

**Section 1 - Claim summary**  
(continued)

\*\*\*\*\*10090300\*

**Explanation of payment:**  
 ▶ Q00 The Impact of prior payer(s) adjudication including payments and/or adjustments.  
 ▶ 23 THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.

**Medicare assignment status:**  
 This provider accepted Medicare assignment.  
**Claim receipt date:** 09/23/22

		Charges \$			Payments \$				
Date of service	Services received	Total charged	Patient savings	Medicare pays	Your health plan pays	Copay	Deductible	Coinsurance	Services not covered
08/30/22	Surgery-Bone/Muscle Q00	40,252.00	38,584.79	1,328.35	338.86	0.00	0.00	0.00	0.00
	<b>Subtotal</b>	<b>40,252.00</b>	<b>38,584.79</b>	<b>1,328.35</b>	<b>338.86</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>