	45	132.88	0.00	0.00
12/17/23	12/17/23	81	87634	87634	12-01	105.30		1	38.19	45	67.11	0.00	0.00
12/17/23	12/17/23	81	87640	87640	12-01	37.07		1	18.94	45	18.13	0.00	0.00
12/17/23	12/17/23	81	87641	87641	12-01	37.07		1	18.94	45	18.13	0.00	0.00
12/17/23	12/17/23	81	87651	87651	12-01	49.86		1	18.94	45	30.92	0.00	0.00
CLAIM TOTALS						668.42			337.00	331.42	0.00	0.00	
512-05573	303-3537544		WHITEHEAD		B	DUS0556703MB				DUS996612007	I1510202		
12/17/23	12/17/23	81	87486	87486	12-22	-42.00			0.00	252	-42.00	0.00	0.00
12/17/23	12/17/23	81	87498	87498	12-22	-37.07			0.00	252	-37.07	0.00	0.00
12/17/23	12/17/23	81	87581	87581	12-22	-42.00			0.00	252	-42.00	0.00	0.00
12/17/23	12/17/23	81	87633	87633	12-22	-318.05			0.00	252	-318.05	0.00	0.00
12/17/23	12/17/23	81	87634	87634	12-22	-105.30			0.00	252	-105.30	0.00	0.00
12/17/23	12/17/23	81	87640	87640	12-22	-37.07			0.00	252	-37.07	0.00	0.00
12/17/23	12/17/23	81	87641	87641	12-22	-37.07			0.00	252	-37.07	0.00	0.00
12/17/23	12/17/23	81	87651	87651	12-22	-49.86			0.00	252	-49.86	0.00	0.00
CLAIM TOTALS						-668.42			0.00	-668.42	0.00	0.00	
512-05573	303-3461090		WHITWORTH		K	P6L130420160001				P6L996274823	I1502901		
12/07/23	12/07/23	81	84443	84443	12-01	25.20		27	25.20	0.00	0.00	0.00	0.00
12/07/23	12/07/23	81	85049	85049	12-01	9.00		27	9.00	0.00	0.00	0.00	0.00
CLAIM TOTALS						34.20			34.20	0.00	0.00	0.00	0.00
512-05573	303-3461090		WHITWORTH		K	P6L130420160001				P6L996274823	I1502901		
12/07/23	12/07/23	81	84443	84443	12-22	-25.20		1	-14.13	45	-11.07	0.00	0.00
12/07/23	12/07/23	81	85049	85049	12-22	-9.00		1	-3.76	45	-5.24	0.00	0.00
CLAIM TOTALS						-34.20			-17.89	-16.31	0.00	0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0515966		WILLIAMS	A		HML870969447			HML870969447	I1566490		
02/12/24	02/12/24	81	87635	12-01		150.00		0.00	45	118.32	0.00	31.68
02/12/24	02/12/24	81	87486	12-01		42.00		0.00	45	23.06	0.00	18.94
02/12/24	02/12/24	81	87498	12-01		37.07		0.00	45	18.13	0.00	18.94
02/12/24	02/12/24	81	87581	12-01		42.00		0.00	45	23.06	0.00	18.94
02/12/24	02/12/24	81	87633	12-01		318.05		0.00	45	132.88	0.00	185.17
02/12/24	02/12/24	81	87634	12-01		105.30		0.00	45	67.11	0.00	38.19
02/12/24	02/12/24	81	87640	12-01		37.07		0.00	45	18.13	0.00	18.94
02/12/24	02/12/24	81	87641	12-01		37.07		0.00	45	18.13	0.00	18.94
02/12/24	02/12/24	81	87651	12-01		49.86		0.00	45	30.92	0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74	0.00	368.68
512-05573	303-0394878		WILLIAMS	B		PPA868395253			PPA868395253	I1556855		
02/06/24	02/06/24	81	80053	12-01		15.84		0.00	45	6.97	0.00	8.87
02/06/24	02/06/24	81	83036	12-01		14.00		0.00	45	5.84	0.00	8.16
02/06/24	02/06/24	81	80061	12-01		20.00		0.00	45	10.44	0.00	9.56
02/06/24	02/06/24	81	85027	12-01		12.00		0.00	45	8.10	0.00	3.90
02/06/24	02/06/24	81	36415	12-01		4.50		0.00	97	4.50	0.00	0.00
CLAIM TOTALS						66.34		0.00		35.85	0.00	30.49
512-05573	303-0514097		WILLIAMS	C		BEG846159217			PGX846159217	I1566492		
02/16/24	02/16/24	81	87635	12-01		150.00		0.00	45	118.32	0.00	31.68
02/16/24	02/16/24	81	87486	12-01		42.00		0.00	45	23.06	0.00	18.94
02/16/24	02/16/24	81	87498	12-01		37.07		0.00	45	18.13	0.00	18.94
02/16/24	02/16/24	81	87581	12-01		42.00		0.00	45	23.06	0.00	18.94
02/16/24	02/16/24	81	87633	12-01		318.05		0.00	45	132.88	0.00	185.17
02/16/24	02/16/24	81	87634	12-01		105.30		0.00	45	67.11	0.00	38.19
02/16/24	02/16/24	81	87640	12-01		37.07		0.00	45	18.13	0.00	18.94
02/16/24	02/16/24	81	87641	12-01		37.07		0.00	45	18.13	0.00	18.94
02/16/24	02/16/24	81	87651	12-01		49.86		0.00	45	30.92	0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74	0.00	368.68



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514098		WILLIAMS	C	EIB901363887			EIB901363887	I1566493		
02/12/24	02/12/24	81	80307	12-01	125.00	3	7.50	45	76.07	0.00	41.43
02/12/24	02/12/24	81	G0482	12-01	174.33	3	7.50	45	124.97	0.00	41.86
CLAIM TOTALS					299.33		15.00		201.04	0.00	83.29
512-05573	303-0394880		WILLIAMS	E	TGX912734040			TGX912734040	I1556858		
02/06/24	02/06/24	81	87651	12-01	49.86	3	18.94	45	30.92	0.00	0.00
512-05573	303-0442827		WILLIAMS	E	EDU876756165			EDU876756165	I1560539		
01/24/24	01/24/24	81	G0482	12-01	174.33		0.00	B13	174.33	0.00	0.00
512-05573	303-0501452		WILLIAMS	L	COJ857239797			COJ857239797	I1565057		
02/15/24	02/15/24	81	87635	12-01	150.00		0.00	45	118.32	0.00	31.68
02/15/24	02/15/24	81	87486	12-01	42.00		0.00	45	23.06	0.00	18.94
02/15/24	02/15/24	81	87498	12-01	37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81	87581	12-01	42.00		0.00	45	23.06	0.00	18.94
02/15/24	02/15/24	81	87633	12-01	318.05		0.00	45	132.88	0.00	185.17
02/15/24	02/15/24	81	87634	12-01	105.30		0.00	45	67.11	0.00	38.19
02/15/24	02/15/24	81	87640	12-01	37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81	87641	12-01	37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81	87651	12-01	49.86		0.00	45	30.92	0.00	18.94
CLAIM TOTALS					818.42		0.00		449.74	0.00	368.68
512-05573	303-2931291		WILLIAMS	L	BEG834712745			BEG834712745	I1456384		
10/17/23	10/17/23	81	87798	87529	12-01	546.00	3	9.47	45	61.84	96 446.28 28.41
512-05573	303-0501378		WILLIAMS	R	SEH863172340			SEH863172340	I1565058		
02/15/24	02/15/24	81	87498	12-01	37.07		0.00	45	18.13	0.00	18.94
02/15/24	02/15/24	81	87581	12-01	42.00		0.00	45	23.06	0.00	18.94
02/15/24	02/15/24	81	87633	12-01	318.05		0.00	45	132.88	0.00	185.17
02/15/24	02/15/24	81	87634	12-01	70.20		0.00	97	70.20	0.00	0.00
02/15/24	02/15/24	81	87635	12-01	150.00		0.00	45	118.32	0.00	31.68
CLAIM TOTALS					617.32		0.00		362.59	0.00	254.73



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0514100		WILLIAMS	S	EDU878223400					EDU878223400	I1566497			
02/16/24	02/16/24	81	84403	12-01	38.00		3	5.00		45	16.31	0.00	16.69	
02/16/24	02/16/24	81	36415	12-01	4.50			0.00		97	4.50	0.00	0.00	
02/16/24	02/16/24	81	85049	12-01	9.00		3	3.76		45	5.24	0.00	0.00	
CLAIM TOTALS						51.50		8.76		26.05		0.00	16.69	
512-05573	303-0514101		WILLIAMS	S	EDU878223400					EDU878223400	I1566498			
02/07/24	02/07/24	81	84402	12-01	38.00		3	5.00		45	16.61	0.00	16.39	
512-05573	303-0514099		WILLIAMS	S	BKS877645550					BKS877645550	I1566496			
02/16/24	02/16/24	81	80053	12-01	15.84		1	8.87		45	6.97	0.00	0.00	
02/16/24	02/16/24	81	82607	12-01	22.00		1	12.66		45	9.34	0.00	0.00	
02/16/24	02/16/24	81	82306	12-01	44.00		119	44.00			0.00	0.00	0.00	
02/16/24	02/16/24	81	83036	12-01	14.00		1	8.16		45	5.84	0.00	0.00	
02/16/24	02/16/24	81	80061	12-01	20.00		1	9.56		45	10.44	0.00	0.00	
02/16/24	02/16/24	81	84443	12-01	25.20		1	14.13		45	11.07	0.00	0.00	
02/16/24	02/16/24	81	85027	12-01	12.00		1	3.90		45	8.10	0.00	0.00	
02/16/24	02/16/24	81	36415	12-01	4.50			0.00		97	4.50	0.00	0.00	
CLAIM TOTALS						157.54		101.28		56.26		0.00	0.00	
512-05573	303-0113540		WILLINGHAM	E	KPE0753414BL					KPE996705418	I1565056			
01/09/24	01/09/24	81	87635	12-01	150.00			0.00		252	150.00	0.00	0.00	
01/09/24	01/09/24	81	87486	12-01	42.00			0.00		252	42.00	0.00	0.00	
01/09/24	01/09/24	81	87498	12-01	37.07			0.00		252	37.07	0.00	0.00	
01/09/24	01/09/24	81	87581	12-01	42.00			0.00		252	42.00	0.00	0.00	
01/09/24	01/09/24	81	87633	12-01	318.05			0.00		252	318.05	0.00	0.00	
01/09/24	01/09/24	81	87634	12-01	105.30			0.00		252	105.30	0.00	0.00	
01/09/24	01/09/24	81	87640	12-01	37.07			0.00		252	37.07	0.00	0.00	
01/09/24	01/09/24	81	87641	12-01	37.07			0.00		252	37.07	0.00	0.00	
01/09/24	01/09/24	81	87651	12-01	49.86			0.00		252	49.86	0.00	0.00	
CLAIM TOTALS						818.42		0.00		818.42		0.00	0.00	

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0113540		WILLINGHAM	E	KPE0753414BL			KPE996705418	I1531988		
01/09/24	01/09/24	81	87635	87635	12-22	-150.00	1	-31.68	45	-118.32	0.00
01/09/24	01/09/24	81	87486	87486	12-22	-42.00	1	-18.94	45	-23.06	0.00
01/09/24	01/09/24	81	87498	87498	12-22	-37.07	1	-18.94	45	-18.13	0.00
01/09/24	01/09/24	81	87581	87581	12-22	-42.00	1	-18.94	45	-23.06	0.00
01/09/24	01/09/24	81	87633	87633	12-22	-318.05	1	-185.17	45	-132.88	0.00
01/09/24	01/09/24	81	87634	87634	12-22	-105.30	1	-38.19	45	-67.11	0.00
01/09/24	01/09/24	81	87640	87640	12-22	-37.07	1	-18.94	45	-18.13	0.00
01/09/24	01/09/24	81	87641	87641	12-22	-37.07	1	-18.94	45	-18.13	0.00
01/09/24	01/09/24	81	87651	87651	12-22	-49.86	1	-18.94	45	-30.92	0.00
CLAIM TOTALS						-818.42		-368.68		-449.74	0.00
512-05573	303-0233664		WILLIS	E	LBP805572558			LBP805572558	I1541110		
01/21/24	01/21/24	81	87507	12-01	319.55			0.00	252	319.55	0.00
512-05573	302-0227394		WILLIS	L	BEG859989377			BEG859989377	I1539537		
01/18/24	01/18/24	81	87640	12-01	37.07			0.00	45	18.13	18.94
01/18/24	01/18/24	81	87641	12-01	37.07			0.00	45	18.13	18.94
01/18/24	01/18/24	81	87653	12-01	37.07			0.00	45	18.13	18.94
01/18/24	01/18/24	81	87481	12-01	42.00			0.00	45	23.06	18.94
01/18/24	01/18/24	81	87481	12-01	42.00			0.00	45	23.06	18.94
01/18/24	01/18/24	81	87640	12-01	37.07			0.00	96	37.07	0.00
01/18/24	01/18/24	81	87653	12-01	37.07			0.00	96	37.07	0.00
01/18/24	01/18/24	81	87641	12-01	37.07			0.00	96	37.07	0.00
01/18/24	01/18/24	81	87481	12-01	42.00			0.00	45	23.06	18.94
01/18/24	01/18/24	81	87640	12-01	37.07			0.00	96	37.07	0.00
CLAIM TOTALS						385.49		0.00		271.85	113.64
512-05573	302-0227395		WILLIS	L	BEG859989377			BEG859989377	I1539537		
01/18/24	01/18/24	81	87653	12-01	37.07			0.00	96	37.07	0.00
512-05573	303-0233665		WILLIS	L	BEG859989377			BEG859989377	I1541113		
01/18/24	01/18/24	81	87086	12-01	18.53			0.00	45	11.75	6.78

