

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

RMHMS, INC. NV 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	<b>Payee Tax ID:</b> 510654972 <b>Payee ID:</b> 1659765204 <b>Check/EFT Trace Number:</b> 9022234417 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/16/2023 <b>Production End Cycle Date:</b> 10/16/2023	<b>Payee Name:</b> NEUROMONITORING ASSOCIATE <b>Payee Address:</b> PO BOX 29650 DEPT 880257 PHOENIX, AZ 85038
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**Patient Name:** CASKEY, CHRIS**Claim Number:** 2022131FE8441**Claim Date:** 01/28/2022-01/28/2022 **Claim Status Code:** 4**Patient ID:** CW0004178**Group / Policy:** 280397M001**Facility Type:****Claim Charge:** \$24,664.00**Patient Ctrl Nmbr:** 0.2445740**Contract Hdr:** NEVADA BLUE PREFERRED**Claim Frequency:****Claim Payment:** \$0.00**Rendering Prvd:** MONGELLI, NICHOLAS**Rendering Prv ID:****Claim Received Date:** 05/11/2022**Patient Resp:** \$0.00**Original Ref Nmbr:****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
131875097027556001	01/28/2022 - 01/28/2022				HC:95870 / TC,59 / 0	M15		\$12,711.00	PI-234	\$12,711.00	\$0.00
131875097027556002	01/28/2022 - 01/28/2022				HC:95955 / TC,XU / 0	M15		\$5,225.00	PI-234	\$5,225.00	\$0.00
131875097027556003	01/28/2022 - 01/28/2022				HC:95938 / TC / 0	M15		\$4,163.00	PI-234	\$4,163.00	\$0.00
131875097027556004	01/28/2022 - 01/28/2022				HC:95937 / TC / 0	M15		\$1,400.00	PI-234	\$1,400.00	\$0.00
131875097027556005	01/28/2022 - 01/28/2022				HC:95940 / XP / 0	M15		\$690.00	PI-234	\$690.00	\$0.00
131875097027556006	01/28/2022 - 01/28/2022				HC:95927 / TC,59 / 0	M15		\$475.00	PI-234	\$475.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022234417	<b>Check/EFT Date:</b> 10/16/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> CASKEY, CHRISTINE	<b>Claim Number:</b> 2022131FE8441	<b>Claim Date:</b> 01/28/2022-01/28/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> CW0004178	<b>Group / Policy:</b> 280397M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-24,664.00
<b>Patient Ctrl Nmbr:</b> 0.2445740	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MONGELLI, NICHOLAS	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 05/11/2022	<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
131875097027556001	01/28/2022 - 01/28/2022				HC:95870 / TC,59 / 0	M15		\$-12,711.00	PI-234	\$-12,711.00	\$0.00
131875097027556002	01/28/2022 - 01/28/2022				HC:95955 / TC,XU / 0	M15		\$-5,225.00	PI-234	\$-5,225.00	\$0.00
131875097027556003	01/28/2022 - 01/28/2022				HC:95938 / TC / 0	M15		\$-4,163.00	PI-234	\$-4,163.00	\$0.00
131875097027556004	01/28/2022 - 01/28/2022				HC:95937 / TC / 0	M15		\$-1,400.00	PI-234	\$-1,400.00	\$0.00
131875097027556005	01/28/2022 - 01/28/2022				HC:95940 / XP / 0	M15		\$-690.00	PI-234	\$-690.00	\$0.00
131875097027556006	01/28/2022 - 01/28/2022				HC:95927 / TC,59 / 0	M15		\$-475.00	PI-234	\$-475.00	\$0.00

