

**Check Summary****Transaction Date:** October 27, 2023

ROCKY MOUNTAIN HOSPITAL&MEDICAL 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> 3224547233 <b>Payment Amount:</b> 23.84 <b>Check/EFT Date:</b> 10/27/2023 <b>Production End Cycle Date:</b> 10/26/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
---	---	---

**Patient Name:** CAREY, EDWARD M**Claim Number:** 247101961200236**Claim Date:** 10/17/2022-10/17/2022 **Claim Status Code:** 22

<b>Patient ID:</b> 404A53481	<b>Group / Policy:</b> COSUPWP0	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$-11,960.00
<b>Patient Ctrl Nmbr:</b> 0.2750885	<b>Contract Hdr:</b> CO/NV MED-SUPP G1525	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$-20.96
<b>Rendering Prvd:</b> DE JESUS, MARIA	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 05/30/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**Line Details****Results:** 5

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
123073675599556001	10/17/2022 - 10/17/2022				HC:95822 / 26 / 1		\$-11.67 (B6)	\$-1,755.00	OA-23	\$-1,743.33	\$-11.67
123073675599556002	10/17/2022 - 10/17/2022				HC:95938 / 26 / 1		\$-9.29 (B6)	\$-3,107.00	OA-23	\$-3,097.71	\$-9.29
123073675599556003	10/17/2022 - 10/17/2022				HC:95870 / 26 / 0			\$-1,749.00	OA-23	\$-1,749.00	\$0.00
123073675599556004	10/17/2022 - 10/17/2022				HC:95870 / 26,XU / 0			\$-1,749.00	OA-23	\$-1,749.00	\$0.00
123073675599556005	10/17/2022 - 10/17/2022				HC:95999 // 0			\$-3,600.00	OA-23	\$-3,600.00	\$0.00

**Patient Name:** CAREY, EDWARD M**Claim Number:** 247101961201139**Claim Date:** 10/17/2022-10/17/2022 **Claim Status Code:** 2

<b>Patient ID:</b> 404A53481	<b>Group / Policy:</b> COSUPWP0	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$11,960.00
<b>Patient Ctrl Nmbr:</b> 0.2750885	<b>Contract Hdr:</b> CO/NV MED-SUPP G1525	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$44.80
<b>Rendering Prvd:</b> DE JESUS, MARIA	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/24/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> ROCKY MOUNTAIN HOSPITAL&MEDICAL	<b>Check/EFT Trace Number:</b> 3224547233	<b>Check/EFT Date:</b> 10/27/2023	<b>Total Paid:</b> \$23.84
---	---	-----------------------------------	----------------------------

Line Details											Results: 5
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
123073675599556001	10/17/2022 - 10/17/2022				HC:95822 / 26 / 1		\$11.67 (B6)	\$1,755.00	OA-23	\$1,743.33	\$11.67
123073675599556002	10/17/2022 - 10/17/2022				HC:95938 / 26 / 1		\$9.29 (B6)	\$3,107.00	OA-23	\$3,097.71	\$9.29
123073675599556003	10/17/2022 - 10/17/2022				HC:95870 / 26 / 3		\$11.92 (B6)	\$1,749.00	OA-23	\$1,737.08	\$11.92
123073675599556004	10/17/2022 - 10/17/2022				HC:95870 / 26,XU / 3		\$11.92 (B6)	\$1,749.00	OA-23	\$1,737.08	\$11.92
123073675599556005	10/17/2022 - 10/17/2022				HC:95999 // 0			\$3,600.00	OA-23	\$3,600.00	\$0.00

#### Code Descriptions

##### AMT CODE(S):

B6=Allowed - Actual

##### GROUP CODE(S):

OA=Other Adjustments

##### CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

##### CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

2=Processed as Secondary