

Payee :CENTURY EAR NOSE THROAT HEAD AND NECK SU (362757374)
 10660 W 143RD ST
 ORLAND PARK IL 604621982

Date: 10/19/2020
 NPI: [REDACTED]
 TIN: 362757374
 Reference ID:
 C20293E30475550
 Amount: \$995.36

Payor : BLUECROSS BLUESHIELD OF ILLINOIS (133052274) , (SB621) , ()
 300 E RANDOLPH
 CHICAGO IL 606015099

Explanation of Payment

Claims: 8

(1)
 Patient Name [REDACTED] Patient ID [REDACTED] Claim Status 1
 Subscriber Name - Payer Claim ID 020202905093P470X00 Claim Amount \$675.00
 Provider Name MARRA SILVIO Provider Claim ID 204341 Paid Amount \$346.42
 Claim Statement Dates 10/15/2020 - 10/15/2020 Received Date 10/16/2020 Pt \$120.21
 Responsibility

Claim Status Description : Processed as Primary

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
10/15/2020 - 10/15/2020	1	HC:31231	\$417.00	\$240.88	\$301.09 PR-2: \$60.21 CO-45: \$115.91
10/15/2020 - 10/15/2020	1	HC:99203:25	\$218.00	\$65.54	\$125.54 CO-45: \$92.46 PR-3: \$60.00
10/15/2020 - 10/15/2020	1	HC:99072	\$40.00	\$40.00	\$40.00

Adjustment Group Codes
 CO : Contractual Obligations
 PR : Patient Responsibility

Adjustment Reason Codes

- 1 : Deductible Amount
- 2 : Coinsurance Amount
- 3 : Co-payment Amount
- 45 : Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjudication. (Use only with Group Codes PR or CO depending upon liability)