<b>Patient Name:</b> ENRIQUEZ, ESTEVAN	<b>Claim Number:</b> 2022035BJ0291	<b>Claim Date:</b> 07/31/2021-07/31/2021	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 576W04203	<b>Group / Policy:</b> 174172M9A3	<b>Facility Type:</b>	<b>Claim Charge:</b> \$21,807.00
<b>Patient Ctrl Nmbr:</b> 0.2237148	<b>Contract Hdr:</b> NV HRA PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HUNTER, PAUL-LEON	<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
034932598037658001	07/31/2021 - 07/31/2021				HC:95870 / TC,59 / 2	N56		\$8,474.00	PI-16	\$8,474.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022234417	<b>Check/EFT Date:</b> 10/16/2023	<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
034932598037658002	07/31/2021 - 07/31/2021				HC:95955 / TC,XU / 1	N56		\$5,225.00	PI-16	\$5,225.00	\$0.00
034932598037658003	07/31/2021 - 07/31/2021				HC:95938 / TC / 1	N56		\$4,163.00	PI-16	\$4,163.00	\$0.00
034932598037658004	07/31/2021 - 07/31/2021				HC:95940 / XP / 3	M15		\$2,070.00	PI-234	\$2,070.00	\$0.00
034932598037658005	07/31/2021 - 07/31/2021				HC:95937 / TC / 1	N56		\$1,400.00	PI-16	\$1,400.00	\$0.00
034932598037658006	07/31/2021 - 07/31/2021				HC:95927 / TC,59 / 1	N56		\$475.00	PI-16	\$475.00	\$0.00

<b>Patient Name:</b> ENRIQUEZ, ESTEVAN	<b>Claim Number:</b> 2022035BJ0291	<b>Claim Date:</b> 07/31/2021-07/31/2021	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 576W04203	<b>Group / Policy:</b> 174172M9A3	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-21,807.00
<b>Patient Ctrl Nmbr:</b> 0.2237148	<b>Contract Hdr:</b> NV HRA PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HUNTER, PAUL-LEON	<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
034932598037658001	07/31/2021 - 07/31/2021				HC:95870 / TC,59 / 0	N56		\$-8,474.00	PI-16	\$-8,474.00	\$0.00
034932598037658002	07/31/2021 - 07/31/2021				HC:95955 / TC,XU / 0	N56		\$-5,225.00	PI-16	\$-5,225.00	\$0.00
034932598037658003	07/31/2021 - 07/31/2021				HC:95938 / TC / 0	N56		\$-4,163.00	PI-16	\$-4,163.00	\$0.00
034932598037658004	07/31/2021 - 07/31/2021				HC:95940 / XP / 0	N56		\$-2,070.00	PI-16	\$-2,070.00	\$0.00
034932598037658005	07/31/2021 - 07/31/2021				HC:95937 / TC / 0	N56		\$-1,400.00	PI-16	\$-1,400.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022234417	<b>Check/EFT Date:</b> 10/16/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 6
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
034932598037658006	07/31/2021 - 07/31/2021				HC:95927 / TC,59 / 0	N56		\$-475.00	PI-16	\$-475.00	\$0.00

<b>Patient Name:</b> HIGHBE, DAVID	<b>Claim Number:</b> 2023236EK8966	<b>Claim Date:</b> 06/29/2022-06/29/2022	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> L6A088A62224	<b>Group / Policy:</b> 201079M1A1	<b>Facility Type:</b>	<b>Claim Charge:</b> \$35,014.00
<b>Patient Ctrl Nbr:</b> 0.2620555	<b>Contract Hdr:</b> BC PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> SMITH, MACKENZIE	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/24/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

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
7214995125Z1	06/29/2022 - 06/29/2022				HC:95999 // 0	N56		\$9,000.00	PI-16	\$9,000.00	\$0.00
7214995125Z2	06/29/2022 - 06/29/2022				HC:95940 // 0	N56		\$8,970.00	PI-16	\$8,970.00	\$0.00
7214995125Z3	06/29/2022 - 06/29/2022				HC:95822 / TC / 0	N56		\$5,225.00	PI-16	\$5,225.00	\$0.00
7214995125Z4	06/29/2022 - 06/29/2022				HC:95938 / TC / 0	N56		\$4,163.00	PI-16	\$4,163.00	\$0.00
7214995125Z5	06/29/2022 - 06/29/2022				HC:95861 / TC / 0	N56		\$3,139.00	PI-16	\$3,139.00	\$0.00
7214995125Z6	06/29/2022 - 06/29/2022				HC:95861 / TC,XU / 0	N56		\$3,139.00	PI-16	\$3,139.00	\$0.00
7214995125Z7	06/29/2022 - 06/29/2022				HC:95929 / TC / 0	N56		\$1,378.00	PI-16	\$1,378.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022234417	<b>Check/EFT Date:</b> 10/16/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> LARSEN, MICHAEL D	<b>Claim Number:</b> 2021218BK7034	<b>Claim Date:</b> 02/25/2021-02/25/2021	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 196M92441	<b>Group / Policy:</b> 196267M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$35,134.00
<b>Patient Ctrl Nbr:</b> 0.2055966	<b>Contract Hdr:</b> NEVADA BLUE SECURE PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> EHRHART, ALLISON	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/06/2021	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

