

**Check Summary**
**Transaction Date:** October 23, 2023

RMHMS, INC. NV 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 9022474090 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/23/2023 <b>Production End Cycle Date:</b> 10/23/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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**Patient Name:** ALVORD, BRYCE

**Claim Number:** 2022316CX3068

**Claim Date:** 05/11/2022-05/11/2022 **Claim Status Code:** 4

<b>Patient ID:</b> 327W07353	<b>Group / Policy:</b> 174614M3GN	<b>Facility Type:</b>	<b>Claim Charge:</b> \$24,484.00
<b>Patient Ctrl Nbr:</b> 0.2565205	<b>Contract Hdr:</b> GA HSA PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> BURNS, JONATHAN	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 11/12/2022	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

**Line Details** **Results:** 9

Line Ctrl Nbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
315977255586556001	05/11/2022 - 05/11/2022				HC:95941 // 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
315977255586556002	05/11/2022 - 05/11/2022				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
315977255586556003	05/11/2022 - 05/11/2022				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
315977255586556004	05/11/2022 - 05/11/2022				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
315977255586556005	05/11/2022 - 05/11/2022				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
315977255586556006	05/11/2022 - 05/11/2022				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
315977255586556007	05/11/2022 - 05/11/2022				HC:95868 / 26 / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00
315977255586556008	05/11/2022 - 05/11/2022				HC:95868 / 26,XU / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
315977255586556009	05/11/2022 - 05/11/2022				HC:95999 // 0	M15		\$7,200.00	PI-234	\$7,200.00	\$0.00

<b>Patient Name:</b> ALVORD, BRYCE	<b>Claim Number:</b> 2022316CX3068	<b>Claim Date:</b> 05/11/2022-05/11/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 327W07353	<b>Group / Policy:</b> 174614M3GN	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-24,484.00
<b>Patient Ctrl Nmbr:</b> 0.2565205	<b>Contract Hdr:</b> GA HSA PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> BURNS, JONATHAN	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 11/12/2022	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
315977255586556001	05/11/2022 - 05/11/2022				HC:95941 // 0	M15		\$-2,760.00	PI-234	\$-2,760.00	\$0.00
315977255586556002	05/11/2022 - 05/11/2022				HC:95939 / 26 / 0	M15		\$-3,814.00	PI-234	\$-3,814.00	\$0.00
315977255586556003	05/11/2022 - 05/11/2022				HC:95822 / 26 / 0	M15		\$-1,755.00	PI-234	\$-1,755.00	\$0.00
315977255586556004	05/11/2022 - 05/11/2022				HC:95938 / 26 / 0	M15		\$-3,107.00	PI-234	\$-3,107.00	\$0.00
315977255586556005	05/11/2022 - 05/11/2022				HC:95861 / 26 / 0	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
315977255586556006	05/11/2022 - 05/11/2022				HC:95861 / 26,XU / 0	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
315977255586556007	05/11/2022 - 05/11/2022				HC:95868 / 26 / 0	M15		\$-1,310.00	PI-234	\$-1,310.00	\$0.00
315977255586556008	05/11/2022 - 05/11/2022				HC:95868 / 26,XU / 0	M15		\$-1,310.00	PI-234	\$-1,310.00	\$0.00
315977255586556009	05/11/2022 - 05/11/2022				HC:95999 // 0	M15		\$-7,200.00	PI-234	\$-7,200.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> CHEVALIER, KENNETH W		<b>Claim Number:</b> 2022035BJ0004	<b>Claim Date:</b> 08/30/2021-08/30/2021	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 142M97501	<b>Group / Policy:</b> 201079M4A3	<b>Facility Type:</b>	<b>Claim Charge:</b>	\$10,158.00
<b>Patient Ctrl Nmbr:</b> 0.2269900	<b>Contract Hdr:</b> VA HSA PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b>	\$0.00
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 02/04/2022	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nmbr:</b>				

