

Check Summary
Transaction Date: October 24, 2023

RMHMS, INC. NV 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 510654972 Payee ID: 1659765204 Check/EFT Trace Number: 3224232345 Payment Amount: 220.30 Check/EFT Date: 10/24/2023 Production End Cycle Date: 10/23/2023	Payee Name: NEUROMONITORING ASSOCIATE Payee Address: PO BOX 29650 DEPT 880257 PHOENIX, AZ 85038
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Patient Name: SIEMER, ALAN E

Claim Number: 2021181CK9978

Claim Date: 03/23/2021-03/23/2021 **Claim Status Code:** 1

Patient ID: 064A55971	Group / Policy: 40314B	Facility Type:	Claim Charge: \$48,098.00
Patient Ctrl Nbr: 0.2081973	Contract Hdr: PPO PB CLASS	Claim Frequency:	Claim Payment: \$220.30
Rendering Prvd: MONGELLI, NICHOLAS	Rendering Prv ID:	Claim Received Date: 06/30/2021	Patient Resp: \$0.00
Original Ref Nbr:			

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
181821363709659001	03/23/2021 - 03/23/2021				HC:95864 / TC,59 / 4	M77 N822		\$16,244.00	PI-16	\$16,244.00	\$0.00
181821363709659002	03/23/2021 - 03/23/2021				HC:95939 / TC / 1	M77 N822		\$6,489.00	PI-16	\$6,489.00	\$0.00
181821363709659003	03/23/2021 - 03/23/2021				HC:95939 / TC,XU / 1	M77 N822		\$6,489.00	PI-16	\$6,489.00	\$0.00
181821363709659004	03/23/2021 - 03/23/2021				HC:95955 / TC,XU / 1	M77 N822		\$5,225.00	PI-16	\$5,225.00	\$0.00
181821363709659005	03/23/2021 - 03/23/2021				HC:95938 / TC / 1	M77 N822		\$4,163.00	PI-16	\$4,163.00	\$0.00
181821363709659006	03/23/2021 - 03/23/2021				HC:95938 / TC,XU / 1	M77 N822		\$4,163.00	PI-16	\$4,163.00	\$0.00
181821363709659007	03/23/2021 - 03/23/2021				HC:95940 / XP / 5		\$220.30 (B6)	\$3,450.00	CO-45	\$3,229.70	\$220.30
181821363709659008	03/23/2021 - 03/23/2021				HC:95937 / TC / 1	M77 N822		\$1,400.00	PI-16	\$1,400.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 3224232345	Check/EFT Date: 10/24/2023	Total Paid: \$220.30
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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
181821363709659009	03/23/2021 - 03/23/2021				HC:95927 / TC,59 / 1	M77 N822		\$475.00	PI-16	\$475.00	\$0.00

Patient Name: SIEMER, ALAN E	Claim Number: 2021181CK9978	Claim Date: 03/23/2021-03/23/2021	Claim Status Code: 22
Patient ID: 064A55971	Group / Policy: 40314B	Facility Type:	Claim Charge: \$-48,098.00
Patient Ctrl Nmbr: 0.2081973	Contract Hdr: PPO PB CLASS	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MONGELLI, NICHOLAS	Rendering Prv ID:	Claim Received Date: 06/30/2021	Patient Resp: \$0.00
Original Ref Nmbr:			

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
181821363709659001	03/23/2021 - 03/23/2021				HC:95864 / TC,59 / 0			\$-16,244.00	PR-243	\$-16,244.00	\$0.00
181821363709659002	03/23/2021 - 03/23/2021				HC:95939 / TC / 0			\$-6,489.00	PR-243	\$-6,489.00	\$0.00
181821363709659003	03/23/2021 - 03/23/2021				HC:95939 / TC,XU / 0			\$-6,489.00	PR-243	\$-6,489.00	\$0.00
181821363709659004	03/23/2021 - 03/23/2021				HC:95955 / TC,XU / 0			\$-5,225.00	PR-243	\$-5,225.00	\$0.00
181821363709659005	03/23/2021 - 03/23/2021				HC:95938 / TC / 0			\$-4,163.00	PR-243	\$-4,163.00	\$0.00
181821363709659006	03/23/2021 - 03/23/2021				HC:95938 / TC,XU / 0			\$-4,163.00	PR-243	\$-4,163.00	\$0.00
181821363709659007	03/23/2021 - 03/23/2021				HC:95940 / XP / 0			\$-3,450.00	PR-243	\$-3,450.00	\$0.00
181821363709659008	03/23/2021 - 03/23/2021				HC:95937 / TC / 0			\$-1,400.00	PR-243	\$-1,400.00	\$0.00
181821363709659009	03/23/2021 - 03/23/2021				HC:95927 / TC,59 / 0			\$-475.00	PR-243	\$-475.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 3224232345	Check/EFT Date: 10/24/2023	Total Paid: \$220.30
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Code Descriptions

REMARK CODE(S):

M77=Missing/incomplete/invalid/inappropriate place of service.

N822=Missing procedure modifier(s).

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

PI=Payor Initiated Reductions

CO=Contractual Obligations

PR=Patient Responsibility

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.

45=Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

243=Services not authorized by network/primary care providers.

CLAIM STATUS CODE(S):

1=Processed as Primary

22=Reversal of Previous Payment