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0512046		WILLIS		M	SCY849403667		SCY849403667		I1566495
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/16/24	02/16/24	81		87634	12-01	70.20		0.00	97	70.20	0.00
02/16/24	02/16/24	81		87635	12-01	150.00		0.00	45	118.32	0.00
CLAIM TOTALS						617.32		0.00		362.59	0.00
512-05573		303-0512047		WILSON		C	BEG838141302		BEG838141302		I1566499
12/28/23	12/28/23	81		87635	12-01	150.00	3	7.92	45	118.32	0.00
12/28/23	12/28/23	81		87486	12-01	42.00	3	4.74	45	23.06	0.00
12/28/23	12/28/23	81		87498	12-01	37.07	3	4.74	45	18.13	0.00
12/28/23	12/28/23	81		87640	12-01	37.07	3	4.74	45	18.13	0.00
12/28/23	12/28/23	81		87581	12-01	42.00	3	4.74	45	23.06	0.00
12/28/23	12/28/23	81		87633	12-01	318.05	3	46.29	45	132.88	0.00
12/28/23	12/28/23	81		87634	12-01	105.30	3	9.55	45	67.11	0.00
12/28/23	12/28/23	81		87641	12-01	37.07	3	4.74	45	18.13	0.00
12/28/23	12/28/23	81		87651	12-01	49.86	3	4.74	45	30.92	0.00
CLAIM TOTALS						818.42		92.20		449.74	0.00
512-05573		303-0514102		WILSON		D	PPA813350578		PPA813350578		I1566500
02/15/24	02/15/24	81		84156	12-01	8.00	3	3.08	45	4.92	0.00
02/15/24	02/15/24	81		82570	12-01	8.00	3	4.35	45	3.65	0.00
02/15/24	02/15/24	81		83069	12-01	8.00	3	3.32	45	4.68	0.00
02/15/24	02/15/24	81		84311	12-01	32.00	3	5.88	45	26.12	0.00
02/15/24	02/15/24	81		82010	12-01	16.00	3	6.21	45	9.79	0.00
02/15/24	02/15/24	81		82945	12-01	8.00	3	3.30	45	4.70	0.00
02/15/24	02/15/24	81	82247	84999	12-01	8.00	3	3.86	45	14.50	94 -15.84
02/15/24	02/15/24	81		83986	12-01	7.00		0.00	45	3.99	0.00
02/15/24	02/15/24	81		81007	12-01	120.00		0.00	45	117.84	0.00
02/15/24	02/15/24	81		82043	12-01	7.58		0.00	45	2.72	0.00
CLAIM TOTALS						222.58		30.00		192.91	-15.84



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0514103		WILSON		D	PPA813350578			PPA813350578	I1566500	
02/15/24	02/15/24	81		80053	12-01	15.84		0.00	97	15.84	0.00
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
02/15/24	02/15/24	81		85049	12-01	9.00		0.00	45	5.24	0.00
02/15/24	02/15/24	81		82607	12-01	22.00		0.00	45	9.34	0.00
02/15/24	02/15/24	81		82306	12-01	44.00	96	44.00		0.00	0.00
02/15/24	02/15/24	81		83540	12-01	9.71		0.00	45	4.27	0.00
02/15/24	02/15/24	81		83550	12-01	13.11		0.00	45	5.76	0.00
02/15/24	02/15/24	81		82728	12-01	40.00		0.00	45	28.55	0.00
02/15/24	02/15/24	81		83036	12-01	14.00		0.00	45	5.84	0.00
02/15/24	02/15/24	81		86376	12-01	21.00		0.00	45	8.77	0.00
CLAIM TOTALS						193.16		44.00		88.11	0.00
512-05573	303-0514104		WILSON		D	PPA813350578			PPA813350578	I1566500	
02/15/24	02/15/24	81		84443	12-01	25.20		0.00	45	11.07	0.00
02/15/24	02/15/24	81		84436	12-01	10.00		0.00	45	4.22	0.00
02/15/24	02/15/24	81		80061	12-01	20.00		0.00	45	10.44	0.00
CLAIM TOTALS						55.20		0.00		25.73	0.00
512-05573	303-0514105		WILSON		E	PPA809972417			PPA809972417	I1566501	
02/16/24	02/16/24	81		80053	12-01	15.84		0.00	45	6.97	0.00
02/16/24	02/16/24	81		82306	12-01	44.00	96	44.00		0.00	0.00
02/16/24	02/16/24	81		83540	12-01	9.71		0.00	45	4.27	0.00
02/16/24	02/16/24	81		83550	12-01	13.11		0.00	45	5.76	0.00
02/16/24	02/16/24	81		83002	12-01	27.78		0.00	45	12.22	0.00
02/16/24	02/16/24	81		83001	12-01	27.87		0.00	45	12.25	0.00
02/16/24	02/16/24	81		82670	12-01	41.00		0.00	45	17.53	0.00
02/16/24	02/16/24	81		84403	12-01	38.00		0.00	45	16.31	0.00
02/16/24	02/16/24	81		80061	12-01	20.00		0.00	45	10.44	0.00
02/16/24	02/16/24	81		36415	12-01	4.50		0.00	97	4.50	0.00
CLAIM TOTALS						241.81		44.00		90.25	0.00
512-05573	303-0514106		WILSON		E	PPA809972417			PPA809972417	I1566501	
02/16/24	02/16/24	81		85049	12-01	9.00		0.00	45	5.24	0.00
											3.76

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**BlueCross BlueShield
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REMITTANCE NOTICE

512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
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LOCATION ID		CLAIM	PATIENT		ORIGINAL CONTRACT		CORRECTED CONTRACT		PATIENT CONTROL NUMBER		
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0514107		WILSON		E	PPA809972417		PPA809972417		I1566502
02/16/24	02/16/24	81		82627	12-01	33.00		0.00	45	14.31	0.00
02/16/24	02/16/24	81		84144	12-01	31.00		0.00	45	13.47	0.00
CLAIM TOTALS						64.00		0.00		27.78	0.00
512-05573		302-0505707		WILSON		E	PPA820566626		PPA820566626		I1565059
02/15/24	02/15/24	81		87635	12-01	150.00		0.00	45	118.32	0.00
02/15/24	02/15/24	81		87486	12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81		87498	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87581	12-01	42.00		0.00	45	23.06	0.00
02/15/24	02/15/24	81		87633	12-01	318.05		0.00	45	132.88	0.00
02/15/24	02/15/24	81		87634	12-01	105.30		0.00	45	67.11	0.00
02/15/24	02/15/24	81		87640	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87641	12-01	37.07		0.00	45	18.13	0.00
02/15/24	02/15/24	81		87651	12-01	49.86		0.00	45	30.92	0.00
CLAIM TOTALS						818.42		0.00		449.74	0.00
512-05573		303-0125316		WILSON		J	WIW281w14145		WIW996698221		I1533055
01/10/24	01/10/24	81		87498	87498	12-01	37.07	0.00	B12	37.07	0.00
01/10/24	01/10/24	81		87581	87581	12-01	42.00	0.00	B12	42.00	0.00
01/10/24	01/10/24	81		87633	87633	12-01	318.05	0.00	B12	318.05	0.00
01/10/24	01/10/24	81		87634	87634	12-01	70.20	0.00	97	70.20	0.00
01/10/24	01/10/24	81		87651	87651	12-01	49.86	0.00	B12	49.86	0.00
CLAIM TOTALS						517.18		0.00		517.18	0.00
512-05573		303-0125316		WILSON		J	WIW281w14145		WIW996698221		I1533055
01/10/24	01/10/24	81		87498	87498	12-22	-37.07	0.00		0.00	96
01/10/24	01/10/24	81		87581	87581	12-22	-42.00	0.00		0.00	96
01/10/24	01/10/24	81		87633	87633	12-22	-318.05	0.00		0.00	96
01/10/24	01/10/24	81		87634	87634	12-22	-70.20	0.00		0.00	
01/10/24	01/10/24	81		87651	87651	12-22	-49.86	0.00	97	-70.20	0.00
						1	-18.94	45	-30.92	0.00	0.00
CLAIM TOTALS						-517.18	-18.94		-101.12		-397.12



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LOCATION ID		CLAIM	PATIENT			ORIGINAL CONTRACT	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		CORRECTED CONTRACT	PATIENT CONTROL	NUMBER
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL					OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0091927		WINEMAN		K	AQT60287707101				AQT602877071	I1528680		
12/12/23	12/12/23	81	G0482		12-01	174.33	3	4.93	45	124.97		0.00	44.43
512-05573	303-0466474		WINN		A	BEG808541335				BEG808541335	I1566503		
02/12/24	02/12/24	81	87086	87086	12-01	18.53		0.00	45	11.75		0.00	6.78
512-05573	302-0447251		WINSETT		V	PPA829367958				PPA829367958	I1560550		
02/06/24	02/06/24	81	80307		12-01	83.81	1	48.93	45	34.88		0.00	0.00
02/06/24	02/06/24	81	G0482		12-01	174.33	1	49.36	45	124.97		0.00	0.00
CLAIM TOTALS						258.14		98.29		159.85		0.00	0.00
512-05573	303-0303714		WIX		J	HEXAN6580077				HEX995798444	I1547409		
01/26/24	01/26/24	81	87635	87635	12-01	150.00		0.00	B12	150.00		0.00	0.00
01/26/24	01/26/24	81	87486	87486	12-01	42.00		0.00	B12	42.00		0.00	0.00
01/26/24	01/26/24	81	87498	87498	12-01	37.07		0.00	B12	37.07		0.00	0.00
01/26/24	01/26/24	81	87640	87640	12-01	37.07		0.00	B12	37.07		0.00	0.00
01/26/24	01/26/24	81	87581	87581	12-01	42.00		0.00	B12	42.00		0.00	0.00
01/26/24	01/26/24	81	87633	87633	12-01	318.05		0.00	B12	318.05		0.00	0.00
01/26/24	01/26/24	81	87634	87634	12-01	105.30		0.00	B12	105.30		0.00	0.00
01/26/24	01/26/24	81	87641	87641	12-01	37.07		0.00	B12	37.07		0.00	0.00
01/26/24	01/26/24	81	87651	87651	12-01	49.86		0.00	B12	49.86		0.00	0.00
CLAIM TOTALS						818.42		0.00		818.42		0.00	0.00
512-05573	303-0303714		WIX		J	HEXAN6580077				HEX995798444	I1547409		
01/26/24	01/26/24	81	87635	87635	12-22	-150.00		0.00	252	-150.00		0.00	0.00
01/26/24	01/26/24	81	87486	87486	12-22	-42.00		0.00	252	-42.00		0.00	0.00
01/26/24	01/26/24	81	87498	87498	12-22	-37.07		0.00	252	-37.07		0.00	0.00
01/26/24	01/26/24	81	87640	87640	12-22	-37.07		0.00	252	-37.07		0.00	0.00
01/26/24	01/26/24	81	87581	87581	12-22	-42.00		0.00	252	-42.00		0.00	0.00
01/26/24	01/26/24	81	87633	87633	12-22	-318.05		0.00	252	-318.05		0.00	0.00
01/26/24	01/26/24	81	87634	87634	12-22	-105.30		0.00	252	-105.30		0.00	0.00
01/26/24	01/26/24	81	87641	87641	12-22	-37.07		0.00	252	-37.07		0.00	0.00
01/26/24	01/26/24	81	87651	87651	12-22	-49.86		0.00	252	-49.86		0.00	0.00
CLAIM TOTALS						-818.42		0.00		-818.42		0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0394887		WOLFE	D	PPA884001162				PPA884001162	I1556868	
02/06/24	02/06/24	81	80053	12-01	15.84			0.00	45	6.97	8.87
02/06/24	02/06/24	81	82607	12-01	22.00			0.00	45	9.34	12.66
02/06/24	02/06/24	81	82306	12-01	44.00	119		44.00		0.00	0.00
02/06/24	02/06/24	81	84403	12-01	38.00			0.00	45	16.31	21.69
02/06/24	02/06/24	81	83036	12-01	14.00			0.00	45	5.84	8.16
02/06/24	02/06/24	81	84443	12-01	25.20			0.00	45	11.07	14.13
02/06/24	02/06/24	81	84439	12-01	13.00			0.00	45	5.42	7.58
02/06/24	02/06/24	81	83540	12-01	9.00			0.00	45	3.56	5.44
02/06/24	02/06/24	81	80061	12-01	20.00			0.00	45	10.44	9.56
02/06/24	02/06/24	81	85049	12-01	9.00			0.00	45	5.24	3.76
CLAIM TOTALS						210.04		44.00		74.19	91.85
512-05573	303-0501453		WOOD	A	EDU880675985				EDU880675985	I1565060	
02/15/24	02/15/24	81	87481	12-01	42.00	3		5.00	45	23.06	13.94
02/15/24	02/15/24	81	87640	12-01	37.07	3		5.00	45	18.13	13.94
02/15/24	02/15/24	81	87641	12-01	37.07	3		5.00	45	18.13	13.94
02/15/24	02/15/24	81	87653	12-01	37.07	3		5.00	45	18.13	13.94
02/15/24	02/15/24	81	87801	12-01	74.14	96		74.14		0.00	0.00
CLAIM TOTALS						227.35		94.14		77.45	55.76
512-05573	303-0473038		WOODEN	J	VWQ908189461				VWQ908189461	I1564174	
02/14/24	02/14/24	81	87635	12-01	150.00	1		31.68	45	118.32	0.00
02/14/24	02/14/24	81	87486	12-01	42.00	1		18.94	45	23.06	0.00
02/14/24	02/14/24	81	87498	12-01	37.07	1		18.94	45	18.13	0.00
02/14/24	02/14/24	81	87581	12-01	42.00	1		18.94	45	23.06	0.00
02/14/24	02/14/24	81	87633	12-01	318.05	1		185.17	45	132.88	0.00
02/14/24	02/14/24	81	87634	12-01	105.30	1		38.19	45	67.11	0.00
02/14/24	02/14/24	81	87640	12-01	37.07	1		18.94	45	18.13	0.00
02/14/24	02/14/24	81	87641	12-01	37.07	1		18.94	45	18.13	0.00
02/14/24	02/14/24	81	87651	12-01	49.86	1		18.94	45	30.92	0.00
CLAIM TOTALS						818.42		368.68		449.74	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS					
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0501454		WOODEN		J	VWQ908189461		VWQ908189461		I1565061		
02/14/24	02/14/24	81	80053	84999	12-01	15.84	1	9.34	45	37.61	94	-31.11	0.00
02/14/24	02/14/24	81		82607	12-01	22.00	1	12.66	45	9.34		0.00	0.00
02/14/24	02/14/24	81		82306	12-01	44.00	1	24.88	45	19.12		0.00	0.00
02/14/24	02/14/24	81		83036	12-01	14.00		0.00	45	5.84		0.00	8.16
02/14/24	02/14/24	81		83735	12-01	13.11		0.00	97	13.11		0.00	0.00
02/14/24	02/14/24	81		80061	12-01	20.00	1	9.56	45	10.44		0.00	0.00
02/14/24	02/14/24	81		84443	12-01	25.20	1	14.13	45	11.07		0.00	0.00
02/14/24	02/14/24	81		84439	12-01	13.00	1	7.58	45	5.42		0.00	0.00
02/14/24	02/14/24	81		85049	12-01	9.00	1	3.76	45	5.24		0.00	0.00
02/14/24	02/14/24	81		80074	12-01	71.00	1	38.77	45	32.23		0.00	0.00
CLAIM TOTALS						247.15		120.68		149.42		-31.11	8.16
512-05573		303-0501455		WOODEN		J	VWQ908189461		VWQ908189461		I1565062		
02/14/24	02/14/24	81		82150	12-01	18.00		0.00	97	18.00		0.00	0.00
02/14/24	02/14/24	81		83690	12-01	14.00	1	5.80	45	8.20		0.00	0.00
CLAIM TOTALS						32.00		5.80		26.20		0.00	0.00
512-05573		303-0466460		WOODS		T	WIW260w11673		WIW996583379		I1562885		
02/06/24	02/06/24	81		86008	12-01	71.72		0.00	97	71.72		0.00	0.00
512-05573		302-0478371		WREN		E	R6K965w17145		R6K996933236		I1564177		
02/14/24	02/14/24	81		87635	12-01	150.00		0.00	252	150.00		0.00	0.00
02/14/24	02/14/24	81		87486	12-01	42.00		0.00	252	42.00		0.00	0.00
02/14/24	02/14/24	81		87498	12-01	37.07		0.00	252	37.07		0.00	0.00
02/14/24	02/14/24	81		87581	12-01	42.00		0.00	252	42.00		0.00	0.00
02/14/24	02/14/24	81		87633	12-01	318.05		0.00	252	318.05		0.00	0.00
02/14/24	02/14/24	81		87634	12-01	105.30		0.00	252	105.30		0.00	0.00
02/14/24	02/14/24	81		87640	12-01	37.07		0.00	252	37.07		0.00	0.00
02/14/24	02/14/24	81		87641	12-01	37.07		0.00	252	37.07		0.00	0.00
02/14/24	02/14/24	81		87651	12-01	49.86		0.00	252	49.86		0.00	0.00
CLAIM TOTALS						818.42		0.00		818.42		0.00	0.00