Line Details											Results: 6
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
034932598107658001	08/30/2021 - 08/30/2021				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
034932598107658002	08/30/2021 - 08/30/2021				HC:95941 / 59 / 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
034932598107658003	08/30/2021 - 08/30/2021				HC:95955 / 26,XU / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
034932598107658004	08/30/2021 - 08/30/2021				HC:95870 / 26,59 / 0	M15		\$1,749.00	PI-234	\$1,749.00	\$0.00
034932598107658005	08/30/2021 - 08/30/2021				HC:95937 / 26 / 0	M15		\$500.00	PI-234	\$500.00	\$0.00
034932598107658006	08/30/2021 - 08/30/2021				HC:95927 / 26,59 / 0	M15		\$287.00	PI-234	\$287.00	\$0.00

<b>Patient Name:</b> CHEVALIER, KENNETH W		<b>Claim Number:</b> 2022035BJ0004	<b>Claim Date:</b> 08/30/2021-08/30/2021	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 142M97501	<b>Group / Policy:</b> 201079M4A3	<b>Facility Type:</b>	<b>Claim Charge:</b>	\$-10,158.00
<b>Patient Ctrl Nmbr:</b> 0.2269900	<b>Contract Hdr:</b> VA HSA PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b>	\$0.00
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 02/04/2022	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nmbr:</b>				

Line Details											Results: 6
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
034932598107658001	08/30/2021 - 08/30/2021				HC:95938 / 26 / 0	M15		\$-3,107.00	PI-234	\$-3,107.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 6
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
034932598107658002	08/30/2021 - 08/30/2021				HC:95941 / 59 / 0	M15		\$-2,760.00	PI-234	\$-2,760.00	\$0.00
034932598107658003	08/30/2021 - 08/30/2021				HC:95955 / 26,XU / 0	M15		\$-1,755.00	PI-234	\$-1,755.00	\$0.00
034932598107658004	08/30/2021 - 08/30/2021				HC:95870 / 26,59 / 0	M15		\$-1,749.00	PI-234	\$-1,749.00	\$0.00
034932598107658005	08/30/2021 - 08/30/2021				HC:95937 / 26 / 0	M15		\$-500.00	PI-234	\$-500.00	\$0.00
034932598107658006	08/30/2021 - 08/30/2021				HC:95927 / 26,59 / 0	M15		\$-287.00	PI-234	\$-287.00	\$0.00

<b>Patient Name:</b> ENG, LEXI	<b>Claim Number:</b> 20232717A0150	<b>Claim Date:</b> 07/10/2023-07/10/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> ZBL007309	<b>Group / Policy:</b> 196513M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$21,864.00
<b>Patient Ctrl Nmbr:</b> 0.3066513	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NOT AVAIL,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/28/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 7
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	07/10/2023 - 07/10/2023				HC:95941 / / 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
	07/10/2023 - 07/10/2023				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
	07/10/2023 - 07/10/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
	07/10/2023 - 07/10/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
	07/10/2023 - 07/10/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 7
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	07/10/2023 - 07/10/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	07/10/2023 - 07/10/2023				HC:95999 // 0	M15		\$7,200.00	PI-234	\$7,200.00	\$0.00