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
217842067363657001	02/25/2021 - 02/25/2021				HC:95870 / TC,59 / 0	M15		\$16,948.00	PI-234	\$16,948.00	\$0.00
217842067363657002	02/25/2021 - 02/25/2021				HC:95955 / TC,XU / 0	M15		\$5,225.00	PI-234	\$5,225.00	\$0.00
217842067363657003	02/25/2021 - 02/25/2021				HC:95938 / TC / 0	M15		\$4,163.00	PI-234	\$4,163.00	\$0.00
217842067363657004	02/25/2021 - 02/25/2021				HC:95938 / TC,XU / 0	M15		\$4,163.00	PI-234	\$4,163.00	\$0.00
217842067363657005	02/25/2021 - 02/25/2021				HC:95940 / XP / 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
217842067363657006	02/25/2021 - 02/25/2021				HC:95937 / TC / 0	M15		\$1,400.00	PI-234	\$1,400.00	\$0.00
217842067363657007	02/25/2021 - 02/25/2021				HC:95927 / TC,59 / 0	M15		\$475.00	PI-234	\$475.00	\$0.00

<b>Patient Name:</b> LARSEN, MICHAEL D	<b>Claim Number:</b> 2021218BK7034	<b>Claim Date:</b> 02/25/2021-02/25/2021	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 196M92441	<b>Group / Policy:</b> 196267M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-35,134.00
<b>Patient Ctrl Nbr:</b> 0.2055966	<b>Contract Hdr:</b> NEVADA BLUE SECURE PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> EHRHART, ALLISON	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/06/2021	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

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

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022234417	<b>Check/EFT Date:</b> 10/16/2023	<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
217842067363657001	02/25/2021 - 02/25/2021				HC:95870 / TC,59 / 0	N706		\$-16,948.00	PR-226	\$-16,948.00	\$0.00
217842067363657002	02/25/2021 - 02/25/2021				HC:95955 / TC,XU / 0	N706		\$-5,225.00	PR-226	\$-5,225.00	\$0.00
217842067363657003	02/25/2021 - 02/25/2021				HC:95938 / TC / 0	N706		\$-4,163.00	PR-226	\$-4,163.00	\$0.00
217842067363657004	02/25/2021 - 02/25/2021				HC:95938 / TC,XU / 0	N706		\$-4,163.00	PR-226	\$-4,163.00	\$0.00
217842067363657005	02/25/2021 - 02/25/2021				HC:95940 / XP / 0	N706		\$-2,760.00	PR-226	\$-2,760.00	\$0.00
217842067363657006	02/25/2021 - 02/25/2021				HC:95937 / TC / 0	N706		\$-1,400.00	PR-226	\$-1,400.00	\$0.00
217842067363657007	02/25/2021 - 02/25/2021				HC:95927 / TC,59 / 0	N706		\$-475.00	PR-226	\$-475.00	\$0.00

<b>Patient Name:</b> LINTNER, ANDREA N	<b>Claim Number:</b> 2022034CY1579	<b>Claim Date:</b> 10/06/2021-10/06/2021	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 500W06447	<b>Group / Policy:</b> 195704M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$21,807.00
<b>Patient Ctrl Nmbr:</b> 0.2311080	<b>Contract Hdr:</b> NEVADA BLUE SECURE PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> CHRISTENSON, TRACY	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 02/03/2022	<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
034932147336658001	10/06/2021 - 10/06/2021				HC:95870 / TC,59 / 0	M15		\$8,474.00	PI-234	\$8,474.00	\$0.00
034932147336658002	10/06/2021 - 10/06/2021				HC:95955 / TC,XU / 0	M15		\$5,225.00	PI-234	\$5,225.00	\$0.00
034932147336658003	10/06/2021 - 10/06/2021				HC:95938 / TC / 0	M15		\$4,163.00	PI-234	\$4,163.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022234417	<b>Check/EFT Date:</b> 10/16/2023	<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
034932147336658004	10/06/2021 - 10/06/2021				HC:95940 / XP / 0	M15		\$2,070.00	PI-234	\$2,070.00	\$0.00
034932147336658005	10/06/2021 - 10/06/2021				HC:95937 / TC / 0	M15		\$1,400.00	PI-234	\$1,400.00	\$0.00
034932147336658006	10/06/2021 - 10/06/2021				HC:95927 / TC,59 / 0	M15		\$475.00	PI-234	\$475.00	\$0.00