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DATES OF		SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0473034		WRIGHT		P	WMW21446207W				WMW996933852		I1564178	
02/13/24	02/13/24	81		87086	12-01	18.53	1	6.78	45	11.75		0.00	0.00
512-05573	303-0512048		YARBROUGH		A	VVT201032354				VVT201032354		I1566504	
02/16/24	02/16/24	81		87635	12-01	150.00		0.00	45	118.32		0.00	31.68
02/16/24	02/16/24	81		87486	12-01	42.00		0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81		87498	12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81		87581	12-01	42.00		0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81		87633	12-01	318.05		0.00	45	132.88		0.00	185.17
02/16/24	02/16/24	81		87634	12-01	105.30		0.00	45	67.11		0.00	38.19
02/16/24	02/16/24	81		87640	12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81		87641	12-01	37.07		0.00	45	18.13		0.00	18.94
02/16/24	02/16/24	81		87651	12-01	49.86		0.00	45	30.92		0.00	18.94
CLAIM TOTALS						818.42		0.00		449.74		0.00	368.68
512-05573	303-0514109		YARBROUGH		K	KID864229781				KID864229781		I1566505	
02/15/24	02/15/24	81		82947	12-01	7.00		0.00	45	3.70		0.00	3.30
02/15/24	02/15/24	81		83540	12-01	9.71		0.00	45	4.27		0.00	5.44
02/15/24	02/15/24	81		83550	12-01	13.11		0.00	45	5.76		0.00	7.35
02/15/24	02/15/24	81		82728	12-01	40.00		0.00	45	28.55		0.00	11.45
02/15/24	02/15/24	81		84403	12-01	38.00		0.00	45	16.31		0.00	21.69
02/15/24	02/15/24	81		84443	12-01	25.20		0.00	45	11.07		0.00	14.13
02/15/24	02/15/24	81		84439	12-01	13.00		0.00	45	5.42		0.00	7.58
02/15/24	02/15/24	81		83525	12-01	17.15		0.00	45	7.88		0.00	9.27
02/15/24	02/15/24	81		36415	12-01	4.50		0.00	97	4.50		0.00	0.00
CLAIM TOTALS						167.67		0.00		87.46		0.00	80.21
512-05573	303-0514110		YOUNG		J	KID815222271				KID815222271		I1566507	
02/16/24	02/16/24	81		87635	12-01	150.00		0.00	45	118.32		0.00	31.68
02/16/24	02/16/24	81		87486	12-01	42.00		0.00	45	23.06		0.00	18.94
02/16/24	02/16/24	81		87502	12-01	105.06		0.00	45	63.87		0.00	41.19
CLAIM TOTALS						297.06		0.00		205.25		0.00	91.81



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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACT		OTHER ADJUSTMENTS	
FROM		THRU		POT		ORIG		CHGD		/STAT	
CHARGES		CODES		AMOUNT		CONTRACTUAL OR WRITE OFF		CODES		AMOUNT	
PAYMENT		CODES		AMOUNT		CODES		AMOUNT		CODES	
512-05573	303-0362374	YOUNG	R	YAQ869273747M							
01/31/24	01/31/24	81		87506	12-01	161.81		50	161.81		
512-05573	303-0362374	YOUNG	R	YAQ869273747M							
01/31/24	01/31/24	81		87507	87507	12-22	-319.55	50	-319.55		
512-05573	303-0512049	ZEMBRYCKI	R	BEG860523696							
02/06/24	02/06/24	81		84402	12-01	38.00					
512-05573	303-0512056	ZIERER	A	BEG835789449							
11/20/23	11/20/23	81		87635	12-01	150.00					
11/20/23	11/20/23	81		87486	12-01	42.00					
11/20/23	11/20/23	81		87498	12-01	37.07					
11/20/23	11/20/23	81		87640	12-01	37.07					
11/20/23	11/20/23	81		87581	12-01	42.00					
11/20/23	11/20/23	81		87633	12-01	318.05					
11/20/23	11/20/23	81		87634	12-01	105.30					
11/20/23	11/20/23	81		87641	12-01	37.07					
11/20/23	11/20/23	81		87651	12-01	49.86					
CLAIM TOTALS						818.42					

PREFERRED CARE MEDICARE SUPPLEMENT CLAIMS

512-05573	717-0290759	PALOMBI	N	PPA813148849							
01/12/24	01/12/24	81		80307	12-02	83.81					
01/12/24	01/12/24	81		G0482	12-02	174.33					
CLAIM TOTALS						258.14					



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
NON PREFERRED CARE CLAIMS											
512-05573 303-0473047			BLAKE	D	KID896646109			PGX821730999		I1563782	
02/14/24	02/14/24	81	87635	15-01	150.00	27	150.00	0.00		0.00	0.00
02/14/24	02/14/24	81	87486	15-01	42.00	27	42.00	0.00		0.00	0.00
02/14/24	02/14/24	81	87498	15-01	37.07	27	37.07	0.00		0.00	0.00
02/14/24	02/14/24	81	87640	15-01	37.07	27	37.07	0.00		0.00	0.00
02/14/24	02/14/24	81	87581	15-01	42.00	27	42.00	0.00		0.00	0.00
02/14/24	02/14/24	81	87633	15-01	318.05	27	318.05	0.00		0.00	0.00
02/14/24	02/14/24	81	87634	15-01	105.30	27	105.30	0.00		0.00	0.00
02/14/24	02/14/24	81	87641	15-01	37.07	27	37.07	0.00		0.00	0.00
02/14/24	02/14/24	81	87651	15-01	49.86	27	49.86	0.00		0.00	0.00
CLAIM TOTALS						818.42	818.42	0.00		0.00	0.00
512-05573 303-2556175			BOMAR	L	SEH864280393			SEH864280393		I1564763	
08/28/23	08/28/23	81	86003	15-01	542.50	3	120.00	45	257.15	0.00	165.35
08/28/23	08/28/23	81	86001	15-01	312.80	151	312.80		0.00	0.00	0.00
08/28/23	08/28/23	81	86003	15-01	589.00	151	589.00		0.00	0.00	0.00
08/28/23	08/28/23	81	86008	15-01	358.60	151	358.60		0.00	0.00	0.00
08/28/23	08/28/23	81	86001	15-01	1657.84	151	1657.84		0.00	0.00	0.00
08/28/23	08/28/23	81	86332	15-01	2924.40		0.00	45	2909.88	0.00	14.52
CLAIM TOTALS						6385.14	3038.24		3167.03	0.00	179.87
512-05573 303-2556175			BOMAR	L	SEH864280393			SEH864280393		I1500952	
08/28/23	08/28/23	81	86003	15-22	-542.50	3	-120.00	45	-257.15	0.00	-165.35
08/28/23	08/28/23	81	86332	15-22	-2924.40		0.00	45	-2909.88	0.00	-14.52
CLAIM TOTALS						-3466.90	-120.00		-3167.03	0.00	-179.87

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL					OFF	OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0472932		COON	T	XYHM05733004					XYH996730509	I1563818		
02/14/24	02/14/24	81	87486	15-01		42.00		0.00		0.00		0.00	42.00
02/14/24	02/14/24	81	87498	15-01		37.07		0.00		0.00		0.00	37.07
02/14/24	02/14/24	81	87640	15-01		37.07		0.00		0.00		0.00	37.07
02/14/24	02/14/24	81	87581	15-01		42.00		0.00		0.00		0.00	42.00
02/14/24	02/14/24	81	87633	15-01		318.05		0.00		0.00		0.00	318.05
02/14/24	02/14/24	81	87634	15-01		105.30		0.00		0.00		0.00	105.30
02/14/24	02/14/24	81	87641	15-01		37.07		0.00		0.00		0.00	37.07
02/14/24	02/14/24	81	87651	15-01		49.86		0.00		0.00		0.00	49.86
02/14/24	02/14/24	81	87635	15-01		150.00		0.00		0.00		0.00	150.00
CLAIM TOTALS						818.42		0.00		0.00		0.00	818.42
512-05573	303-0514008		DAVIS	A	BEG882107793					BEG882107793	I1566059		
02/12/24	02/12/24	81	80307	15-01		83.81		0.00		0.00	257	83.81	0.00
02/12/24	02/12/24	81	G0482	15-01		174.33		0.00		0.00	257	174.33	0.00
CLAIM TOTALS						258.14		0.00		0.00		258.14	0.00
512-05573	303-0501418		DAVIS	J	BEG858315849					BEG858315849	I1564801		
02/15/24	02/15/24	81	80053	15-01		15.84	27	15.84		0.00		0.00	0.00
02/15/24	02/15/24	81	82306	15-01		44.00	27	44.00		0.00		0.00	0.00
02/15/24	02/15/24	81	80061	15-01		20.00	27	20.00		0.00		0.00	0.00
02/15/24	02/15/24	81	36415	15-01		4.50	27	4.50		0.00		0.00	0.00
02/15/24	02/15/24	81	85049	15-01		9.00	27	9.00		0.00		0.00	0.00
CLAIM TOTALS						93.34		93.34		0.00		0.00	0.00
512-05573	302-0456373		DICKY	K	BEG864451483					BEG864451483	I1561367		
02/07/24	02/07/24	81	G0482	15-01		174.33	27	174.33		0.00		0.00	0.00

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DATES OF SERVICE		ORIG		PROCEDURES		FILING		CONTRACT		OTHER ADJUSTMENTS	
								PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0404359	ELAM	T	ZECM13670859					ZEC996138343	I1557579	
02/07/24	02/07/24	81	87486	15-01		42.00	242	42.00	0.00	0.00	0.00
02/07/24	02/07/24	81	87498	15-01		37.07	242	37.07	0.00	0.00	0.00
02/07/24	02/07/24	81	87640	15-01		37.07	242	37.07	0.00	0.00	0.00
02/07/24	02/07/24	81	87581	15-01		42.00	242	42.00	0.00	0.00	0.00
02/07/24	02/07/24	81	87633	15-01		318.05	242	318.05	0.00	0.00	0.00
02/07/24	02/07/24	81	87634	15-01		105.30	242	105.30	0.00	0.00	0.00
02/07/24	02/07/24	81	87641	15-01		37.07	242	37.07	0.00	0.00	0.00
02/07/24	02/07/24	81	87651	15-01		49.86	242	49.86	0.00	0.00	0.00
CLAIM TOTALS						668.42		668.42	0.00	0.00	0.00
512-05573	302-0518955	HORTON	W	BEG848344040					BEG848344040	I1566172	
02/08/24	02/08/24	81	84146	15-01		57.00		0.00	0.00	257	57.00
02/08/24	02/08/24	81	84402	15-01		38.00		0.00	0.00	257	38.00
CLAIM TOTALS						95.00		0.00	0.00	95.00	0.00
512-05573	303-0325027	JACKSON	T	YAS868542390M					YAS995467103	I1561471	
01/29/24	01/29/24	81	87506	15-01		161.81	50	161.81	0.00	0.00	0.00
512-05573	303-0325027	JACKSON	T	YAS868542390M					YAS995467103	I1549971	
01/29/24	01/29/24	81	87507	15-22		-319.55	50	-319.55	0.00	0.00	0.00
512-05573	303-0393007	NASRALLI	M	BEG847615855					BEG847615855	I1556685	
02/06/24	02/06/24	81	87635	15-01		150.00		0.00	0.00	257	150.00
02/06/24	02/06/24	81	87486	15-01		42.00		0.00	0.00	257	42.00
02/06/24	02/06/24	81	87498	15-01		37.07		0.00	0.00	257	37.07
02/06/24	02/06/24	81	87581	15-01		42.00		0.00	0.00	257	42.00
02/06/24	02/06/24	81	87633	15-01		318.05		0.00	0.00	257	318.05
02/06/24	02/06/24	81	87634	15-01		105.30		0.00	0.00	257	105.30
02/06/24	02/06/24	81	87640	15-01		37.07		0.00	0.00	257	37.07
02/06/24	02/06/24	81	87641	15-01		37.07		0.00	0.00	257	37.07
02/06/24	02/06/24	81	87651	15-01		49.86		0.00	0.00	257	49.86
CLAIM TOTALS						818.42		0.00	0.00	818.42	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0514057		MCCLELLAN	J	BEG858141580				BEG858141580		I1566268			
02/13/24	02/13/24	81	80307	15-01	83.81			0.00		0.00	257	83.81	0.00	
02/13/24	02/13/24	81	60482	15-01	174.33			0.00		0.00	257	174.33	0.00	
CLAIM TOTALS						258.14		0.00		0.00		258.14	0.00	
512-05573	772-2376547		MOORE	S	PPA883475518				EIB901463635		I1401437			
08/23/23	08/23/23	81	87491	87491	15-01	49.86	26	49.86		0.00		0.00	0.00	
08/23/23	08/23/23	81	87511	87511	15-01	42.00	26	42.00		0.00		0.00	0.00	
08/23/23	08/23/23	81	87529	87529	15-01	49.86	26	49.86		0.00		0.00	0.00	
08/23/23	08/23/23	81	87591	87591	15-01	42.00	26	42.00		0.00		0.00	0.00	
08/23/23	08/23/23	81	87661	87661	15-01	32.30	26	32.30		0.00		0.00	0.00	
08/23/23	08/23/23	81	87640	87640	15-01	37.07	26	37.07		0.00		0.00	0.00	
08/23/23	08/23/23	81	87641	87641	15-01	37.07	26	37.07		0.00		0.00	0.00	
08/23/23	08/23/23	81	87653	87653	15-01	37.07	26	37.07		0.00		0.00	0.00	
08/23/23	08/23/23	81	87481	87481	15-01	42.00	26	42.00		0.00		0.00	0.00	
CLAIM TOTALS						369.23		369.23		0.00		0.00	0.00	
512-05573	772-2403983		MOORE	S	PPA883475518				EIB901463635		I1402882			
08/23/23	08/23/23	81	87086	87086	15-01	18.53	26	18.53		0.00		0.00	0.00	
512-05573	303-0442841		OLLER	K	ZECM14857335				ZEC996864160		I1560381			
02/09/24	02/09/24	81	87486	15-01	42.00		242	42.00		0.00		0.00	0.00	
02/09/24	02/09/24	81	87498	15-01	37.07		242	37.07		0.00		0.00	0.00	
02/09/24	02/09/24	81	87640	15-01	37.07		242	37.07		0.00		0.00	0.00	
02/09/24	02/09/24	81	87581	15-01	42.00		242	42.00		0.00		0.00	0.00	
02/09/24	02/09/24	81	87633	15-01	318.05		242	318.05		0.00		0.00	0.00	
02/09/24	02/09/24	81	87634	15-01	105.30		242	105.30		0.00		0.00	0.00	
02/09/24	02/09/24	81	87641	15-01	37.07		242	37.07		0.00		0.00	0.00	
02/09/24	02/09/24	81	87651	15-01	49.86		242	49.86		0.00		0.00	0.00	
CLAIM TOTALS						668.42		668.42		0.00		0.00	0.00	