<b>Patient Name:</b> ENG, LEXI	<b>Claim Number:</b> 2023270DF7576	<b>Claim Date:</b> 07/10/2023-07/10/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> ZBL007309	<b>Group / Policy:</b> 196513M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-21,864.00
<b>Patient Ctrl Nmbr:</b> 0.3066513	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> SEN, INDRANIL	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/27/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 7
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7343349688Z1	07/10/2023 - 07/10/2023				HC:95941 // 0	M127		\$-2,760.00	CO-252	\$-2,760.00	\$0.00
7343349688Z2	07/10/2023 - 07/10/2023				HC:95939 / 26 / 0	M127		\$-3,814.00	CO-252	\$-3,814.00	\$0.00
7343349688Z3	07/10/2023 - 07/10/2023				HC:95822 / 26 / 0	M127		\$-1,755.00	CO-252	\$-1,755.00	\$0.00
7343349688Z4	07/10/2023 - 07/10/2023				HC:95938 / 26 / 0	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00
7343349688Z5	07/10/2023 - 07/10/2023				HC:95861 / 26 / 0	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
7343349688Z6	07/10/2023 - 07/10/2023				HC:95861 / 26,XU / 0	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
7343349688Z7	07/10/2023 - 07/10/2023				HC:95999 // 0	M127		\$-7,200.00	CO-252	\$-7,200.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> ENG, LEXI	<b>Claim Number:</b> 2023270DF7576	<b>Claim Date:</b> 07/10/2023-07/10/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> ZBL007309	<b>Group / Policy:</b> 196513M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$21,864.00
<b>Patient Ctrl Nmbr:</b> 0.3066513	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> SEN, INDRANIL	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/27/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 7
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7343349688Z1	07/10/2023 - 07/10/2023				HC:95941 / / 0			\$2,760.00	OA-133	\$2,760.00	\$0.00
7343349688Z2	07/10/2023 - 07/10/2023				HC:95939 / 26 / 0			\$3,814.00	OA-133	\$3,814.00	\$0.00
7343349688Z3	07/10/2023 - 07/10/2023				HC:95822 / 26 / 0			\$1,755.00	OA-133	\$1,755.00	\$0.00
7343349688Z4	07/10/2023 - 07/10/2023				HC:95938 / 26 / 0			\$3,107.00	OA-133	\$3,107.00	\$0.00
7343349688Z5	07/10/2023 - 07/10/2023				HC:95861 / 26 / 0			\$1,614.00	OA-133	\$1,614.00	\$0.00
7343349688Z6	07/10/2023 - 07/10/2023				HC:95861 / 26,XU / 0			\$1,614.00	OA-133	\$1,614.00	\$0.00
7343349688Z7	07/10/2023 - 07/10/2023				HC:95999 / / 0			\$7,200.00	OA-133	\$7,200.00	\$0.00

<b>Patient Name:</b> ESAU, JASON S	<b>Claim Number:</b> 2023142EM9204	<b>Claim Date:</b> 04/24/2023-04/24/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> ZBL019545	<b>Group / Policy:</b> 196513M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$25,444.00
<b>Patient Ctrl Nmbr:</b> 0.2976733	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> BURNS, JONATHAN	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 05/22/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
6918042439Z1	04/24/2023 - 04/24/2023				HC:95941 // 0	M127 N202		\$5,520.00	PI-252	\$5,520.00	\$0.00
6918042439Z2	04/24/2023 - 04/24/2023				HC:95939 / 26 / 0	M127 N202		\$3,814.00	PI-252	\$3,814.00	\$0.00
6918042439Z3	04/24/2023 - 04/24/2023				HC:95822 / 26 / 0	M127 N202		\$1,755.00	PI-252	\$1,755.00	\$0.00
6918042439Z4	04/24/2023 - 04/24/2023				HC:95938 / 26 / 0	M127 N202		\$3,107.00	PI-252	\$3,107.00	\$0.00
6918042439Z5	04/24/2023 - 04/24/2023				HC:95861 / 26 / 0	M127 N202		\$1,614.00	PI-252	\$1,614.00	\$0.00
6918042439Z6	04/24/2023 - 04/24/2023				HC:95861 / 26,XU / 0	M127 N202		\$1,614.00	PI-252	\$1,614.00	\$0.00
6918042439Z7	04/24/2023 - 04/24/2023				HC:95868 / 26 / 0	M127 N202		\$1,310.00	PI-252	\$1,310.00	\$0.00
6918042439Z8	04/24/2023 - 04/24/2023				HC:95868 / 26,XU / 0	M127 N202		\$1,310.00	PI-252	\$1,310.00	\$0.00
6918042439Z9	04/24/2023 - 04/24/2023				HC:95999 // 0	M127 N202		\$5,400.00	PI-252	\$5,400.00	\$0.00

