

## 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> 9022474347 <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: HALL, MACRO

Claim Number: 2023272DW4437

Claim Date: 08/03/2023-08/03/2023 Claim Status Code: 4

<b>Patient ID:</b> EPU909733749	<b>Group / Policy:</b> ITSHXT266	<b>Facility Type:</b>	<b>Claim Charge:</b> \$7,622.00
<b>Patient Ctrl Nmbr:</b> 0.3094262	<b>Contract Hdr:</b> NV CUSTOM PREF INDEMNIT	<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> 09/29/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

## Line Details Results: 3

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
7354291035Z1	08/03/2023 - 08/03/2023				HC:95941 / / 0			\$2,760.00	OA-133	\$2,760.00	\$0.00
7354291035Z2	08/03/2023 - 08/03/2023				HC:95938 / 26 / 0			\$3,107.00	OA-133	\$3,107.00	\$0.00
7354291035Z3	08/03/2023 - 08/03/2023				HC:95955 / 26 / 0			\$1,755.00	OA-133	\$1,755.00	\$0.00

Patient Name: NEILSON, ERNEST

Claim Number: 2021217BJ4048

Claim Date: 08/05/2020-08/05/2020 Claim Status Code: 22

<b>Patient ID:</b> 909335606	<b>Group / Policy:</b> ITSPPO266	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-38,706.00
<b>Patient Ctrl Nmbr:</b> 0.1853446	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MORA, MICHELLE	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/05/2021	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

## 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
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<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474347	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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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
216841295719659001	08/05/2020 - 08/05/2020				HC:95941 // 0	M127		\$-24,840.00	PI-252	\$-24,840.00	\$0.00
216841295719659002	08/05/2020 - 08/05/2020				HC:95939 / 26 / 0	M127		\$-3,814.00	PI-252	\$-3,814.00	\$0.00
216841295719659003	08/05/2020 - 08/05/2020				HC:95938 / 26 / 0	M127		\$-3,107.00	PI-252	\$-3,107.00	\$0.00
216841295719659004	08/05/2020 - 08/05/2020				HC:95886 / 26,59 / 0	M127		\$-2,972.00	PI-252	\$-2,972.00	\$0.00
216841295719659005	08/05/2020 - 08/05/2020				HC:95955 / 26 / 0	M127		\$-1,755.00	PI-252	\$-1,755.00	\$0.00
216841295719659006	08/05/2020 - 08/05/2020				HC:95912 / 26 / 0	M127		\$-1,135.00	PI-252	\$-1,135.00	\$0.00
216841295719659007	08/05/2020 - 08/05/2020				HC:95887 / 26 / 0	M127		\$-583.00	PI-252	\$-583.00	\$0.00
216841295719659008	08/05/2020 - 08/05/2020				HC:95937 / 26 / 0	M127		\$-500.00	PI-252	\$-500.00	\$0.00

<b>Patient Name:</b> NEILSON, ERNEST	<b>Claim Number:</b> 2021217BJ4048	<b>Claim Date:</b> 08/05/2020-08/05/2020	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> 909335606	<b>Group / Policy:</b> ITSPPO266	<b>Facility Type:</b>	<b>Claim Charge:</b> \$38,706.00
<b>Patient Ctrl Nmbr:</b> 0.1853446	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MORA, MICHELLE	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/05/2021	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
216841295719659001	08/05/2020 - 08/05/2020				HC:95941 // 0	N350		\$24,840.00	PI-16	\$24,840.00	\$0.00
216841295719659002	08/05/2020 - 08/05/2020				HC:95939 / 26 / 0	N350		\$3,814.00	PI-16	\$3,814.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474347	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 8
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
216841295719659003	08/05/2020 - 08/05/2020				HC:95938 / 26 / 0	N350		\$3,107.00	PI-16	\$3,107.00	\$0.00
216841295719659004	08/05/2020 - 08/05/2020				HC:95886 / 26,59 / 0	N350		\$2,972.00	PI-16	\$2,972.00	\$0.00
216841295719659005	08/05/2020 - 08/05/2020				HC:95955 / 26 / 0	N350		\$1,755.00	PI-16	\$1,755.00	\$0.00
216841295719659006	08/05/2020 - 08/05/2020				HC:95912 / 26 / 0	N350		\$1,135.00	PI-16	\$1,135.00	\$0.00
216841295719659007	08/05/2020 - 08/05/2020				HC:95887 / 26 / 0	N350		\$583.00	PI-16	\$583.00	\$0.00
216841295719659008	08/05/2020 - 08/05/2020				HC:95937 / 26 / 0	N350		\$500.00	PI-16	\$500.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

M127=Missing patient medical record for this service.

N350=Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted/By Report procedure.

##### GROUP CODE(S):

OA=Other Adjustments

PI=Payor Initiated Reductions

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

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).

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).

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.

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474347	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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**CLAIM STATUS CODE(S):**

4=Denied

22=Reversal of Previous Payment