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LOCATION ID		CLAIM	PATIENT			ORIGINAL CONTRACT				CORRECTED	CONTRACT	PATIENT	CONTROL	NUMBER
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER	ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	302-0397751		REEVES		E	ZECM15428866				ZEC996860880		I1556739		
01/29/24	01/29/24	81		87635	15-01	150.00	242	150.00		0.00			0.00	0.00
01/29/24	01/29/24	81		87486	15-01	42.00	242	42.00		0.00			0.00	0.00
01/29/24	01/29/24	81		87498	15-01	37.07	242	37.07		0.00			0.00	0.00
01/29/24	01/29/24	81		87640	15-01	37.07	242	37.07		0.00			0.00	0.00
01/29/24	01/29/24	81		87581	15-01	42.00	242	42.00		0.00			0.00	0.00
01/29/24	01/29/24	81		87633	15-01	318.05	242	318.05		0.00			0.00	0.00
01/29/24	01/29/24	81		87634	15-01	105.30	242	105.30		0.00			0.00	0.00
01/29/24	01/29/24	81		87641	15-01	37.07	242	37.07		0.00			0.00	0.00
01/29/24	01/29/24	81		87651	15-01	49.86	242	49.86		0.00			0.00	0.00
CLAIM TOTALS						818.42		818.42		0.00			0.00	0.00
512-05573	001-0450063		RUSSELL		J	PPA890021375				PPA890021375				
08/01/23	08/01/23	A	86001	86001	15-01	297.16	151	297.16		0.00			0.00	0.00
512-05573	303-2419317		RUSSELL		J	PPA890021375				PPA890021375		I1536106		
08/01/23	08/01/23	81		86003	15-01	232.50	1	131.70	45	100.80			0.00	0.00
08/01/23	08/01/23	81		86008	15-01	537.90	1	303.80	45	234.10			0.00	0.00
08/01/23	08/01/23	81		86001	15-01	642.24	1	179.99	45	462.25			0.00	0.00
08/01/23	08/01/23	81		86332	15-01	97.48	1	14.52	45	82.96			0.00	0.00
CLAIM TOTALS						1510.12		630.01		880.11			0.00	0.00
512-05573	302-2978330		SEABROOKE		M	EIB901470342				EIB901470342		I1126237		
10/20/22	10/20/22	81	85049	85049	15-01	9.00	1	3.76	45	5.24			0.00	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0370534		SINCLAIR	B		ZECM15406073			ZEC996871666	I1553962	
02/02/24	02/02/24	81		87635	15-01	150.00	242	150.00	0.00	0.00	0.00
02/02/24	02/02/24	81		87486	15-01	42.00	242	42.00	0.00	0.00	0.00
02/02/24	02/02/24	81		87498	15-01	37.07	242	37.07	0.00	0.00	0.00
02/02/24	02/02/24	81		87640	15-01	37.07	242	37.07	0.00	0.00	0.00
02/02/24	02/02/24	81		87581	15-01	42.00	242	42.00	0.00	0.00	0.00
02/02/24	02/02/24	81		87633	15-01	318.05	242	318.05	0.00	0.00	0.00
02/02/24	02/02/24	81		87634	15-01	105.30	242	105.30	0.00	0.00	0.00
02/02/24	02/02/24	81		87641	15-01	37.07	242	37.07	0.00	0.00	0.00
02/02/24	02/02/24	81		87651	15-01	49.86	242	49.86	0.00	0.00	0.00
CLAIM TOTALS						818.42		818.42	0.00	0.00	0.00
512-05573	303-0515965		TAYLOR	M		BEG855973972			BEG855973972	I1566451	
11/03/23	11/03/23	81		87481	15-01	84.00	26	84.00	0.00	0.00	0.00
11/03/23	11/03/23	81		87491	15-01	49.86	26	49.86	0.00	0.00	0.00
11/03/23	11/03/23	81		87511	15-01	42.00	26	42.00	0.00	0.00	0.00
11/03/23	11/03/23	81		87529	15-01	99.72	26	99.72	0.00	0.00	0.00
11/03/23	11/03/23	81		87591	15-01	42.00	26	42.00	0.00	0.00	0.00
11/03/23	11/03/23	81		87653	15-01	74.14	26	74.14	0.00	0.00	0.00
11/03/23	11/03/23	81		87661	15-01	32.30	26	32.30	0.00	0.00	0.00
11/03/23	11/03/23	81		87563	15-01	42.50	26	42.50	0.00	0.00	0.00
11/03/23	11/03/23	81		87640	15-01	37.07	26	37.07	0.00	0.00	0.00
CLAIM TOTALS						503.59		503.59	0.00	0.00	0.00
512-05573	303-0466459		WOODS	T		WIW260W11673			WIW996583379	I1562884	
02/06/24	02/06/24	81		86003	15-01	93.00	1	52.68	45	40.32	0.00
02/06/24	02/06/24	81		86003	15-01	178.25	1	100.97	45	77.28	0.00
02/06/24	02/06/24	81		82785	15-01	33.00	1	12.20	45	20.80	0.00
CLAIM TOTALS						304.25		165.85	138.40	0.00	0.00



BlueCross BlueShield
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512-05573

CORE DIAGNOSTIC LABORATORIES

1930 EDWARDS LAKE RD STE 138

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DATES OF	SERVICE	ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE	OFF	OTHER	ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
BLUE ADVANTAGE													
512-05573	303-0303622		ACKLEY	P	MBG830977698				MBG830977698		I1546804		
01/26/24	01/26/24	81	87635	15-01	150.00			0.00	253 45	119.83		0.00	30.17
01/26/24	01/26/24	81	87486	15-01	42.00			0.00	253 45	22.46		0.00	19.54
01/26/24	01/26/24	81	87498	15-01	37.07			0.00	253 45	17.53		0.00	19.54
01/26/24	01/26/24	81	87581	15-01	42.00			0.00	253 45	22.46		0.00	19.54
01/26/24	01/26/24	81	87633	15-01	318.05			0.00	50	318.05		0.00	0.00
01/26/24	01/26/24	81	87634	15-01	105.30			0.00	253 45	50.10		0.00	55.20
01/26/24	01/26/24	81	87640	15-01	37.07			0.00	253 45	17.53		0.00	19.54
01/26/24	01/26/24	81	87641	15-01	37.07			0.00	253 45	17.53		0.00	19.54
01/26/24	01/26/24	81	87651	15-01	49.86			0.00	253 45	30.32		0.00	19.54
CLAIM TOTALS						818.42		0.00		615.81		0.00	202.61
512-05573	303-0501334		ALEXANDER	D	MBG887579300				MBG887579300		I1564735		
02/15/24	02/15/24	81	80053	15-01	15.84			0.00	253 45	6.69		0.00	9.15
02/15/24	02/15/24	81	80061	15-01	20.00			0.00	253 45	10.14		0.00	9.86
02/15/24	02/15/24	81	85049	15-01	9.00			0.00	253 45	5.12		0.00	3.88
CLAIM TOTALS						44.84		0.00		21.95		0.00	22.89
512-05573	303-0512080		ALGIERE	P	MBG807026500				MBG807026500		I1565964		
02/13/24	02/13/24	81	G0482	15-01	174.33			0.00	253 45	141.24		0.00	33.09
512-05573	303-0512091		ARNOLD	N	MBG806730752				MBG806730752		I1565968		
02/14/24	02/14/24	81	G0482	15-01	174.33			0.00	253 45	141.24		0.00	33.09
512-05573	303-0513994		BARKSDALE	P	MBG844850426				MBG844850426		I1565980		
02/08/24	02/08/24	81	86337	15-01	42.82			0.00	253 45	24.27		0.00	18.55



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573		303-3535569		BLACK	F	MBG864313504			MBG864313504	I1543594		
12/15/23	12/15/23	81	87481	15-01		42.00		0.00	253 45	22.46	0.00	19.54
12/15/23	12/15/23	81	87640	15-01		37.07		0.00	253 45	17.53	0.00	19.54
12/15/23	12/15/23	81	87641	15-01		37.07		0.00	253 45	17.53	0.00	19.54
12/15/23	12/15/23	81	87653	15-01		37.07		0.00	253 45	17.53	0.00	19.54
12/15/23	12/15/23	81	87801	15-01		74.14		0.00	50	74.14	0.00	0.00
12/15/23	12/15/23	81	87529	15-01		99.72		0.00	97	99.72	0.00	0.00
CLAIM TOTALS						327.07		0.00		248.91	0.00	78.16
512-05573		303-0263730		BLANKENSHIP	C	MBG865632085			MBG865632085	I1542440		
01/23/24	01/23/24	81	87481	15-01		42.00		0.00	253 45	22.46	0.00	19.54
01/23/24	01/23/24	81	87640	15-01		37.07		0.00	253 45	17.53	0.00	19.54
01/23/24	01/23/24	81	87641	15-01		37.07		0.00	253 45	17.53	0.00	19.54
01/23/24	01/23/24	81	87653	15-01		37.07		0.00	253 45	17.53	0.00	19.54
01/23/24	01/23/24	81	87801	15-01		74.14		0.00	50	74.14	0.00	0.00
CLAIM TOTALS						227.35		0.00		149.19	0.00	78.16
512-05573		001-0320323		BOWERS	B	HRT123175478001			HRT995796986	I1549835		
01/01/24	01/01/24	81	84156	84156	15-01	8.00	1	3.24	45	4.76	0.00	0.00
01/01/24	01/01/24	81	82570	82570	15-01	8.00	1	4.58	45	3.42	0.00	0.00
01/01/24	01/01/24	81	83069	83069	15-01	8.00	1	3.49	45	4.51	0.00	0.00
01/01/24	01/01/24	81	84311	84311	15-01	32.00	1	12.38	45	19.62	0.00	0.00
01/01/24	01/01/24	81	82010	82010	15-01	16.00	1	6.54	45	9.46	0.00	0.00
01/01/24	01/01/24	81	82945	82945	15-01	8.00	1	3.47	45	4.53	0.00	0.00
01/01/24	01/01/24	81	82247	82247	15-01	8.00	1	4.44	45	3.56	0.00	0.00
01/01/24	01/01/24	81	83986	83986	15-01	7.00	1	3.17	45	3.83	0.00	0.00
01/01/24	01/01/24	81	81007	81007	15-01	60.00	1	2.27	45	57.73	0.00	0.00
01/01/24	01/01/24	81	82043	82043	15-01	7.58	1	5.12	45	2.46	0.00	0.00
CLAIM TOTALS						162.58		48.70		113.88	0.00	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0431266		BROWN	E	HRT123175039001					HRT995793417	I1558484		
02/07/24	02/07/24	81	80053	15-01		15.84	1	9.34	45	6.50		0.00	0.00
02/07/24	02/07/24	81	82306	15-01		44.00		0.00	50	44.00		0.00	0.00
02/07/24	02/07/24	81	80061	15-01		20.00		0.00	50	20.00		0.00	0.00
02/07/24	02/07/24	81	36415	15-01		4.50	1	4.50		0.00		0.00	0.00
02/07/24	02/07/24	81	85049	15-01		9.00	1	3.96	45	5.04		0.00	0.00
CLAIM TOTALS						93.34		17.80		75.54		0.00	0.00
512-05573	302-0517183		BRYANT	C	MBG869005737					MBG869005737	I1565175		
02/15/24	02/15/24	81	80053	15-01		15.84		0.00	253 45	6.69		0.00	9.15
02/15/24	02/15/24	81	83036	15-01		14.00		0.00	253 45	5.58		0.00	8.42
02/15/24	02/15/24	81	80061	15-01		20.00		0.00	253 45	10.14		0.00	9.86
02/15/24	02/15/24	81	85027	15-01		12.00		0.00	253 45	7.98		0.00	4.02
02/15/24	02/15/24	81	36415	15-01		4.50		0.00	253	0.09		0.00	4.41
02/15/24	02/15/24	81	82607	15-01		22.00		0.00	253 45	8.94		0.00	13.06
02/15/24	02/15/24	81	82306	15-01		44.00		0.00	50	44.00		0.00	0.00
CLAIM TOTALS						132.34		0.00		83.42		0.00	48.92
512-05573	303-2785853		CARVER	M	MBG810138938					MBG810138938	I1545483		
10/02/23	10/02/23	81	87481	15-01		42.00		0.00	253 45	22.46		0.00	19.54
10/02/23	10/02/23	81	87640	15-01		37.07		0.00	253 45	17.53		0.00	19.54
10/02/23	10/02/23	81	87641	15-01		37.07		0.00	253 45	17.53		0.00	19.54
10/02/23	10/02/23	81	87653	15-01		37.07		0.00	253 45	17.53		0.00	19.54
10/02/23	10/02/23	81	87801	15-01		74.14		0.00	50	74.14		0.00	0.00
10/02/23	10/02/23	81	87529	15-01		99.72		0.00	97	99.72		0.00	0.00
CLAIM TOTALS						327.07		0.00		248.91		0.00	78.16
512-05573	303-0468617		COBB	L	YGZ456w07039					YGZ996433099	I1562457		
02/02/24	02/02/24	81	84270	15-01		32.00		0.00	45	12.77		0.00	19.23
02/02/24	02/02/24	81	86141	15-01		19.00		0.00	50	19.00		0.00	0.00
02/02/24	02/02/24	81	84402	15-01		38.00		0.00	45	15.48		0.00	22.52
CLAIM TOTALS						89.00		0.00		47.25		0.00	41.75