<b>Patient Name:</b> ESAU, JASON S	<b>Claim Number:</b> 2023142EM9204	<b>Claim Date:</b> 04/24/2023-04/24/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> ZBL019545	<b>Group / Policy:</b> 196513M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-25,444.00
<b>Patient Ctrl Nmbr:</b> 0.2976733	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> BURNS, JONATHAN	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 05/22/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
6918042439Z1	04/24/2023 - 04/24/2023				HC:95941 // 0	M127		\$-5,520.00	PI-252	\$-5,520.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
6918042439Z2	04/24/2023 - 04/24/2023				HC:95939 / 26 / 0	M127		\$-3,814.00	PI-252	\$-3,814.00	\$0.00
6918042439Z3	04/24/2023 - 04/24/2023				HC:95822 / 26 / 0	M127		\$-1,755.00	PI-252	\$-1,755.00	\$0.00
6918042439Z4	04/24/2023 - 04/24/2023				HC:95938 / 26 / 0	M127		\$-3,107.00	PI-252	\$-3,107.00	\$0.00
6918042439Z5	04/24/2023 - 04/24/2023				HC:95861 / 26 / 0	M127		\$-1,614.00	PI-252	\$-1,614.00	\$0.00
6918042439Z6	04/24/2023 - 04/24/2023				HC:95861 / 26,XU / 0	M127		\$-1,614.00	PI-252	\$-1,614.00	\$0.00
6918042439Z7	04/24/2023 - 04/24/2023				HC:95868 / 26 / 0	M127		\$-1,310.00	PI-252	\$-1,310.00	\$0.00
6918042439Z8	04/24/2023 - 04/24/2023				HC:95868 / 26,XU / 0	M127		\$-1,310.00	PI-252	\$-1,310.00	\$0.00
6918042439Z9	04/24/2023 - 04/24/2023				HC:95999 // 0	M127		\$-5,400.00	PI-252	\$-5,400.00	\$0.00

<b>Patient Name:</b> FRAUSTO, DAVID	<b>Claim Number:</b> 2023258DL3539	<b>Claim Date:</b> 06/19/2023-06/19/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 297A69024	<b>Group / Policy:</b> L06868M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$30,476.00
<b>Patient Ctrl Nmbr:</b> 0.3045575	<b>Contract Hdr:</b> PPO PB CLASS	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/15/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7288684658Z1	06/19/2023 - 06/19/2023				HC:95941 // 0	M15		\$7,074.00	PI-234	\$7,074.00	\$0.00
7288684658Z2	06/19/2023 - 06/19/2023				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00



<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7288684658Z3	06/19/2023 - 06/19/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7288684658Z4	06/19/2023 - 06/19/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7288684658Z5	06/19/2023 - 06/19/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7288684658Z6	06/19/2023 - 06/19/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7288684658Z7	06/19/2023 - 06/19/2023				HC:95870 / 26,XU / 0	M15		\$1,749.00	PI-234	\$1,749.00	\$0.00
7288684658Z8	06/19/2023 - 06/19/2023				HC:95870 / 26,XU / 0	M15		\$1,749.00	PI-234	\$1,749.00	\$0.00
7288684658Z9	06/19/2023 - 06/19/2023				HC:95999 / / 0	M15		\$8,000.00	PI-234	\$8,000.00	\$0.00

<b>Patient Name:</b> FRAUSTO, DAVID	<b>Claim Number:</b> 2023258DL3539	<b>Claim Date:</b> 06/19/2023-06/19/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 297A69024	<b>Group / Policy:</b> L06868M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-30,476.00
<b>Patient Ctrl Nmbr:</b> 0.3045575	<b>Contract Hdr:</b> PPO PB CLASS	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/15/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7288684658Z1	06/19/2023 - 06/19/2023				HC:95941 / / 0	M127		\$-7,074.00	PI-252	\$-7,074.00	\$0.00
7288684658Z2	06/19/2023 - 06/19/2023				HC:95939 / 26 / 0	M127		\$-3,814.00	PI-252	\$-3,814.00	\$0.00
7288684658Z3	06/19/2023 - 06/19/2023				HC:95822 / 26 / 0	M127		\$-1,755.00	PI-252	\$-1,755.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7288684658Z4	06/19/2023 - 06/19/2023				HC:95938 / 26 / 0	M127		\$-3,107.00	PI-252	\$-3,107.00	\$0.00
7288684658Z5	06/19/2023 - 06/19/2023				HC:95861 / 26 / 0	M127		\$-1,614.00	PI-252	\$-1,614.00	\$0.00
7288684658Z6	06/19/2023 - 06/19/2023				HC:95861 / 26,XU / 0	M127		\$-1,614.00	PI-252	\$-1,614.00	\$0.00
7288684658Z7	06/19/2023 - 06/19/2023				HC:95870 / 26,XU / 0	M127		\$-1,749.00	PI-252	\$-1,749.00	\$0.00
7288684658Z8	06/19/2023 - 06/19/2023				HC:95870 / 26,XU / 0	M127		\$-1,749.00	PI-252	\$-1,749.00	\$0.00
7288684658Z9	06/19/2023 - 06/19/2023				HC:95999 / / 0	M127		\$-8,000.00	PI-252	\$-8,000.00	\$0.00