<b>Patient Name:</b> LINTNER, ANDREA N	<b>Claim Number:</b> 2022034CY1579	<b>Claim Date:</b> 10/06/2021-10/06/2021	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 500W06447	<b>Group / Policy:</b> 195704M001	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-21,807.00
<b>Patient Ctrl Nmbr:</b> 0.2311080	<b>Contract Hdr:</b> NEVADA BLUE SECURE PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> CHRISTENSON, TRACY	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 02/03/2022	<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
034932147336658001	10/06/2021 - 10/06/2021				HC:95870 / TC,59 / 0	N706		\$-8,474.00	PR-226	\$-8,474.00	\$0.00
034932147336658002	10/06/2021 - 10/06/2021				HC:95955 / TC,XU / 0	N706		\$-5,225.00	PR-226	\$-5,225.00	\$0.00
034932147336658003	10/06/2021 - 10/06/2021				HC:95938 / TC / 0	N706		\$-4,163.00	PR-226	\$-4,163.00	\$0.00
034932147336658004	10/06/2021 - 10/06/2021				HC:95940 / XP / 0	N706		\$-2,070.00	PR-226	\$-2,070.00	\$0.00
034932147336658005	10/06/2021 - 10/06/2021				HC:95937 / TC / 0	N706		\$-1,400.00	PR-226	\$-1,400.00	\$0.00
034932147336658006	10/06/2021 - 10/06/2021				HC:95927 / TC,59 / 0	N706		\$-475.00	PR-226	\$-475.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022234417	<b>Check/EFT Date:</b> 10/16/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> MATES, RACHEL	<b>Claim Number:</b> 2023277FD6791	<b>Claim Date:</b> 05/11/2022-05/11/2022	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> YFI301M95061	<b>Group / Policy:</b> 65PE00	<b>Facility Type:</b>	<b>Claim Charge:</b> \$46,759.00
<b>Patient Ctrl Nbr:</b> 0.2564808	<b>Contract Hdr:</b> PATHWAY X - HMO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HERRERA, MELISSA	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/04/2023	<b>Patient Resp:</b> \$46,759.00
<b>Original Ref Nbr:</b>			

Line Details											Results: 11
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
7370782122Z10	05/11/2022 - 05/11/2022				HC:95868 / TC,XU / 0			\$2,904.00	PR-29	\$2,904.00	\$0.00
7370782122Z11	05/11/2022 - 05/11/2022				HC:95999 // 0			\$5,600.00	PR-29	\$5,600.00	\$0.00
7370782122Z1	05/11/2022 - 05/11/2022				HC:95940 // 0			\$4,830.00	PR-29	\$4,830.00	\$0.00
7370782122Z2	05/11/2022 - 05/11/2022				HC:95822 / TC / 0			\$5,225.00	PR-29	\$5,225.00	\$0.00
7370782122Z3	05/11/2022 - 05/11/2022				HC:95938 / TC / 0			\$4,163.00	PR-29	\$4,163.00	\$0.00
7370782122Z4	05/11/2022 - 05/11/2022				HC:95927 / TC / 0			\$475.00	PR-29	\$475.00	\$0.00
7370782122Z5	05/11/2022 - 05/11/2022				HC:95861 / TC / 0			\$3,139.00	PR-29	\$3,139.00	\$0.00
7370782122Z6	05/11/2022 - 05/11/2022				HC:95861 / TC,XU / 0			\$3,139.00	PR-29	\$3,139.00	\$0.00
7370782122Z7	05/11/2022 - 05/11/2022				HC:95865 / TC / 0			\$7,190.00	PR-29	\$7,190.00	\$0.00
7370782122Z8	05/11/2022 - 05/11/2022				HC:95865 / TC,XU / 0			\$7,190.00	PR-29	\$7,190.00	\$0.00
7370782122Z9	05/11/2022 - 05/11/2022				HC:95868 / TC,XU / 0			\$2,904.00	PR-29	\$2,904.00	\$0.00



