

Calling Blue Cross 6/6/2023 8:45 AM

Claim Number: 22401270232 Patient ID: 136067170001 Patient Control Number: P1736167590 Group Number: 10545125
 Group Name: PERFORCE SOFTWARE INC
 Provider: PALO ALTO MED FOUNDATION

DR. NAME - won't give it to me - just keeps saying PMF got Vann on the phone @ PMF, then got P. X on hold for EVEL, MICHELE PRIMEAU

Your original claim has processed as follows:

Dates of Service/Description	Charges	Provider Responsibility Amount	Allowed Amount	Patient Non-covered Amount	Amount Pd/Adj by Other Ins	Deductible Amount	Co-pay Amount	Co-insurance Amount	Paid Amount	Amount You Owe	Notes ID
01/23/2023 - 01/23/2023 ADVANCED IMAGING - PET	9,813.00	9,813.00	.00	.00	.00	.00	.00	.00	.00	.00	E6291
01/23/2023 - 01/23/2023 GENERAL NUCLEAR MEDICINE	745.00	745.00	.00	.00	.00	.00	.00	.00	.00	.00	E6291
TOTAL	10,558.00	10,558.00	.00	.00	.00	.00	.00	.00	.00	.00	

Claim Number: 22401270232 Patient ID: 136067170001 Patient Control Number: P1736167590 Group Number: 10545125
 Group Name: PERFORCE SOFTWARE INC
 Provider: PALO ALTO MED FOUNDATION

*NICK GEORGE COSTOUCOS MD
DANA PEARSON OTR*

We have adjusted your original claim as follows:

Dates of Service/Description	Charges	Provider Responsibility Amount	Allowed Amount	Patient Non-covered Amount	Amount Pd/Adj by Other Ins	Deductible Amount	Co-pay Amount	Co-insurance Amount	Paid Amount	Amount You Owe	Notes ID
01/23/2023 - 01/23/2023 ADVANCED IMAGING - PET	9,813.00	.00	.00	9,813.00	.00	.00	.00	.00	.00	9,813.00	T6587

Dates of Service/ Description	Charges	Provider Responsibility Amount	Allowed Amount	Patient Non-covered Amount	Amount Pd/Adj by Other Ins	Deductible Amount	Co-pay Amount	Co-insurance Amount	Paid Amount	Amount You Owe	Notes ID
01/23/2023 - 01/23/2023 GENERAL NUCLEAR MEDICINE	745.00	149.00 J4053	596.00	.00	.00	.00	.00	.00	596.00	.00	J7091
TOTAL	10,558.00	149.00	596.00	9,813.00	.00	.00	.00	.00	596.00	9,813.00	

ADJUSTED PAYMENT AMOUNT: \$596.00
 MINUS ORIGINAL PAYMENT AMOUNT: \$0.00
 CLAIM TOTAL: \$596.00

Note:

- E6291 These charges cannot be processed until we receive the medical information we requested from your provider. These charges will be processed when this information is received.
- J4053 This is the difference between the provider's charge and our allowance.
- J7091 We are making this adjustment to a previously processed claim.
- T6587 The precertification review determined this service was not medically necessary. Therefore, no payment can be made.

Patient Benefit Summary

Patient: ANDREW SHARP

Benefit Period: 01/01/2023 - 12/31/2023

\$3,000.00 has been applied to your \$3,000.00 individual in network out-of-pocket limit.