<b>Patient Name:</b> HAMILTON, EUGENE D	<b>Claim Number:</b> 20232757A0083	<b>Claim Date:</b> 08/02/2023-08/02/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 080M92829	<b>Group / Policy:</b> 196562M002	<b>Facility Type:</b>	<b>Claim Charge:</b> \$16,250.00
<b>Patient Ctrl Nmbr:</b> 0.3092520	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NOT AVAIL,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/02/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 6
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	08/02/2023 - 08/02/2023				HC:95941 / / 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
	08/02/2023 - 08/02/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
	08/02/2023 - 08/02/2023				HC:95955 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
	08/02/2023 - 08/02/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 6
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	08/02/2023 - 08/02/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	08/02/2023 - 08/02/2023				HC:95999 // 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

<b>Patient Name:</b> KASOLD, BLANCA	<b>Claim Number:</b> 2023277EO3658	<b>Claim Date:</b> 09/11/2023-09/11/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> CFH339377X00	<b>Group / Policy:</b> 276054M101	<b>Facility Type:</b>	<b>Claim Charge:</b> \$32,364.00
<b>Patient Ctrl Nmbr:</b> 0.3137434	<b>Contract Hdr:</b> BC PPO INCENTIVE	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> SEN, INDRANIL	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/04/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 10
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7370224089Z10	09/11/2023 - 09/11/2023				HC:95999 // 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00
7370224089Z1	09/11/2023 - 09/11/2023				HC:95941 // 0	M15		\$11,040.00	PI-234	\$11,040.00	\$0.00
7370224089Z2	09/11/2023 - 09/11/2023				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
7370224089Z3	09/11/2023 - 09/11/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7370224089Z4	09/11/2023 - 09/11/2023				HC:95955 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7370224089Z5	09/11/2023 - 09/11/2023				HC:95907 / 26 / 0	M15		\$138.00	PI-234	\$138.00	\$0.00
7370224089Z6	09/11/2023 - 09/11/2023				HC:95886 / 26 / 0	M15		\$2,972.00	PI-234	\$2,972.00	\$0.00
7370224089Z7	09/11/2023 - 09/11/2023				HC:95886 / 26,XU / 0	M15		\$2,972.00	PI-234	\$2,972.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details										Results: 10	
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7370224089Z8	09/11/2023 - 09/11/2023				HC:95887 / 26 / 0	M15		\$583.00	PI-234	\$583.00	\$0.00
7370224089Z9	09/11/2023 - 09/11/2023				HC:95887 / 26,XU / 0	M15		\$583.00	PI-234	\$583.00	\$0.00

<b>Patient Name:</b> MARSHALL WILSON, MELISSA		<b>Claim Number:</b> 2023234FC9277		<b>Claim Date:</b> 08/03/2023-08/03/2023		<b>Claim Status Code:</b> 4	
<b>Patient ID:</b> WLU384W14440		<b>Group / Policy:</b> 1871VH		<b>Facility Type:</b>		<b>Claim Charge:</b> \$27,659.00	
<b>Patient Ctrl Nmbr:</b> 0.3094376		<b>Contract Hdr:</b> HSA PLUS PPO IN		<b>Claim Frequency:</b>		<b>Claim Payment:</b> \$0.00	
<b>Rendering Prvd:</b> HSU, ANDREW		<b>Rendering Prv ID:</b>		<b>Claim Received Date:</b> 08/22/2023		<b>Patient Resp:</b> \$0.00	
<b>Original Ref Nmbr:</b>							

Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7206580352Z1	08/03/2023 - 08/03/2023				HC:95941 // 0	M15		\$7,074.00	PI-234	\$7,074.00	\$0.00
7206580352Z2	08/03/2023 - 08/03/2023				HC:95822 / 26,XU / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7206580352Z3	08/03/2023 - 08/03/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7206580352Z4	08/03/2023 - 08/03/2023				HC:95908 / 26,XU / 0	M15		\$437.00	PI-234	\$437.00	\$0.00
7206580352Z5	08/03/2023 - 08/03/2023				HC:51785 / 26 / 0	M15		\$1,071.00	PI-234	\$1,071.00	\$0.00
7206580352Z6	08/03/2023 - 08/03/2023				HC:51785 / 26,XU / 0	M15		\$1,071.00	PI-234	\$1,071.00	\$0.00
7206580352Z7	08/03/2023 - 08/03/2023				HC:95886 / 26,XU / 0	M15		\$2,972.00	PI-234	\$2,972.00	\$0.00
7206580352Z8	08/03/2023 - 08/03/2023				HC:95886 / 26,XU / 0	M15		\$2,972.00	PI-234	\$2,972.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7206580352Z9	08/03/2023 - 08/03/2023				HC:95999 // 0	M15		\$7,200.00	PI-234	\$7,200.00	\$0.00

<b>Patient Name:</b> MARTINEZ, CHERYL	<b>Claim Number:</b> 2023049BN7997	<b>Claim Date:</b> 11/10/2022-11/10/2022	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 599A51660	<b>Group / Policy:</b> 1871VH	<b>Facility Type:</b>	<b>Claim Charge:</b> \$18,264.00
<b>Patient Ctrl Nmbr:</b> 0.2783469	<b>Contract Hdr:</b> HSA PLUS PPO IN	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> BURNS, JONATHAN	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 02/18/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 7
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
048030223865556001	11/10/2022 - 11/10/2022				HC:95941 // 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
048030223865556002	11/10/2022 - 11/10/2022				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
048030223865556003	11/10/2022 - 11/10/2022				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
048030223865556004	11/10/2022 - 11/10/2022				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
048030223865556005	11/10/2022 - 11/10/2022				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
048030223865556006	11/10/2022 - 11/10/2022				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
048030223865556007	11/10/2022 - 11/10/2022				HC:95999 // 0	M15		\$3,600.00	PI-234	\$3,600.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> MARTINEZ, CHERYL	<b>Claim Number:</b> 2023049BN7997	<b>Claim Date:</b> 11/10/2022-11/10/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 599A51660	<b>Group / Policy:</b> 1871VH	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-18,264.00
<b>Patient Ctrl Nmbr:</b> 0.2783469	<b>Contract Hdr:</b> HSA PLUS PPO IN	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> BURNS, JONATHAN	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 02/18/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 7
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
048030223865556001	11/10/2022 - 11/10/2022				HC:95941 // 0	M15		\$-2,760.00	PI-234	\$-2,760.00	\$0.00
048030223865556002	11/10/2022 - 11/10/2022				HC:95939 / 26 / 0	M15		\$-3,814.00	PI-234	\$-3,814.00	\$0.00
048030223865556003	11/10/2022 - 11/10/2022				HC:95822 / 26 / 0	M15		\$-1,755.00	PI-234	\$-1,755.00	\$0.00
048030223865556004	11/10/2022 - 11/10/2022				HC:95938 / 26 / 0	M15		\$-3,107.00	PI-234	\$-3,107.00	\$0.00
048030223865556005	11/10/2022 - 11/10/2022				HC:95861 / 26 / 0	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
048030223865556006	11/10/2022 - 11/10/2022				HC:95861 / 26,XU / 0	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
048030223865556007	11/10/2022 - 11/10/2022				HC:95999 // 0	M15		\$-3,600.00	PI-234	\$-3,600.00	\$0.00

