

Check Summary**Transaction Date:** October 16, 2023

ROCKY MOUNTAIN HOSPITAL&MEDICAL 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 823814806 Payee ID: 1871000588 Check/EFT Trace Number: 9022233322 Payment Amount: 0.00 Check/EFT Date: 10/16/2023 Production End Cycle Date: 10/16/2023	Payee Name: PEAK NEURO MONITORING LLC Payee Address: 4164 AUSTIN BLUFFS PKWY STE 603 COLORADO SPGS, CO 80918
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Patient Name: OSBORN, NIKKI**Claim Number:** 2023012DS7709**Claim Date:** 12/27/2022-12/27/2022 **Claim Status Code:** 4

Patient ID: 819W09732	Group / Policy: L03185M001	Facility Type:	Claim Charge: \$18,087.00
Patient Ctrl Nmbr: 0.2839473	Contract Hdr: CO BLUE CLASSIC PPO (AB	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MCCLINTOCK, JONATHAN	Rendering Prv ID:	Claim Received Date: 01/12/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details **Results:** 8

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
6515032397Z1	12/27/2022 - 12/27/2022				HC:95822 / TC / 0	N56		\$2,346.00	CO-16	\$2,346.00	\$0.00
6515032397Z2	12/27/2022 - 12/27/2022				HC:95938 / TC / 0	N56		\$2,943.00	CO-16	\$2,943.00	\$0.00
6515032397Z3	12/27/2022 - 12/27/2022				HC:95908 / TC / 0	N56		\$1,050.00	CO-16	\$1,050.00	\$0.00
6515032397Z4	12/27/2022 - 12/27/2022				HC:95886 / TC / 0	N56		\$2,208.00	CO-16	\$2,208.00	\$0.00
6515032397Z5	12/27/2022 - 12/27/2022				HC:95886 / TC,XU / 0	N56		\$2,208.00	CO-16	\$2,208.00	\$0.00
6515032397Z6	12/27/2022 - 12/27/2022				HC:95999 // 0	N56		\$7,200.00	CO-16	\$7,200.00	\$0.00
6515032397Z7	12/27/2022 - 12/27/2022				HC:A4215 // 0	N56		\$120.00	CO-16	\$120.00	\$0.00
6515032397Z8	12/27/2022 - 12/27/2022				HC:A4556 // 0	N56		\$12.00	CO-16	\$12.00	\$0.00

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 9022233322	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Patient Name: OSBORN, NIKKI	Claim Number: 2023012DS7709	Claim Date: 12/27/2022-12/27/2022	Claim Status Code: 22
Patient ID: 819W09732	Group / Policy: L03185M001	Facility Type:	Claim Charge: \$-18,087.00
Patient Ctrl Nmbr: 0.2839473	Contract Hdr: CO BLUE CLASSIC PPO (AB	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MCCLINTOCK, JONATHAN	Rendering Prv ID:	Claim Received Date: 01/12/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 8
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
6515032397Z1	12/27/2022 - 12/27/2022				HC:95822 / TC / 0	N706		\$-2,346.00	CO-226	\$-2,346.00	\$0.00
6515032397Z2	12/27/2022 - 12/27/2022				HC:95938 / TC / 0	N706		\$-2,943.00	CO-226	\$-2,943.00	\$0.00
6515032397Z3	12/27/2022 - 12/27/2022				HC:95908 / TC / 0	N706		\$-1,050.00	CO-226	\$-1,050.00	\$0.00
6515032397Z4	12/27/2022 - 12/27/2022				HC:95886 / TC / 0	N706		\$-2,208.00	CO-226	\$-2,208.00	\$0.00
6515032397Z5	12/27/2022 - 12/27/2022				HC:95886 / TC,XU / 0	N706		\$-2,208.00	CO-226	\$-2,208.00	\$0.00
6515032397Z6	12/27/2022 - 12/27/2022				HC:95999 // 0	N706		\$-7,200.00	CO-226	\$-7,200.00	\$0.00
6515032397Z7	12/27/2022 - 12/27/2022				HC:A4215 // 0	N706		\$-120.00	CO-226	\$-120.00	\$0.00
6515032397Z8	12/27/2022 - 12/27/2022				HC:A4556 // 0	N706		\$-12.00	CO-226	\$-12.00	\$0.00