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0468618		COBB	P	YGZ282w08469			YGZ996489650	I1562458	
02/02/24	02/02/24	81		86140	15-01	15.00		0.00	45	10.42	0.00
02/02/24	02/02/24	81		84270	15-01	32.00		0.00	45	12.77	0.00
02/02/24	02/02/24	81		84402	15-01	38.00		0.00	45	15.48	0.00
CLAIM TOTALS						85.00		0.00		38.67	0.00
512-05573		303-0513968		CRONIER	J	MBG884047190			MBG884047190	I1566055	
02/16/24	02/16/24	81		80053	15-01	15.84		0.00	253 45	6.69	0.00
02/16/24	02/16/24	81		80061	15-01	20.00		0.00	253 45	10.14	0.00
02/16/24	02/16/24	81	36415	36415	15-01	4.50		0.00	253	0.09	0.00
02/16/24	02/16/24	81		85049	15-01	9.00		0.00	253 45	5.12	0.00
CLAIM TOTALS						49.34		0.00		22.04	0.00
512-05573		302-2447270		CUSHING	F	HRT119996213001			HRT995789961	I1566057	
08/29/23	08/29/23	81		84156	15-01	8.00		0.00	B1	8.00	0.00
08/29/23	08/29/23	81		82570	15-01	8.00		0.00	97	8.00	0.00
08/29/23	08/29/23	81		83069	15-01	8.00		0.00	B1	8.00	0.00
08/29/23	08/29/23	81		84311	15-01	32.00		0.00	B1	32.00	0.00
08/29/23	08/29/23	81		82010	15-01	16.00		0.00	B1	16.00	0.00
08/29/23	08/29/23	81		82945	15-01	8.00		0.00	97	8.00	0.00
08/29/23	08/29/23	81		83986	15-01	7.00		0.00	97	7.00	0.00
08/29/23	08/29/23	81	81007	81007	15-01	60.00		0.00	97	60.00	0.00
08/29/23	08/29/23	81	82043	82043	15-01	7.58		0.00	B1	7.58	0.00
CLAIM TOTALS						154.58		0.00		154.58	0.00
512-05573		303-0466356		DENTY	P	YGZ023w06982			YGZ996427999	I1562485	
02/13/24	02/13/24	81		87486	15-01	42.00		0.00	45	22.06	0.00
02/13/24	02/13/24	81		87498	15-01	37.07		0.00	45	17.13	0.00
02/13/24	02/13/24	81		87581	15-01	42.00		0.00	45	22.06	0.00
02/13/24	02/13/24	81		87633	15-01	318.05		0.00	50	318.05	0.00
02/13/24	02/13/24	81		87634	15-01	105.30		0.00	45	48.97	0.00
02/13/24	02/13/24	81		87640	15-01	37.07		0.00	45	17.13	0.00
02/13/24	02/13/24	81		87641	15-01	37.07		0.00	45	17.13	0.00
02/13/24	02/13/24	81		87651	15-01	49.86		0.00	45	29.92	0.00
CLAIM TOTALS						668.42		0.00		492.45	0.00



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LOCATION ID		CLAIM	PATIENT		ORIGINAL CONTRACT			CORRECTED CONTRACT		PATIENT CONTROL NUMBER		
DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573		303-0472902		DENTY	P	YGZ023w06982				YGZ996427999	I1563838	
02/13/24	02/13/24	81	80053	15-01		15.84		0.00	45	6.50	0.00	9.34
02/13/24	02/13/24	81	82306	15-01		44.00		0.00	45	17.81	0.00	26.19
02/13/24	02/13/24	81	82670	15-01		41.00		0.00	45	16.29	0.00	24.71
02/13/24	02/13/24	81	84443	15-01		25.20		0.00	45	10.33	0.00	14.87
02/13/24	02/13/24	81	36415	15-01		4.50		0.00		0.00	0.00	4.50
02/13/24	02/13/24	81	85049	15-01		9.00		0.00	45	5.04	0.00	3.96
CLAIM TOTALS						139.54		0.00		55.97	0.00	83.57
512-05573		303-0472903		DENTY	P	YGZ023w06982				YGZ996427999	I1563839	
02/13/24	02/13/24	81	82784	15-01		19.00		0.00	45	10.78	0.00	8.22
02/13/24	02/13/24	81	84436	15-01		10.00		0.00	45	3.92	0.00	6.08
02/13/24	02/13/24	81	84479	15-01		9.00		0.00	45	4.90	0.00	4.10
CLAIM TOTALS						38.00		0.00		19.60	0.00	18.40
512-05573		303-0501421		DOSS	K	MBG856764132				MBG856764132	I1564803	
02/14/24	02/14/24	81	83036	15-01		14.00		0.00	253 45	5.58	0.00	8.42
02/14/24	02/14/24	81	80069	15-01		13.00		0.00	253 45	5.47	0.00	7.53
02/14/24	02/14/24	81	36415	15-01		4.50		0.00	253 253	0.09	0.00	4.41
02/14/24	02/14/24	81	85049	15-01		9.00		0.00	253 45	5.12	0.00	3.88
02/14/24	02/14/24	81	82044	15-01		12.00		0.00	253 45	9.95	0.00	2.05
02/14/24	02/14/24	81	87086	15-01		18.53		0.00	50	18.53	0.00	0.00
CLAIM TOTALS						71.03		0.00		44.74	0.00	26.29
512-05573		303-0513977		DUFFEY	D	MBG879567492				MBG879567492	I1566075	
02/16/24	02/16/24	81	80048	15-01		12.69		0.00	253 45	5.36	0.00	7.33
02/16/24	02/16/24	81	36415	36415	15-01	4.50		0.00	253 253	0.09	0.00	4.41
02/16/24	02/16/24	81	85049	15-01		9.00		0.00	253 45	5.12	0.00	3.88
CLAIM TOTALS						26.19		0.00		10.57	0.00	15.62



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0466367	ELMORE	C	YGZ254w06993					YGZ996392791	I1562501	
02/13/24	02/13/24	81	87635	15-01		150.00		0.00	45	119.21	0.00 30.79
02/13/24	02/13/24	81	87486	15-01		42.00		0.00	45	22.06	0.00 19.94
02/13/24	02/13/24	81	87498	15-01		37.07		0.00	45	17.13	0.00 19.94
02/13/24	02/13/24	81	87581	15-01		42.00		0.00	45	22.06	0.00 19.94
02/13/24	02/13/24	81	87633	15-01		318.05		0.00	45	123.13	0.00 194.92
02/13/24	02/13/24	81	87634	15-01		105.30		0.00	45	48.97	0.00 56.33
02/13/24	02/13/24	81	87640	15-01		37.07		0.00	45	17.13	0.00 19.94
02/13/24	02/13/24	81	87641	15-01		37.07		0.00	45	17.13	0.00 19.94
02/13/24	02/13/24	81	87651	15-01		49.86		0.00	45	29.92	0.00 19.94
CLAIM TOTALS						818.42		0.00		416.74	0.00 401.68
512-05573	303-0514029	FACEN	M	XYL842183939					XYL842183939	I1566084	
02/13/24	02/13/24	81	G0482	15-01		174.33		0.00	45	140.56	0.00 33.77
512-05573	303-0305311	FANT	L	MBG811593617					MBG811593617	I1546955	
01/25/24	01/25/24	81	87481	15-01		42.00		0.00	253 45	22.46	0.00 19.54
01/25/24	01/25/24	81	87640	15-01		37.07		0.00	253 45	17.53	0.00 19.54
01/25/24	01/25/24	81	87641	15-01		37.07		0.00	253 45	17.53	0.00 19.54
01/25/24	01/25/24	81	87653	15-01		37.07		0.00	253 45	17.53	0.00 19.54
01/25/24	01/25/24	81	87801	15-01		74.14		0.00	50	74.14	0.00 0.00
CLAIM TOTALS						227.35		0.00		149.19	0.00 78.16
512-05573	303-0472936	GARLINGTON	A	YGZ043w06978					YGZ996397529	I1563879	
02/13/24	02/13/24	81	80053	15-01		15.84		0.00	45	6.50	0.00 9.34
02/13/24	02/13/24	81	80061	15-01		20.00		0.00	45	9.94	0.00 10.06
02/13/24	02/13/24	81	85049	15-01		9.00		0.00	45	5.04	0.00 3.96
02/13/24	02/13/24	81	82607	15-01		22.00		0.00	45	8.67	0.00 13.33
02/13/24	02/13/24	81	85652	15-01		4.00		0.00	45	1.61	0.00 2.39
02/13/24	02/13/24	81	84481	15-01		24.00		0.00	45	9.02	0.00 14.98
02/13/24	02/13/24	81	83036	15-01		14.00		0.00	45	5.41	0.00 8.59
02/13/24	02/13/24	81	86376	15-01		21.00		0.00	45	8.13	0.00 12.87
02/13/24	02/13/24	81	84443	15-01		25.20		0.00	45	10.33	0.00 14.87
02/13/24	02/13/24	81	84439	15-01		13.00		0.00	45	5.02	0.00 7.98
CLAIM TOTALS						168.04		0.00		69.67	0.00 98.37



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0472937		GARLINGTON	A	YGZ043W06978				YGZ996397529	I1563879	
02/13/24	02/13/24	81		83540	15-01	9.00		0.00	50	9.00	0.00
02/13/24	02/13/24	81		86431	15-01	20.00		0.00	45	14.98	5.02
CLAIM TOTALS						29.00		0.00		23.98	5.02
512-05573	303-0472983		GARLINGTON	A	YGZ043W06978				YGZ996397529	I1563880	
02/13/24	02/13/24	81		86038	15-01	40.00		0.00	45	29.31	10.69
512-05573	303-0503223		GEDDIE	W	MBG859427264				MBG859427264	I1564828	
02/15/24	02/15/24	81		84156	15-01	8.00		0.00	253 45	4.82	3.18
02/15/24	02/15/24	81		82570	15-01	8.00		0.00	253 45	3.51	4.49
02/15/24	02/15/24	81		83069	15-01	8.00		0.00	253 45	4.58	3.42
02/15/24	02/15/24	81		84311	15-01	32.00		0.00	253 45	19.87	12.13
02/15/24	02/15/24	81		82010	15-01	16.00		0.00	253 45	9.59	6.41
02/15/24	02/15/24	81		82945	15-01	8.00		0.00	253 45	4.60	3.40
02/15/24	02/15/24	81		82247	15-01	8.00		0.00	253 45	3.65	4.35
02/15/24	02/15/24	81		83986	15-01	7.00		0.00	253 45	3.89	3.11
02/15/24	02/15/24	81		81007	15-01	120.00		0.00	81	120.00	0.00
02/15/24	02/15/24	81		82043	15-01	7.58		0.00	253 45	2.56	5.02
CLAIM TOTALS						222.58		0.00		177.07	45.51
512-05573	303-0503224		GEDDIE	W	MBG859427264				MBG859427264	I1564828	
02/15/24	02/15/24	81		80053	15-01	15.84		0.00	253 45	6.69	9.15
02/15/24	02/15/24	81		83036	15-01	14.00		0.00	253 45	5.58	8.42
02/15/24	02/15/24	81		80061	15-01	20.00		0.00	253 45	10.14	9.86
02/15/24	02/15/24	81	36415	36415	15-01	4.50		0.00	253	0.09	4.41
02/15/24	02/15/24	81		85049	15-01	9.00		0.00	253 45	5.12	3.88
CLAIM TOTALS						63.34		0.00		27.62	35.72



