

Check Summary**Transaction Date:** October 21, 2023

CALPERS 21555 OXNARD STREET WOODLAND HILLS, CA 91367 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: Z232940905 Payment Amount: 0.00 Check/EFT Date: 10/21/2023 Production End Cycle Date: 10/20/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
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Patient Name: BREWER, MARTHA**Claim Number:** 22286DH7215**Claim Date:** 05/11/2022-05/11/2022 **Claim Status Code:** 22

Patient ID: 084A50391 Patient Ctrl Nmbr: 0.2564470 Rendering Prvd : Original Ref Nmbr:	Group / Policy: Contract Hdr: Rendering Prv ID:	Facility Type: Claim Frequency: Claim Received Date: 10/13/2022	Claim Charge: \$-14,450.00 Claim Payment: \$0.00 Patient Resp: \$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
6248814942Z1	05/11/2022 - 05/11/2022				HC:95941 / / 1	M15		\$-2,760.00	PI-234	\$-2,760.00	\$0.00
6248814942Z2	05/11/2022 - 05/11/2022				HC:95822 / 26 / 1	M15		\$-1,755.00	PI-234	\$-1,755.00	\$0.00
6248814942Z3	05/11/2022 - 05/11/2022				HC:95938 / 26 / 1	M15		\$-3,107.00	PI-234	\$-3,107.00	\$0.00
6248814942Z4	05/11/2022 - 05/11/2022				HC:95861 / 26 / 1	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
6248814942Z5	05/11/2022 - 05/11/2022				HC:95861 / 26,XU / 1	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
6248814942Z6	05/11/2022 - 05/11/2022				HC:95999 / / 2	M15		\$-3,600.00	PI-234	\$-3,600.00	\$0.00

Payer: CALPERS	Check/EFT Trace Number: Z232940905	Check/EFT Date: 10/21/2023	Total Paid: \$0.00
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Patient Name: BREWER, MARTHA	Claim Number: 22286DH7215	Claim Date: 05/11/2022-05/11/2022	Claim Status Code: 1
Patient ID: 084A50391	Group / Policy: BB010A	Facility Type:	Claim Charge: \$14,450.00
Patient Ctrl Nmbr: 0.2564470	Contract Hdr: NON-PARTICIPATING	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/13/2022	Patient Resp: \$14,450.00
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
6248814942Z1	05/11/2022 - 05/11/2022				HC:95941 // 1	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
6248814942Z2	05/11/2022 - 05/11/2022				HC:95822 / 26 / 1	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
6248814942Z3	05/11/2022 - 05/11/2022				HC:95938 / 26 / 1	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
6248814942Z4	05/11/2022 - 05/11/2022				HC:95861 / 26 / 1	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
6248814942Z5	05/11/2022 - 05/11/2022				HC:95861 / 26,XU / 1	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
6248814942Z6	05/11/2022 - 05/11/2022				HC:95999 // 2	M15		\$3,600.00	PI-234	\$3,600.00	\$0.00

Patient Name: NEREIM LARSEN, PATRICIA L	Claim Number: 23031EF1861	Claim Date: 10/21/2022-10/21/2022	Claim Status Code: 22
Patient ID: 004A50391	Group / Policy:	Facility Type:	Claim Charge: \$-16,250.00
Patient Ctrl Nmbr: 0.2758120	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 01/31/2023	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
031020124857556001	10/21/2022 - 10/21/2022				HC:95941 // 1	M15		\$-2,760.00	PI-234	\$-2,760.00	\$0.00

Payer: CALPERS	Check/EFT Trace Number: Z232940905	Check/EFT Date: 10/21/2023	Total Paid: \$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
031020124857556002	10/21/2022 - 10/21/2022				HC:95822 / 26 / 1	M15		\$-1,755.00	PI-234	\$-1,755.00	\$0.00
031020124857556003	10/21/2022 - 10/21/2022				HC:95938 / 26 / 1	M15		\$-3,107.00	PI-234	\$-3,107.00	\$0.00
031020124857556004	10/21/2022 - 10/21/2022				HC:95861 / 26 / 1	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
031020124857556005	10/21/2022 - 10/21/2022				HC:95861 / 26,XU / 1	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
031020124857556006	10/21/2022 - 10/21/2022				HC:95999 // 3	M15		\$-5,400.00	PI-234	\$-5,400.00	\$0.00