<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022234417	<b>Check/EFT Date:</b> 10/16/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> STEPHENSON, JOSEPH	<b>Claim Number:</b> 2022034CY2254	<b>Claim Date:</b> 10/15/2021-10/15/2021	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 847W03255	<b>Group / Policy:</b> 197184M007	<b>Facility Type:</b>	<b>Claim Charge:</b> \$21,117.00
<b>Patient Ctrl Nmbr:</b> 0.2323494	<b>Contract Hdr:</b> NV HSA PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> CHRISTENSON, TRACY	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 02/03/2022	<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
034932148123656001	10/15/2021 - 10/15/2021				HC:95870 / TC,59 / 0	M15		\$8,474.00	PI-234	\$8,474.00	\$0.00
034932148123656002	10/15/2021 - 10/15/2021				HC:95955 / TC,XU / 0	M15		\$5,225.00	PI-234	\$5,225.00	\$0.00
034932148123656003	10/15/2021 - 10/15/2021				HC:95938 / TC / 0	M15		\$4,163.00	PI-234	\$4,163.00	\$0.00
034932148123656004	10/15/2021 - 10/15/2021				HC:95937 / TC / 0	M15		\$1,400.00	PI-234	\$1,400.00	\$0.00
034932148123656005	10/15/2021 - 10/15/2021				HC:95940 / XP / 0	M15		\$1,380.00	PI-234	\$1,380.00	\$0.00
034932148123656006	10/15/2021 - 10/15/2021				HC:95927 / TC,59 / 0	M15		\$475.00	PI-234	\$475.00	\$0.00

<b>Patient Name:</b> STEPHENSON, JOSEPH	<b>Claim Number:</b> 2022034CY2254	<b>Claim Date:</b> 10/15/2021-10/15/2021	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 847W03255	<b>Group / Policy:</b> 197184M007	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-21,117.00
<b>Patient Ctrl Nmbr:</b> 0.2323494	<b>Contract Hdr:</b> NV HSA PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> CHRISTENSON, TRACY	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 02/03/2022	<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
034932148123656001	10/15/2021 - 10/15/2021				HC:95870 / TC,59 / 0	N56		\$-8,474.00	PI-16	\$-8,474.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022234417	<b>Check/EFT Date:</b> 10/16/2023	<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
034932148123656002	10/15/2021 - 10/15/2021				HC:95955 / TC,XU / 0	N56		\$-5,225.00	PI-16	\$-5,225.00	\$0.00
034932148123656003	10/15/2021 - 10/15/2021				HC:95938 / TC / 0	N56		\$-4,163.00	PI-16	\$-4,163.00	\$0.00
034932148123656004	10/15/2021 - 10/15/2021				HC:95937 / TC / 0	N56		\$-1,400.00	PI-16	\$-1,400.00	\$0.00
034932148123656005	10/15/2021 - 10/15/2021				HC:95940 / XP / 0	N56		\$-1,380.00	PI-16	\$-1,380.00	\$0.00
034932148123656006	10/15/2021 - 10/15/2021				HC:95927 / TC,59 / 0	N56		\$-475.00	PI-16	\$-475.00	\$0.00