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0512134		GETWAN	N	MBG862300530		MBG862300530		I1566113	
02/15/24	02/15/24	81		84153	15-01	27.00		0.00			
02/15/24	02/15/24	81		82306	15-01	44.00		0.00	253 45	11.06	0.00
02/15/24	02/15/24	81		83540	15-01	9.71		0.00	50	44.00	0.00
02/15/24	02/15/24	81		83550	15-01	13.11		0.00	50	9.71	0.00
02/15/24	02/15/24	81		82728	15-01	40.00		0.00	50	13.11	0.00
02/15/24	02/15/24	81		83036	15-01	14.00		0.00	50	40.00	0.00
02/15/24	02/15/24	81		80061	15-01	20.00		0.00	50	14.00	0.00
02/15/24	02/15/24	81		80069	15-01	13.00		0.00	253 45	10.14	0.00
02/15/24	02/15/24	81	36415		15-01	4.50		0.00	253 45	5.47	0.00
02/15/24	02/15/24	81		85049	15-01	9.00		0.00	253	0.09	0.00
02/15/24	02/15/24	81						0.00	253 45	5.12	0.00
CLAIM TOTALS						194.32		0.00		152.70	0.00
512-05573		303-3073246		GRADY	M	MBG858723064		MBG858723064		I1543775	
10/31/23	10/31/23	81		87481	15-01	42.00		0.00	253 45	22.46	0.00
10/31/23	10/31/23	81		87640	15-01	37.07		0.00	253 45	17.53	0.00
10/31/23	10/31/23	81		87641	15-01	37.07		0.00	253 45	17.53	0.00
10/31/23	10/31/23	81		87653	15-01	37.07		0.00	253 45	17.53	0.00
10/31/23	10/31/23	81		87801	15-01	74.14		0.00	50	74.14	0.00
10/31/23	10/31/23	81		87529	15-01	99.72		0.00	97	99.72	0.00
CLAIM TOTALS						327.07		0.00		248.91	0.00
512-05573		001-0310372		GRIFFIN	T	XYL842755608		XYL842755608		I1548506	
01/09/24	01/09/24	81	87486	87486	15-01	42.00		0.00	45	22.06	0.00
01/09/24	01/09/24	81	87498	87498	15-01	37.07		0.00	45	17.13	0.00
01/09/24	01/09/24	81	87581	87581	15-01	42.00		0.00	45	22.06	0.00
01/09/24	01/09/24	81	87631	87631	15-01	330.00		0.00	50	330.00	0.00
01/09/24	01/09/24	81	87634	87634	15-01	105.30		0.00	45	48.97	0.00
01/09/24	01/09/24	81	87640	87640	15-01	37.07		0.00	45	17.13	0.00
01/09/24	01/09/24	81	87641	87641	15-01	37.07		0.00	45	17.13	0.00
01/09/24	01/09/24	81	87651	87651	15-01	49.86		0.00	45	29.92	0.00
CLAIM TOTALS						680.37		0.00		504.40	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0501464		GUIN	C		YGZ841w06981			YGZ996425853		I1564852
02/15/24	02/15/24	81		87635	15-01	150.00		0.00	45	119.21	0.00
02/15/24	02/15/24	81		87486	15-01	42.00		0.00	45	22.06	0.00
02/15/24	02/15/24	81		87498	15-01	37.07		0.00	45	17.13	0.00
02/15/24	02/15/24	81		87581	15-01	42.00		0.00	45	22.06	0.00
02/15/24	02/15/24	81		87633	15-01	318.05		0.00	45	123.13	0.00
02/15/24	02/15/24	81		87634	15-01	105.30		0.00	45	48.97	0.00
02/15/24	02/15/24	81		87640	15-01	37.07		0.00	45	17.13	0.00
02/15/24	02/15/24	81		87641	15-01	37.07		0.00	45	17.13	0.00
02/15/24	02/15/24	81		87651	15-01	49.86		0.00	45	29.92	0.00
CLAIM TOTALS						818.42		0.00		416.74	0.00
512-05573	503-0512121		HEATON	G		PPA824821636			MBG842888355		I1566156
02/13/24	02/13/24	81		84481	15-02	24.00		0.00	253 45	9.04	23 14.23
02/13/24	02/13/24	81		84443	15-02	25.20		0.00	253 45	10.34	23 14.13
02/13/24	02/13/24	81		84439	15-02	13.00		0.00	253 45	5.03	23 7.58
02/13/24	02/13/24	81	36415	36415	15-02	4.50		0.00	97	4.50	0.00
CLAIM TOTALS						66.70		0.00		28.91	35.94
512-05573	302-0517184		HORTON	E		MBG848986361			MBG848986361		I1565438
02/15/24	02/15/24	81		80053	15-01	15.84		0.00	253 45	6.69	0.00
02/15/24	02/15/24	81		82306	15-01	44.00		0.00	253 45	18.33	0.00
02/15/24	02/15/24	81		80061	15-01	20.00		0.00	253 45	10.14	0.00
02/15/24	02/15/24	81		84443	15-01	25.20		0.00	253 45	10.63	0.00
02/15/24	02/15/24	81		85027	15-01	12.00		0.00	253 45	7.98	0.00
02/15/24	02/15/24	81	36415	36415	15-01	4.50		0.00	253	0.09	0.00
CLAIM TOTALS						121.54		0.00		53.86	0.00

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0293682		JONES	P		MBG822672318			MBG822672318		I1545600
01/24/24	01/24/24	81	80053	15-01		15.84		0.00	253 45	6.69	0.00 9.15
01/24/24	01/24/24	81	82607	15-01		22.00		0.00	253 45	8.94	0.00 13.06
01/24/24	01/24/24	81	82746	15-01		22.00		0.00	253 45	11.16	0.00 10.84
01/24/24	01/24/24	81	83036	15-01		14.00		0.00	253 45	5.58	0.00 8.42
01/24/24	01/24/24	81	84443	15-01		25.20		0.00	253 45	10.63	0.00 14.57
01/24/24	01/24/24	81	80061	15-01		20.00		0.00	253 45	10.14	0.00 9.86
01/24/24	01/24/24	81	36415	36415	15-01	4.50		0.00	253	0.09	0.00 4.41
01/24/24	01/24/24	81	85049	15-01		9.00		0.00	253 45	5.12	0.00 3.88
CLAIM TOTALS						132.54		0.00		58.35	0.00 74.19
512-05573	302-0518948		KING	M		MBG890011054			MBG890011054		I1566219
02/13/24	02/13/24	81	G0482	15-01		174.33		0.00	253 45	141.24	0.00 33.09
512-05573	302-0518953		KNOX - BUSH	D		MBG825518116			MBG825518116		I1566226
02/13/24	02/13/24	81	80307	15-01		83.81		0.00	253 45	32.97	0.00 50.84
02/13/24	02/13/24	81	G0482	15-01		174.33		0.00	253 45	141.24	0.00 33.09
CLAIM TOTALS						258.14		0.00		174.21	0.00 83.93
512-05573	303-0305370		LACKEY	G		MBG877209020			MBG877209020		I1547109
01/26/24	01/26/24	81	87481	15-01		42.00		0.00	253 45	22.46	0.00 19.54
01/26/24	01/26/24	81	87640	15-01		37.07		0.00	253 45	17.53	0.00 19.54
01/26/24	01/26/24	81	87641	15-01		37.07		0.00	253 45	17.53	0.00 19.54
01/26/24	01/26/24	81	87653	15-01		37.07		0.00	253 45	17.53	0.00 19.54
01/26/24	01/26/24	81	87801	15-01		74.14		0.00	50	74.14	0.00 0.00
CLAIM TOTALS						227.35		0.00		149.19	0.00 78.16
512-05573	303-0514079		LEAL	A		MBG867430563			MBG867430563		I1566233
02/13/24	02/13/24	81	G0482	15-01		174.33		0.00	253 45	141.24	0.00 33.09



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0299204		MAULDIN	J		MBG867854044				MBG867854044		I1544929	
01/25/24	01/25/24	81	87635	15-01		150.00		0.00	253 45	119.83		0.00	30.17
01/25/24	01/25/24	81	87486	15-01		42.00		0.00	253 45	22.46		0.00	19.54
01/25/24	01/25/24	81	87498	15-01		37.07		0.00	253 45	17.53		0.00	19.54
01/25/24	01/25/24	81	87581	15-01		42.00		0.00	253 45	22.46		0.00	19.54
01/25/24	01/25/24	81	87633	15-01		318.05		0.00	50	318.05		0.00	0.00
01/25/24	01/25/24	81	87634	15-01		105.30		0.00	253 45	50.10		0.00	55.20
01/25/24	01/25/24	81	87640	15-01		37.07		0.00	253 45	17.53		0.00	19.54
01/25/24	01/25/24	81	87641	15-01		37.07		0.00	253 45	17.53		0.00	19.54
01/25/24	01/25/24	81	87651	15-01		49.86		0.00	253 45	30.32		0.00	19.54
01/25/24	01/25/24	81	87798	15-01		336.00		0.00	253 45	179.67		0.00	156.33
CLAIM TOTALS						1154.42		0.00		795.48		0.00	358.94
512-05573	303-0431239		MCKENZIE	R		HRT127049272001				HRT996232222		I1558694	
02/07/24	02/07/24	81	84153	15-01		27.00		0.00	50	27.00		0.00	0.00
02/07/24	02/07/24	81	80053	15-01		15.84	3	0.47	253 45	6.67		0.00	8.70
02/07/24	02/07/24	81	82306	15-01		44.00		0.00	50	44.00		0.00	0.00
02/07/24	02/07/24	81	84403	15-01		38.00	3	1.14	253 45	15.60		0.00	21.26
02/07/24	02/07/24	81	80061	15-01		20.00	3	0.50	253 45	10.13		0.00	9.37
02/07/24	02/07/24	81	84443	15-01		25.20	3	0.74	253 45	10.61		0.00	13.85
02/07/24	02/07/24	81	84439	15-01		13.00	3	0.40	253 45	5.17		0.00	7.43
02/07/24	02/07/24	81	36415	15-01		4.50	3	0.23	253	0.08		0.00	4.19
02/07/24	02/07/24	81	85049	15-01		9.00	3	0.20	253 45	5.11		0.00	3.69
CLAIM TOTALS						196.54		3.68		124.37		0.00	68.49
512-05573	302-0518902		MCKENZIE	R		HRT127049272001				HRT996232222		I1566272	
02/07/24	02/07/24	81	84402	15-01		38.00	3	1.13	253 45	15.90		0.00	20.97



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	302-0517185		MILLER	G		MBG823142059			MBG823142059	I1565598		
02/16/24	02/16/24	81	82044	15-01		12.00		0.00	253 45	9.95	0.00	2.05
02/16/24	02/16/24	81	80053	15-01		15.84		0.00	253 45	6.69	0.00	9.15
02/16/24	02/16/24	81	82607	15-01		22.00		0.00	253 45	8.94	0.00	13.06
02/16/24	02/16/24	81	82306	15-01		44.00		0.00	253 45	18.33	0.00	25.67
02/16/24	02/16/24	81	82728	15-01		40.00		0.00	50	40.00	0.00	0.00
02/16/24	02/16/24	81	83036	15-01		14.00		0.00	50	14.00	0.00	0.00
02/16/24	02/16/24	81	80061	15-01		20.00		0.00	253 45	10.14	0.00	9.86
02/16/24	02/16/24	81	36415	15-01		4.50		0.00	253	0.09	0.00	4.41
02/16/24	02/16/24	81	85049	15-01		9.00		0.00	253 45	5.12	0.00	3.88
CLAIM TOTALS						181.34		0.00		113.26	0.00	68.08
512-05573	303-0514076		MOORE	R		MBG825362301			MBG825362301	I1566309		
02/16/24	02/16/24	81	80053	15-01		15.84		0.00	253 45	6.69	0.00	9.15
02/16/24	02/16/24	81	36415	15-01		4.50		0.00	253	0.09	0.00	4.41
02/16/24	02/16/24	81	85049	15-01		9.00		0.00	253 45	5.12	0.00	3.88
CLAIM TOTALS						29.34		0.00		11.90	0.00	17.44
512-05573	303-0266084		MORRIS	J		MBG854017594			MBG854017594	I1544033		
01/23/24	01/23/24	81	87486	15-01		42.00		0.00	253 45	22.46	0.00	19.54
01/23/24	01/23/24	81	87498	15-01		37.07		0.00	253 45	17.53	0.00	19.54
01/23/24	01/23/24	81	87581	15-01		42.00		0.00	253 45	22.46	0.00	19.54
01/23/24	01/23/24	81	87633	15-01		318.05		0.00	50	318.05	0.00	0.00
01/23/24	01/23/24	81	87634	15-01		105.30		0.00	253 45	50.10	0.00	55.20
01/23/24	01/23/24	81	87640	15-01		37.07		0.00	253 45	17.53	0.00	19.54
01/23/24	01/23/24	81	87641	15-01		37.07		0.00	253 45	17.53	0.00	19.54
01/23/24	01/23/24	81	87651	15-01		49.86		0.00	253 45	30.32	0.00	19.54
CLAIM TOTALS						668.42		0.00		495.98	0.00	172.44
512-05573	303-3464903		MOYA	R		MBG867609529			MBG867609529	I1501981		
12/08/23	12/08/23	81	86200	15-01		20.00		0.00	50	20.00	0.00	0.00
12/08/23	12/08/23	81	86431	15-01		20.00		0.00	253 45	15.08	0.00	4.92
CLAIM TOTALS						40.00		0.00		35.08	0.00	4.92

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**BlueCross BlueShield
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512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0466279		NORTON	B		YGZ850w06967				YGZ996395507	I1562707	
02/12/24	02/12/24	81	80053	15-01		15.84		0.00	45	6.50	0.00	9.34
02/12/24	02/12/24	81	36415	15-01		4.50		0.00		0.00	0.00	4.50
02/12/24	02/12/24	81	85049	15-01		9.00		0.00	45	5.04	0.00	3.96
CLAIM TOTALS						29.34		0.00		11.54	0.00	17.80
512-05573	303-0305456		NOWAK	M		MBG828640411				MBG828640411	I1547223	
01/26/24	01/26/24	81	87486	15-01		42.00		0.00	253 45	22.46	0.00	19.54
01/26/24	01/26/24	81	87498	15-01		37.07		0.00	253 45	17.53	0.00	19.54
01/26/24	01/26/24	81	87640	15-01		37.07		0.00	253 45	17.53	0.00	19.54
01/26/24	01/26/24	81	87581	15-01		42.00		0.00	253 45	22.46	0.00	19.54
01/26/24	01/26/24	81	87633	15-01		318.05		0.00	253 45	127.03	0.00	191.02
01/26/24	01/26/24	81	87634	15-01		105.30		0.00	253 45	50.10	0.00	55.20
01/26/24	01/26/24	81	87641	15-01		37.07		0.00	253 45	17.53	0.00	19.54
01/26/24	01/26/24	81	87651	15-01		49.86		0.00	253 45	30.32	0.00	19.54
CLAIM TOTALS						668.42		0.00		304.96	0.00	363.46
512-05573	303-0512139		ODOM	J		MBG859923009				MBG859923009	I1566334	
02/13/24	02/13/24	81	80307	15-01		125.00		0.00	253 45	74.16	0.00	50.84
02/13/24	02/13/24	81	G0482	15-01		174.33		0.00	253 45	141.24	0.00	33.09
CLAIM TOTALS						299.33		0.00		215.40	0.00	83.93
512-05573	303-0503310		PARNELL	P		MBG812450840				MBG812450840	I1564960	
02/14/24	02/14/24	81	80053	15-01		15.84		0.00	253 45	6.69	0.00	9.15
02/14/24	02/14/24	81	82306	15-01		44.00		0.00	253 45	18.33	0.00	25.67
02/14/24	02/14/24	81	80061	15-01		20.00		0.00	253 45	10.14	0.00	9.86
02/14/24	02/14/24	81	36415 36415	15-01		4.50		0.00	253	0.09	0.00	4.41
02/14/24	02/14/24	81	85049	15-01		9.00		0.00	253 45	5.12	0.00	3.88
CLAIM TOTALS						93.34		0.00		40.37	0.00	52.97