Patient Name: RENKEN, CHRISTINE L	Claim Number: 2023124DS3285	Claim Date: 04/03/2023-04/03/2023	Claim Status Code: 4
Patient ID: AN2351511	Group / Policy: 230037MBAR	Facility Type:	Claim Charge: \$11,709.00
Patient Ctrl Nmbr: 0.2951054	Contract Hdr: BLUE ACCESS PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BOWERS, ANASTACIA	Rendering Prv ID:	Claim Received Date: 05/04/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 9022233322	Check/EFT Date: 10/16/2023	Total Paid: \$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
6864867968Z1	04/03/2023 - 04/03/2023				HC:95822 / TC / 0	N56		\$2,346.00	CO-16	\$2,346.00	\$0.00
6864867968Z2	04/03/2023 - 04/03/2023				HC:95938 / TC / 0	N56		\$2,943.00	CO-16	\$2,943.00	\$0.00
6864867968Z3	04/03/2023 - 04/03/2023				HC:95870 / TC / 0	N56		\$1,356.00	CO-16	\$1,356.00	\$0.00
6864867968Z4	04/03/2023 - 04/03/2023				HC:95870 / TC,XU / 0	N56		\$1,356.00	CO-16	\$1,356.00	\$0.00
6864867968Z5	04/03/2023 - 04/03/2023				HC:95999 // 0	N56		\$3,600.00	CO-16	\$3,600.00	\$0.00
6864867968Z6	04/03/2023 - 04/03/2023				HC:A4556 // 0	N56		\$48.00	CO-16	\$48.00	\$0.00
6864867968Z7	04/03/2023 - 04/03/2023				HC:A4215 // 0	N56		\$60.00	CO-16	\$60.00	\$0.00

Patient Name: RENKEN, CHRISTINE L	Claim Number: 2023124DS3285	Claim Date: 04/03/2023-04/03/2023	Claim Status Code: 22
Patient ID: AN2351511	Group / Policy: 230037MBAR	Facility Type:	Claim Charge: \$-11,709.00
Patient Ctrl Nmbr: 0.2951054	Contract Hdr: BLUE ACCESS PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BOWERS, ANASTACIA	Rendering Prv ID:	Claim Received Date: 05/04/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
6864867968Z1	04/03/2023 - 04/03/2023				HC:95822 / TC / 0	N56		\$-2,346.00	CO-16	\$-2,346.00	\$0.00
6864867968Z2	04/03/2023 - 04/03/2023				HC:95938 / TC / 0	N56		\$-2,943.00	CO-16	\$-2,943.00	\$0.00
6864867968Z3	04/03/2023 - 04/03/2023				HC:95870 / TC / 0	N56		\$-1,356.00	CO-16	\$-1,356.00	\$0.00

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 9022233322	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Line Details											Results: 7
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
6864867968Z4	04/03/2023 - 04/03/2023				HC:95870 / TC,XU / 0	N56		\$-1,356.00	CO-16	\$-1,356.00	\$0.00
6864867968Z5	04/03/2023 - 04/03/2023				HC:95999 // 0	N56		\$-3,600.00	CO-16	\$-3,600.00	\$0.00
6864867968Z6	04/03/2023 - 04/03/2023				HC:A4556 // 0	N56		\$-48.00	CO-16	\$-48.00	\$0.00
6864867968Z7	04/03/2023 - 04/03/2023				HC:A4215 // 0	N56		\$-60.00	CO-16	\$-60.00	\$0.00

Code Descriptions

REMARK CODE(S):

N56=Procedure code billed is not correct/valid for the services billed or the date of service billed.

N706=Missing documentation.

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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