<b>Patient Name:</b> QUEVEDO, SOBRAIDA	<b>Claim Number:</b> 20232787A0294	<b>Claim Date:</b> 09/28/2023-09/28/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 704W03928	<b>Group / Policy:</b> 280665M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$16,742.00
<b>Patient Ctrl Nmbr:</b> 0.3158993	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NOT AVAIL,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/05/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 4
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 4
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	09/28/2023 - 09/28/2023				HC:95941 // 0	M15		\$8,280.00	PI-234	\$8,280.00	\$0.00
	09/28/2023 - 09/28/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
	09/28/2023 - 09/28/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
	09/28/2023 - 09/28/2023				HC:95999 // 0	M15		\$3,600.00	PI-234	\$3,600.00	\$0.00

<b>Patient Name:</b> SASSE, MICHAEL	<b>Claim Number:</b> 2023215DV8060	<b>Claim Date:</b> 07/19/2023-07/19/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 788A21281	<b>Group / Policy:</b> 170157M520	<b>Facility Type:</b>	<b>Claim Charge:</b> \$16,250.00
<b>Patient Ctrl Nmbr:</b> 0.3077121	<b>Contract Hdr:</b> PG&E BC HEALTH ACCOUNT	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/03/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 6
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7146724504Z1	07/19/2023 - 07/19/2023				HC:95941 // 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
7146724504Z2	07/19/2023 - 07/19/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7146724504Z3	07/19/2023 - 07/19/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7146724504Z4	07/19/2023 - 07/19/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7146724504Z5	07/19/2023 - 07/19/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7146724504Z6	07/19/2023 - 07/19/2023				HC:95999 // 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> SASSE, MICHAEL	<b>Claim Number:</b> 2023215DV8060	<b>Claim Date:</b> 07/19/2023-07/19/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 788A21281	<b>Group / Policy:</b> 170157M520	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-16,250.00
<b>Patient Ctrl Nmbr:</b> 0.3077121	<b>Contract Hdr:</b> PG&E BC HEALTH ACCOUNT	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/03/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 6
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7146724504Z1	07/19/2023 - 07/19/2023				HC:95941 // 0	M15		\$-2,760.00	PI-234	\$-2,760.00	\$0.00
7146724504Z2	07/19/2023 - 07/19/2023				HC:95822 / 26 / 0	M15		\$-1,755.00	PI-234	\$-1,755.00	\$0.00
7146724504Z3	07/19/2023 - 07/19/2023				HC:95938 / 26 / 0	M15		\$-3,107.00	PI-234	\$-3,107.00	\$0.00
7146724504Z4	07/19/2023 - 07/19/2023				HC:95861 / 26 / 0	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
7146724504Z5	07/19/2023 - 07/19/2023				HC:95861 / 26,XU / 0	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
7146724504Z6	07/19/2023 - 07/19/2023				HC:95999 // 0	M15		\$-5,400.00	PI-234	\$-5,400.00	\$0.00

<b>Patient Name:</b> TUCKER, JOHN R	<b>Claim Number:</b> 20232687A0168	<b>Claim Date:</b> 09/21/2023-09/21/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 2352241AB	<b>Group / Policy:</b> 174283M004	<b>Facility Type:</b>	<b>Claim Charge:</b> \$18,264.00
<b>Patient Ctrl Nmbr:</b> 0.3150389	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NOT AVAIL,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/25/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 7
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	09/21/2023 - 09/21/2023				HC:95941 // 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00



<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 7
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	09/21/2023 - 09/21/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
	09/21/2023 - 09/21/2023				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
	09/21/2023 - 09/21/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
	09/21/2023 - 09/21/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	09/21/2023 - 09/21/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	09/21/2023 - 09/21/2023				HC:95999 / / 0	M15		\$3,600.00	PI-234	\$3,600.00	\$0.00