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE			CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0478328		PERRY	M		XYL911708346				XYL911708346	I1564065		
02/13/24	02/13/24	81	80053	15-01		15.84		0.00	45	6.50		0.00	9.34
02/13/24	02/13/24	81	83036	15-01		14.00		0.00	45	5.41		0.00	8.59
02/13/24	02/13/24	81	36415	15-01		4.50		0.00		0.00		0.00	4.50
02/13/24	02/13/24	81	85049	15-01		9.00		0.00	45	5.04		0.00	3.96
CLAIM TOTALS						43.34		0.00		16.95		0.00	26.39
512-05573	303-0501361		PERRY	M		XYL911708346				XYL911708346	I1564965		
02/13/24	02/13/24	81	81015	15-01		4.50		0.00	97	4.50		0.00	0.00
512-05573	303-0501382		PERRY	M		XYL911708346				XYL911708346	I1564964		
02/13/24	02/13/24	81	81001	15-01		5.00		0.00	45	2.20		0.00	2.80
02/13/24	02/13/24	81	82570	15-01		8.00		0.00	45	3.42		0.00	4.58
02/13/24	02/13/24	81	84156	15-01		8.00		0.00	45	4.76		0.00	3.24
CLAIM TOTALS						21.00		0.00		10.38		0.00	10.62
512-05573	303-0514177		PETTUS	J		MBG873492260				MBG873492260	I1566356		
02/15/24	02/15/24	81	80053	15-01		15.84		0.00	253 45	6.69		0.00	9.15
02/15/24	02/15/24	81	84403	15-01		38.00		0.00	253 45	15.63		0.00	22.37
02/15/24	02/15/24	81	84443	15-01		25.20		0.00	253 45	10.63		0.00	14.57
02/15/24	02/15/24	81	83721	15-01		15.00		0.00	50	15.00		0.00	0.00
02/15/24	02/15/24	81	85049	15-01		9.00		0.00	253 45	5.12		0.00	3.88
CLAIM TOTALS						103.04		0.00		53.07		0.00	49.97
512-05573	303-0473022		PRATT	L		HRT119879631001				HRT995675391	I1564074		
02/14/24	02/14/24	81	82607	15-01		22.00	3	0.67	253 45	8.92		0.00	12.41
02/14/24	02/14/24	81	82306	15-01		44.00	3	1.31	253 45	18.30		0.00	24.39
02/14/24	02/14/24	81	80048	15-01		12.69	3	0.37	253 45	5.35		0.00	6.97
02/14/24	02/14/24	81	36415	15-01		4.50	3	0.23	253	0.08		0.00	4.19
CLAIM TOTALS						83.19		2.58		32.65		0.00	47.96
512-05573	303-0512160		PRATT	L		HRT119879631001				HRT995675391	I1566367		
02/14/24	02/14/24	81	G0482	15-01		174.33	3	1.69	253 45	141.20		0.00	31.44



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL					OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0370504		RASHEED	C	MBG853115508					MBG853115508	I1564976		
01/31/24	01/31/24	81	87086	87086	15-01	18.53		0.00	253 45	11.53		0.00	7.00
01/31/24	01/31/24	81		87186	15-01	13.50		0.00	253 45	6.00		0.00	7.50
01/31/24	01/31/24	81	87088	87088	15-01	8.09		0.00	253 45	1.07		0.00	7.02
CLAIM TOTALS						40.12		0.00		18.60		0.00	21.52
512-05573	303-0370504		RASHEED	C	MBG853115508					MBG853115508	I1553906		
01/31/24	01/31/24	81	87186	87186	15-22	-13.50		0.00	253 45	-6.00		0.00	-7.50
512-05573	302-0469809		RESMONDO	A	YGZ370w06994					YGZ996394495	I1562759		
02/06/24	02/06/24	81		80307	15-01	125.00		0.00	16	125.00		0.00	0.00
02/06/24	02/06/24	81		G0482	15-01	174.33		0.00	16	174.33		0.00	0.00
CLAIM TOTALS						299.33		0.00		299.33		0.00	0.00
512-05573	303-0266238		ROBINSON	S	MBG824914603					MBG824914603	I1544124		
01/23/24	01/23/24	81		87635	15-01	150.00		0.00	253 45	119.83		0.00	30.17
01/23/24	01/23/24	81		87486	15-01	42.00		0.00	253 45	22.46		0.00	19.54
01/23/24	01/23/24	81		87498	15-01	37.07		0.00	253 45	17.53		0.00	19.54
01/23/24	01/23/24	81		87640	15-01	37.07		0.00	253 45	17.53		0.00	19.54
01/23/24	01/23/24	81		87581	15-01	42.00		0.00	253 45	22.46		0.00	19.54
01/23/24	01/23/24	81		87633	15-01	318.05		0.00	50	318.05		0.00	0.00
01/23/24	01/23/24	81		87634	15-01	105.30		0.00	253 45	50.10		0.00	55.20
01/23/24	01/23/24	81		87641	15-01	37.07		0.00	253 45	17.53		0.00	19.54
01/23/24	01/23/24	81		87651	15-01	49.86		0.00	253 45	30.32		0.00	19.54
CLAIM TOTALS						818.42		0.00		615.81		0.00	202.61
512-05573	302-0478448		SCRUGGS	T	YGZ213w09179					YGZ996492076	I1564105		
02/13/24	02/13/24	81		80053	15-01	15.84		0.00	45	6.50		0.00	9.34
02/13/24	02/13/24	81		80061	15-01	20.00		0.00	45	9.94		0.00	10.06
02/13/24	02/13/24	81		36415	15-01	4.50		0.00		0.00		0.00	4.50
02/13/24	02/13/24	81		85049	15-01	9.00		0.00	45	5.04		0.00	3.96
CLAIM TOTALS						49.34		0.00		21.48		0.00	27.86



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS	
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	303-0305561		SELLERS	D	MBG870570959				MBG870570959	I1547301	
01/26/24	01/26/24	81	87635	15-01		150.00		0.00	253 45	119.83	0.00
01/26/24	01/26/24	81	87486	15-01		42.00		0.00	253 45	22.46	0.00
01/26/24	01/26/24	81	87498	15-01		37.07		0.00	253 45	17.53	0.00
01/26/24	01/26/24	81	87581	15-01		42.00		0.00	253 45	22.46	0.00
01/26/24	01/26/24	81	87633	15-01		318.05		0.00	50	318.05	0.00
01/26/24	01/26/24	81	87634	15-01		105.30		0.00	253 45	50.10	0.00
01/26/24	01/26/24	81	87640	15-01		37.07		0.00	253 45	17.53	0.00
01/26/24	01/26/24	81	87641	15-01		37.07		0.00	253 45	17.53	0.00
01/26/24	01/26/24	81	87651	15-01		49.86		0.00	253 45	30.32	0.00
CLAIM TOTALS						818.42		0.00		615.81	0.00
512-05573	303-0512180		SHEWMAKE	L	MBG872076830				MBG872076830	I1566412	
02/15/24	02/15/24	81	87086	15-01		18.53		0.00	253 45	11.53	0.00
512-05573	303-0512185		SMART	F	MBG882510020				MBG882510020	I1566419	
11/22/23	11/22/23	81	G0482	15-01		174.33		0.00	253 45	141.24	0.00
512-05573	303-0512186		SMART	F	MBG882510020				MBG882510020	I1566420	
02/15/24	02/15/24	81	80053	15-01		15.84		0.00	253 45	6.69	0.00
02/15/24	02/15/24	81	36415	36415	15-01	4.50		0.00	253	0.09	0.00
CLAIM TOTALS						20.34		0.00		6.78	0.00
512-05573	303-0512194		SNEED	K	MBG866313856				MBG866313856	I1566427	
02/08/24	02/08/24	81	82607	15-01		22.00		0.00	253 45	8.94	0.00
02/08/24	02/08/24	81	82746	15-01		22.00		0.00	253 45	11.16	0.00
02/08/24	02/08/24	81	83540	15-01		9.71		0.00	50	9.71	0.00
02/08/24	02/08/24	81	83550	15-01		13.11		0.00	50	13.11	0.00
02/08/24	02/08/24	81	80053	15-01		15.84		0.00	253 45	6.69	0.00
02/08/24	02/08/24	81	83036	15-01		14.00		0.00	50	14.00	0.00
02/08/24	02/08/24	81	84443	15-01		25.20		0.00	253 45	10.63	0.00
02/08/24	02/08/24	81	83721	15-01		15.00		0.00	253 45	7.68	0.00
02/08/24	02/08/24	81	85049	15-01		9.00		0.00	253 45	5.12	0.00
CLAIM TOTALS						145.86		0.00		87.04	0.00



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
512-05573	303-0512195		SNEED	K	MBG866313856					MBG866313856		I1566428		
02/16/24	02/16/24	81	80053	15-01	15.84			0.00	253 45	6.69			0.00	9.15
512-05573	303-0512201		SPURLING	J	MBG834505467					MBG834505467		I1566434		
02/16/24	02/16/24	81	80053	15-01	15.84			0.00	253 45	6.69			0.00	9.15
02/16/24	02/16/24	81	82607	15-01	22.00			0.00	253 45	8.94			0.00	13.06
02/16/24	02/16/24	81	82746	15-01	22.00			0.00	253 45	11.16			0.00	10.84
02/16/24	02/16/24	81	84481	15-01	24.00			0.00	253 45	9.32			0.00	14.68
02/16/24	02/16/24	81	83036	15-01	14.00			0.00	253 45	5.58			0.00	8.42
02/16/24	02/16/24	81	80061	15-01	20.00			0.00	253 45	10.14			0.00	9.86
02/16/24	02/16/24	81	84443	15-01	25.20			0.00	253 45	10.63			0.00	14.57
02/16/24	02/16/24	81	84439	15-01	13.00			0.00	253 45	5.18			0.00	7.82
02/16/24	02/16/24	81	36415	36415	15-01	4.50		0.00	253	0.09			0.00	4.41
02/16/24	02/16/24	81	85049	15-01	9.00			0.00	253 45	5.12			0.00	3.88
CLAIM TOTALS						169.54		0.00		72.85			0.00	96.69
512-05573	001-0320325		SUMMERS	M	XYL842755872					XYL842755872		I1550136		
01/09/24	01/09/24	81	80053	80053	15-01	15.84		0.00	45	6.50			0.00	9.34
01/09/24	01/09/24	81	82607	82607	15-01	22.00		0.00	45	8.67			0.00	13.33
01/09/24	01/09/24	81	82306	82306	15-01	44.00		0.00	45	17.81			0.00	26.19
01/09/24	01/09/24	81	84481	84481	15-01	24.00		0.00	45	9.02			0.00	14.98
01/09/24	01/09/24	81	80061	80061	15-01	20.00		0.00	45	9.94			0.00	10.06
01/09/24	01/09/24	81	84443	84443	15-01	25.20		0.00	45	10.33			0.00	14.87
01/09/24	01/09/24	81	84439	84439	15-01	13.00		0.00	45	5.02			0.00	7.98
01/09/24	01/09/24	81	84156	84156	15-01	8.00		0.00	45	4.76			0.00	3.24
01/09/24	01/09/24	81	82570	82570	15-01	8.00		0.00	45	3.42			0.00	4.58
CLAIM TOTALS						180.04		0.00		75.47			0.00	104.57

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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS			
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		001-0320326		SUMMERS		M	XYL842755872		XYL842755872		I1550137		
01/09/24	01/09/24	81	83069	83069	15-01	8.00		0.00	45	4.51		0.00	3.49
01/09/24	01/09/24	81	84311	84311	15-01	32.00		0.00	45	19.62		0.00	12.38
01/09/24	01/09/24	81	82010	82010	15-01	16.00		0.00	45	9.46		0.00	6.54
01/09/24	01/09/24	81	82945	82945	15-01	8.00		0.00	45	4.53		0.00	3.47
01/09/24	01/09/24	81	82247	82247	15-01	8.00		0.00	45	3.56		0.00	4.44
01/09/24	01/09/24	81	83986	83986	15-01	7.00		0.00	45	3.83		0.00	3.17
01/09/24	01/09/24	81	81007	81007	15-01	60.00		0.00	45	57.73		0.00	2.27
01/09/24	01/09/24	81	82043	82043	15-01	7.58		0.00	45	2.46		0.00	5.12
CLAIM TOTALS						146.58		0.00		105.70		0.00	40.88
512-05573		302-0456468		SUTTON		A	YGZ701w12751		YGZ996697787		I1561655		
02/12/24	02/12/24	81	87635	87635	15-01	150.00		0.00	45	119.21		0.00	30.79
02/12/24	02/12/24	81	87486	87486	15-01	42.00		0.00	45	22.06		0.00	19.94
02/12/24	02/12/24	81	87498	87498	15-01	37.07		0.00	45	17.13		0.00	19.94
02/12/24	02/12/24	81	87581	87581	15-01	42.00		0.00	45	22.06		0.00	19.94
02/12/24	02/12/24	81	87633	87633	15-01	318.05		0.00	45	123.13		0.00	194.92
02/12/24	02/12/24	81	87634	87634	15-01	105.30		0.00	45	48.97		0.00	56.33
02/12/24	02/12/24	81	87640	87640	15-01	37.07		0.00	45	17.13		0.00	19.94
02/12/24	02/12/24	81	87641	87641	15-01	37.07		0.00	45	17.13		0.00	19.94
02/12/24	02/12/24	81	87651	87651	15-01	49.86		0.00	45	29.92		0.00	19.94
CLAIM TOTALS						818.42		0.00		416.74		0.00	401.68
512-05573		303-0514198		TALLEY		L	MBG803702481		MBG803702481		I1566444		
02/15/24	02/15/24	81	80053	80053	15-01	15.84		0.00	253 45	6.69		0.00	9.15
02/15/24	02/15/24	81	82607	82607	15-01	22.00		0.00	253 45	8.94		0.00	13.06
02/15/24	02/15/24	81	82746	82746	15-01	22.00		0.00	253 45	11.16		0.00	10.84
CLAIM TOTALS						59.84		0.00		26.79		0.00	33.05