<b>Patient Name:</b> WATSON, CODY J	<b>Claim Number:</b> 2022293EH2684	<b>Claim Date:</b> 07/18/2022-07/18/2022	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 2351002AB	<b>Group / Policy:</b> 174283M003	<b>Facility Type:</b>	<b>Claim Charge:</b> \$45,943.00
<b>Patient Ctrl Nmbr:</b> 0.2639953	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> CHRISTENSON, TRACY	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/20/2022	<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
6269434666Z10	07/18/2022 - 07/18/2022				HC:95999 // 0	M15		\$3,600.00	PI-234	\$3,600.00	\$0.00
6269434666Z1	07/18/2022 - 07/18/2022				HC:95939 / TC / 0	M15		\$6,489.00	PI-234	\$6,489.00	\$0.00
6269434666Z2	07/18/2022 - 07/18/2022				HC:95822 / TC / 0	M15		\$5,225.00	PI-234	\$5,225.00	\$0.00
6269434666Z3	07/18/2022 - 07/18/2022				HC:95938 / TC / 0	M15		\$4,163.00	PI-234	\$4,163.00	\$0.00
6269434666Z4	07/18/2022 - 07/18/2022				HC:95861 / TC / 0	M15		\$3,139.00	PI-234	\$3,139.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022234417	<b>Check/EFT Date:</b> 10/16/2023	<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
6269434666Z5	07/18/2022 - 07/18/2022				HC:95861 / TC,XU / 0	M15		\$3,139.00	PI-234	\$3,139.00	\$0.00
6269434666Z6	07/18/2022 - 07/18/2022				HC:95865 / TC / 0	M15		\$7,190.00	PI-234	\$7,190.00	\$0.00
6269434666Z7	07/18/2022 - 07/18/2022				HC:95865 / TC,XU / 0	M15		\$7,190.00	PI-234	\$7,190.00	\$0.00
6269434666Z8	07/18/2022 - 07/18/2022				HC:95868 / TC,XU / 0	M15		\$2,904.00	PI-234	\$2,904.00	\$0.00
6269434666Z9	07/18/2022 - 07/18/2022				HC:95868 / TC,XU / 0	M15		\$2,904.00	PI-234	\$2,904.00	\$0.00

<b>Patient Name:</b> WATSON, CODY J	<b>Claim Number:</b> 2022293EH2684	<b>Claim Date:</b> 07/18/2022-07/18/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 2351002AB	<b>Group / Policy:</b> 174283M003	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-45,943.00
<b>Patient Ctrl Nmbr:</b> 0.2639953	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> CHRISTENSON, TRACY	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/20/2022	<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
6269434666Z10	07/18/2022 - 07/18/2022				HC:95999 // 0	M15		\$-3,600.00	PI-234	\$-3,600.00	\$0.00
6269434666Z1	07/18/2022 - 07/18/2022				HC:95939 / TC / 0	M15		\$-6,489.00	PI-234	\$-6,489.00	\$0.00
6269434666Z2	07/18/2022 - 07/18/2022				HC:95822 / TC / 0	M15		\$-5,225.00	PI-234	\$-5,225.00	\$0.00
6269434666Z3	07/18/2022 - 07/18/2022				HC:95938 / TC / 0	M15		\$-4,163.00	PI-234	\$-4,163.00	\$0.00
6269434666Z4	07/18/2022 - 07/18/2022				HC:95861 / TC / 0	M15		\$-3,139.00	PI-234	\$-3,139.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022234417	<b>Check/EFT Date:</b> 10/16/2023	<b>Total Paid:</b> \$0.00
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Line Details										Results: 10	
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
6269434666Z5	07/18/2022 - 07/18/2022				HC:95861 / TC,XU / 0	M15		\$-3,139.00	PI-234	\$-3,139.00	\$0.00
6269434666Z6	07/18/2022 - 07/18/2022				HC:95865 / TC / 0	M15		\$-7,190.00	PI-234	\$-7,190.00	\$0.00
6269434666Z7	07/18/2022 - 07/18/2022				HC:95865 / TC,XU / 0	M15		\$-7,190.00	PI-234	\$-7,190.00	\$0.00
6269434666Z8	07/18/2022 - 07/18/2022				HC:95868 / TC,XU / 0	M15		\$-2,904.00	PI-234	\$-2,904.00	\$0.00
6269434666Z9	07/18/2022 - 07/18/2022				HC:95868 / TC,XU / 0	M15		\$-2,904.00	PI-234	\$-2,904.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

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

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

N706=Missing documentation.

##### GROUP CODE(S):

PI=Payor Initiated Reductions

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.)

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.)

29=The time limit for filing has expired.

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

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022234417	<b>Check/EFT Date:</b> 10/16/2023	<b>Total Paid:</b> \$0.00
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**CLAIM STATUS CODE(S):**

4=Denied

22=Reversal of Previous Payment