<b>Patient Name:</b> WORLEY, MICHELLE	<b>Claim Number:</b> 20232777A0258	<b>Claim Date:</b> 09/27/2023-09/27/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 199W01233	<b>Group / Policy:</b> 282041M004	<b>Facility Type:</b>	<b>Claim Charge:</b> \$19,010.00
<b>Patient Ctrl Nmbr:</b> 0.3157675	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NOT AVAIL,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/04/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 6
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	09/27/2023 - 09/27/2023				HC:95941 / / 0	M127		\$5,520.00	PI-252	\$5,520.00	\$0.00
	09/27/2023 - 09/27/2023				HC:95822 / 26 / 0	M127		\$1,755.00	PI-252	\$1,755.00	\$0.00
	09/27/2023 - 09/27/2023				HC:95938 / 26 / 0	M127		\$3,107.00	PI-252	\$3,107.00	\$0.00
	09/27/2023 - 09/27/2023				HC:95861 / 26 / 0	M127		\$1,614.00	PI-252	\$1,614.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 6
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	09/27/2023 - 09/27/2023				HC:95861 / 26,XU / 0	M127		\$1,614.00	PI-252	\$1,614.00	\$0.00
	09/27/2023 - 09/27/2023				HC:95999 // 0	M127		\$5,400.00	PI-252	\$5,400.00	\$0.00

<b>Patient Name:</b> ZUILL, CARRIE	<b>Claim Number:</b> 2023088510119	<b>Claim Date:</b> 11/30/2021-11/30/2021	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 217M80789	<b>Group / Policy:</b> 195652M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-22,684.00
<b>Patient Ctrl Nmbr:</b> 2169534	<b>Contract Hdr:</b> NEVADA BLUE SECURE PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 03/29/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	11/30/2021 - 11/30/2021				HC:95941 // 0	N706		\$-2,760.00	PR-226	\$-2,760.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95939 / 26 / 0	N706		\$-3,814.00	PR-226	\$-3,814.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95822 / 26 / 0	N706		\$-1,755.00	PR-226	\$-1,755.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95938 / 26 / 0	N706		\$-3,107.00	PR-226	\$-3,107.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95861 / 26 / 0	N706		\$-1,614.00	PR-226	\$-1,614.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95861 / 26,XU / 0	N706		\$-1,614.00	PR-226	\$-1,614.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95868 / 26 / 0	N706		\$-1,310.00	PR-226	\$-1,310.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95868 / 26,XU / 0	N706		\$-1,310.00	PR-226	\$-1,310.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	11/30/2021 - 11/30/2021				HC:95999 // 0	N706		\$-5,400.00	PR-226	\$-5,400.00	\$0.00

<b>Patient Name:</b> ZUILL, CARRIE	<b>Claim Number:</b> 2023088510119	<b>Claim Date:</b> 11/30/2021-11/30/2021	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 217M80789	<b>Group / Policy:</b> 195652M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$22,684.00
<b>Patient Ctrl Nmbr:</b> 2169534	<b>Contract Hdr:</b> NEVADA BLUE SECURE PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 03/29/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 9
Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	11/30/2021 - 11/30/2021				HC:95941 // 1	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95939 / 26 / 1	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95822 / 26 / 1	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95938 / 26 / 1	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95861 / 26 / 1	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95861 / 26,XU / 1	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95868 / 26 / 1	MA81		\$1,310.00	PI-226	\$1,310.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95868 / 26,XU / 1	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00
	11/30/2021 - 11/30/2021				HC:95999 // 3	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474090	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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## Code Descriptions

### REMARK CODE(S):

M127=Missing patient medical record for this service.

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

MA81=Missing/incomplete/invalid provider/supplier signature.

N202=Alert: Additional information/explanation will be sent separately.

N706=Missing documentation.

### GROUP CODE(S):

PI=Payor Initiated Reductions

CO=Contractual Obligations

OA=Other Adjustments

PR=Patient Responsibility

### CLAIM ADJUSTMENT REASON CODE(S):

234=This procedure is not paid separately. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

252=An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).

133=The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).

226=Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

### CLAIM STATUS CODE(S):

4=Denied

22=Reversal of Previous Payment