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT	RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		CONTROL	NUMBER
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0239780		TERRY	F		MBG858970456				MBG858970456		I1541069	
11/07/23	11/07/23	81	87635	15-02		150.00		0.00	B13	119.83	23	30.17	0.00
11/07/23	11/07/23	81	87486	15-02		42.00		0.00	B13	22.46	23	19.54	0.00
11/07/23	11/07/23	81	87498	15-02		37.07		0.00	B13	17.53	23	19.54	0.00
11/07/23	11/07/23	81	87581	15-02		42.00		0.00	B13	22.46	23	19.54	0.00
11/07/23	11/07/23	81	87633	15-02		318.05		0.00	B13	127.03	23	191.02	0.00
11/07/23	11/07/23	81	87634	15-02		105.30		0.00	B13	50.10	23	55.20	0.00
11/07/23	11/07/23	81	87640	15-02		37.07		0.00	B13	17.53	23	19.54	0.00
11/07/23	11/07/23	81	87641	15-02		37.07		0.00	B13	17.53	23	19.54	0.00
11/07/23	11/07/23	81	87651	15-02		49.86		0.00	B13	30.32	23	19.54	0.00
CLAIM TOTALS						818.42		0.00		424.79		393.63	0.00
512-05573	303-0266175		THOMPSON	S		MBG883327764				MBG883327764		I1544221	
01/23/24	01/23/24	81	87486	15-01		42.00		0.00	253 45	22.46		0.00	19.54
01/23/24	01/23/24	81	87498	15-01		37.07		0.00	253 45	17.53		0.00	19.54
01/23/24	01/23/24	81	87640	15-01		37.07		0.00	253 45	17.53		0.00	19.54
01/23/24	01/23/24	81	87581	15-01		42.00		0.00	253 45	22.46		0.00	19.54
01/23/24	01/23/24	81	87633	15-01		318.05		0.00	50	318.05		0.00	0.00
01/23/24	01/23/24	81	87634	15-01		105.30		0.00	253 45	50.10		0.00	55.20
01/23/24	01/23/24	81	87641	15-01		37.07		0.00	253 45	17.53		0.00	19.54
01/23/24	01/23/24	81	87651	15-01		49.86		0.00	253 45	30.32		0.00	19.54
CLAIM TOTALS						668.42		0.00		495.98		0.00	172.44
512-05573	302-2966261		THORNTON	D		MBG848282223				MBG848282223		I1544222	
10/19/23	10/19/23	81	87481	15-01		42.00		0.00	253 45	22.46		0.00	19.54
10/19/23	10/19/23	81	87640	15-01		37.07		0.00	253 45	17.53		0.00	19.54
10/19/23	10/19/23	81	87641	15-01		37.07		0.00	253 45	17.53		0.00	19.54
10/19/23	10/19/23	81	87653	15-01		37.07		0.00	253 45	17.53		0.00	19.54
10/19/23	10/19/23	81	87801	15-01		74.14		0.00	50	74.14		0.00	0.00
10/19/23	10/19/23	81	87529	15-01		99.72		0.00	97	99.72		0.00	0.00
CLAIM TOTALS						327.07		0.00		248.91		0.00	78.16



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		302-3425458		TOMLIN		L	YGZ234w06994		YGZ996444010		I1565868		
12/06/23	12/06/23	81	87798	87798	15-01	378.00		0.00	97	378.00		0.00	0.00
12/06/23	12/06/23	81	87481	87481	15-01	84.00		0.00	97	84.00		0.00	0.00
12/06/23	12/06/23	81	87491	87491	15-01	49.86		0.00	97	49.86		0.00	0.00
12/06/23	12/06/23	81	87511	87511	15-01	42.00		0.00	97	42.00		0.00	0.00
12/06/23	12/06/23	81	87529	87529	15-01	99.72		0.00	97	99.72		0.00	0.00
12/06/23	12/06/23	81	87591	87591	15-01	42.00		0.00	97	42.00		0.00	0.00
12/06/23	12/06/23	81	87653	87653	15-01	74.14		0.00	81	74.14		0.00	0.00
12/06/23	12/06/23	81	87661	87661	15-01	32.30		0.00	97	32.30		0.00	0.00
12/06/23	12/06/23	81	87563	87563	15-01	42.50		0.00	97	42.50		0.00	0.00
12/06/23	12/06/23	81	87640	87640	15-01	37.07		0.00	97	37.07		0.00	0.00
CLAIM TOTALS						881.59		0.00		881.59		0.00	0.00
512-05573		303-0503302		TURNER		D	MBG872505775		MBG872505775		I1565025		
02/14/24	02/14/24	81	84481		15-01	24.00		0.00	253 45	9.32		0.00	14.68
02/14/24	02/14/24	81	86376		15-01	21.00		0.00	253 45	8.39		0.00	12.61
02/14/24	02/14/24	81	84443		15-01	25.20		0.00	253 45	10.63		0.00	14.57
02/14/24	02/14/24	81	84439		15-01	13.00		0.00	253 45	5.18		0.00	7.82
02/14/24	02/14/24	81	80069		15-01	13.00		0.00	253 45	5.47		0.00	7.53
02/14/24	02/14/24	81	36415	36415	15-01	4.50		0.00	253	0.09		0.00	4.41
02/14/24	02/14/24	81	86800		15-01	23.00		0.00	253 45	9.21		0.00	13.79
02/14/24	02/14/24	81	84432		15-01	24.00		0.00	253 45	10.07		0.00	13.93
CLAIM TOTALS						147.70		0.00		58.36		0.00	89.34
512-05573		303-0501457		WALLACE		J	MBG843432123		MBG843432123		I1565036		
02/14/24	02/14/24	81	82306		15-01	44.00		0.00	253 45	18.33		0.00	25.67
02/14/24	02/14/24	81	83540		15-01	9.71		0.00	253 45	4.09		0.00	5.62
02/14/24	02/14/24	81	83550		15-01	13.11		0.00	253 45	5.52		0.00	7.59
02/14/24	02/14/24	81	82728		15-01	40.00		0.00	253 45	28.19		0.00	11.81
02/14/24	02/14/24	81	80048		15-01	12.69		0.00	253 45	5.36		0.00	7.33
02/14/24	02/14/24	81	36415	36415	15-01	4.50		0.00	253	0.09		0.00	4.41
02/14/24	02/14/24	81	85049		15-01	9.00		0.00	253 45	5.12		0.00	3.88
CLAIM TOTALS						133.01		0.00		66.70		0.00	66.31



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS		
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573	302-0239721		WARLICK	C	YGZ256W06996			YGZ996405642	I1541099		
01/18/24	01/18/24	81	84481	15-01		24.00		45 9.02		0.00	14.98
01/18/24	01/18/24	81	84443	15-01		25.20		45 10.33		0.00	14.87
01/18/24	01/18/24	81	84439	15-01		13.00		45 5.02		0.00	7.98
01/18/24	01/18/24	81	36415	15-01		4.50		0.00		0.00	4.50
CLAIM TOTALS						66.70		24.37		0.00	42.33
512-05573	302-0293759		WHITE	J	MBG861221186			MBG861221186	I1545806		
01/25/24	01/25/24	81	87635	15-01		150.00	0.00	253 45 119.83		0.00	30.17
01/25/24	01/25/24	81	87486	15-01		42.00	0.00	253 45 22.46		0.00	19.54
01/25/24	01/25/24	81	87498	15-01		37.07	0.00	253 45 17.53		0.00	19.54
01/25/24	01/25/24	81	87640	15-01		37.07	0.00	253 45 17.53		0.00	19.54
01/25/24	01/25/24	81	87581	15-01		42.00	0.00	253 45 22.46		0.00	19.54
01/25/24	01/25/24	81	87633	15-01		318.05	0.00	50 318.05		0.00	0.00
01/25/24	01/25/24	81	87634	15-01		105.30	0.00	253 45 50.10		0.00	55.20
01/25/24	01/25/24	81	87641	15-01		37.07	0.00	253 45 17.53		0.00	19.54
01/25/24	01/25/24	81	87651	15-01		49.86	0.00	253 45 30.32		0.00	19.54
CLAIM TOTALS						818.42	0.00	615.81		0.00	202.61
512-05573	303-0263875		WHITTEMORE	D	MBG807069826			MBG807069826	I1544276		
01/23/24	01/23/24	81	87486	15-01		42.00	0.00	253 45 22.46		0.00	19.54
01/23/24	01/23/24	81	87498	15-01		37.07	0.00	253 45 17.53		0.00	19.54
01/23/24	01/23/24	81	87581	15-01		42.00	0.00	253 45 22.46		0.00	19.54
01/23/24	01/23/24	81	87633	15-01		318.05	0.00	50 318.05		0.00	0.00
01/23/24	01/23/24	81	87634	15-01		105.30	0.00	253 45 50.10		0.00	55.20
01/23/24	01/23/24	81	87640	15-01		37.07	0.00	253 45 17.53		0.00	19.54
01/23/24	01/23/24	81	87641	15-01		37.07	0.00	253 45 17.53		0.00	19.54
01/23/24	01/23/24	81	87651	15-01		49.86	0.00	253 45 30.32		0.00	19.54
CLAIM TOTALS						668.42	0.00	495.98		0.00	172.44



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DATES OF SERVICE		ORIG	PROCEDURES	FILING	TOTAL	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF		OTHER ADJUSTMENTS				
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
512-05573		303-0501451		WILL	M	MBG872544343				MBG872544343		I1565055	
02/15/24	02/15/24	81		84156	15-01	8.00		0.00	253 45	4.82		0.00	3.18
02/15/24	02/15/24	81		82570	15-01	8.00		0.00	253 45	3.51		0.00	4.49
02/15/24	02/15/24	81		83069	15-01	8.00		0.00	253 45	4.58		0.00	3.42
02/15/24	02/15/24	81		84311	15-01	32.00		0.00	253 45	19.87		0.00	12.13
02/15/24	02/15/24	81		82010	15-01	16.00		0.00	253 45	9.59		0.00	6.41
02/15/24	02/15/24	81		82945	15-01	8.00		0.00	253 45	4.60		0.00	3.40
02/15/24	02/15/24	81		82247	15-01	8.00		0.00	253 45	3.65		0.00	4.35
02/15/24	02/15/24	81		83986	15-01	7.00		0.00	253 45	3.89		0.00	3.11
02/15/24	02/15/24	81		81007	15-01	120.00		0.00	81	120.00		0.00	0.00
02/15/24	02/15/24	81		82043	15-01	7.58		0.00	253 45	2.56		0.00	5.02
CLAIM TOTALS						222.58		0.00		177.07		0.00	45.51
512-05573		303-0514093		WILL	M	MBG872544343				MBG872544343		I1566489	
02/15/24	02/15/24	81		80053	15-01	15.84		0.00	253 45	6.69		0.00	9.15
02/15/24	02/15/24	81		80061	15-01	20.00		0.00	253 45	10.14		0.00	9.86
02/15/24	02/15/24	81		84443	15-01	25.20		0.00	253 45	10.63		0.00	14.57
02/15/24	02/15/24	81	36415	36415	15-01	4.50		0.00	253	0.09		0.00	4.41
02/15/24	02/15/24	81		85049	15-01	9.00		0.00	253 45	5.12		0.00	3.88
CLAIM TOTALS						74.54		0.00		32.67		0.00	41.87
512-05573		303-0514094		WILLIAMS	B	MBG832219261				MBG832219261		I1566491	
02/15/24	02/15/24	81		84153	15-01	27.00		0.00	50	27.00		0.00	0.00
02/15/24	02/15/24	81	36415	36415	15-01	4.50		0.00	253	0.09		0.00	4.41
02/15/24	02/15/24	81		85049	15-01	9.00		0.00	253 45	5.12		0.00	3.88
02/15/24	02/15/24	81		80053	15-01	15.84		0.00	253 45	6.69		0.00	9.15
02/15/24	02/15/24	81		82607	15-01	22.00		0.00	253 45	8.94		0.00	13.06
02/15/24	02/15/24	81		82306	15-01	44.00		0.00	50	44.00		0.00	0.00
02/15/24	02/15/24	81		84403	15-01	38.00		0.00	253 45	15.63		0.00	22.37
02/15/24	02/15/24	81		83036	15-01	14.00		0.00	253 45	5.58		0.00	8.42
02/15/24	02/15/24	81		83735	15-01	13.11		0.00	50	13.11		0.00	0.00
02/15/24	02/15/24	81		80061	15-01	20.00		0.00	253 45	10.14		0.00	9.86
CLAIM TOTALS						207.45		0.00		136.30		0.00	71.15



REMITTANCE NOTICE

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TAX: 824451411
PROVIDER: 1598266421

LOCATION ID		CLAIM		PATIENT		ORIGINAL CONTRACT		CORRECTED CONTRACT		PATIENT CONTROL NUMBER	
DATES OF SERVICE		ORIG		PROCEDURES		FILING		PATIENT RESPONSIBLE		CONTRACTUAL OR WRITE OFF	
FROM		THRU		POT		ORIG		CHGD		/STAT	
CHARGES		CODES		AMOUNT		CODES		AMOUNT		CODES	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
512-05573		303-0514095		WILLIAMS		B		MBG832219261		I1566491	
02/15/24		02/15/24		81		84443		15-01		25.20	
02/15/24		02/15/24		81		84439		15-01		13.00	
CLAIM TOTALS											
512-05573		303-0466302		WOOD		P		ZVR177W14635		I1562882	
02/08/24		02/08/24		81		G0482		15-01		174.33	



BlueCross BlueShield
of Alabama

P.O. BOX 995
BIRMINGHAM, ALABAMA 35298-0001

REMITTANCE NOTICE

512-05573
CORE DIAGNOSTIC LABORATORIES
1930 EDWARDS LAKE RD STE 138
BIRMINGHAM AL 35235-3720

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TAX: 824451411
PROVIDER: 1598266421

***** PAYMENT INFORMATION *****
CLAIMS PAID ON CURRENT REMITTANCE: 84,226.32

AMOUNT DEPOSITED: 84,226.32

FOR QUESTIONS RELATED TO THIS REMITTANCE ADVICE, CONTACT BLUE CROSS AND BLUE SHIELD OF ALABAMA AT
450 RIVERCHASE PARKWAY EAST, BIRMINGHAM, AL 35244, 877-231-7239