Patient Name: NEREIM LARSEN, PATRICIA L **Claim Number:** 23031EF1861

Claim Date: 10/21/2022-10/21/2022 **Claim Status Code:** 1

Patient ID: 004A50391	Group / Policy: BB030A	Facility Type:	Claim Charge: \$16,250.00
Patient Ctrl Nmbr: 0.2758120	Contract Hdr: NON-PARTICIPATING	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 01/31/2023	Patient Resp: \$16,250.00
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
031020124857556001	10/21/2022 - 10/21/2022				HC:95941 // 1	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
031020124857556002	10/21/2022 - 10/21/2022				HC:95822 / 26 / 1	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
031020124857556003	10/21/2022 - 10/21/2022				HC:95938 / 26 / 1	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
031020124857556004	10/21/2022 - 10/21/2022				HC:95861 / 26 / 1	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
031020124857556005	10/21/2022 - 10/21/2022				HC:95861 / 26,XU / 1	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00

Payer: CALPERS	Check/EFT Trace Number: Z232940905	Check/EFT Date: 10/21/2023	Total Paid: \$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
031020124857556006	10/21/2022 - 10/21/2022				HC:95999 // 3	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

Patient Name: NICHOLS, DONALD A	Claim Number: 23004BK3432	Claim Date: 10/06/2022-10/06/2022	Claim Status Code: 22
Patient ID: 988A23171	Group / Policy:	Facility Type:	Claim Charge: \$-24,484.00
Patient Ctrl Nmbr: 0.2739374	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 01/04/2023	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
003005197873556001	10/06/2022 - 10/06/2022				HC:95941 // 1	M15		\$-2,760.00	PI-234	\$-2,760.00	\$0.00
003005197873556002	10/06/2022 - 10/06/2022				HC:95939 / 26 / 1	M15		\$-3,814.00	PI-234	\$-3,814.00	\$0.00
003005197873556003	10/06/2022 - 10/06/2022				HC:95822 / 26 / 1	M15		\$-1,755.00	PI-234	\$-1,755.00	\$0.00
003005197873556004	10/06/2022 - 10/06/2022				HC:95938 / 26 / 1	M15		\$-3,107.00	PI-234	\$-3,107.00	\$0.00
003005197873556005	10/06/2022 - 10/06/2022				HC:95861 / 26 / 1	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
003005197873556006	10/06/2022 - 10/06/2022				HC:95861 / 26,XU / 1	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
003005197873556007	10/06/2022 - 10/06/2022				HC:95868 / 26 / 1	M15		\$-1,310.00	PI-234	\$-1,310.00	\$0.00
003005197873556008	10/06/2022 - 10/06/2022				HC:95868 / 26,XU / 1	M15		\$-1,310.00	PI-234	\$-1,310.00	\$0.00
003005197873556009	10/06/2022 - 10/06/2022				HC:95999 // 4	M15		\$-7,200.00	PI-234	\$-7,200.00	\$0.00

Payer: CALPERS	Check/EFT Trace Number: Z232940905	Check/EFT Date: 10/21/2023	Total Paid: \$0.00
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Patient Name: NICHOLS, DONALD A	Claim Number: 23004BK3432	Claim Date: 10/06/2022-10/06/2022	Claim Status Code: 1
Patient ID: 988A23171	Group / Policy: BB030X	Facility Type:	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.2739374	Contract Hdr: NON-PARTICIPATING	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 01/04/2023	Patient Resp: \$24,484.00
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
003005197873556001	10/06/2022 - 10/06/2022				HC:95941 // 1	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
003005197873556002	10/06/2022 - 10/06/2022				HC:95939 / 26 / 1	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
003005197873556003	10/06/2022 - 10/06/2022				HC:95822 / 26 / 1	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
003005197873556004	10/06/2022 - 10/06/2022				HC:95938 / 26 / 1	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
003005197873556005	10/06/2022 - 10/06/2022				HC:95861 / 26 / 1	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
003005197873556006	10/06/2022 - 10/06/2022				HC:95861 / 26,XU / 1	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
003005197873556007	10/06/2022 - 10/06/2022				HC:95868 / 26 / 1	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00
003005197873556008	10/06/2022 - 10/06/2022				HC:95868 / 26,XU / 1	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00
003005197873556009	10/06/2022 - 10/06/2022				HC:95999 // 4	M15		\$7,200.00	PI-234	\$7,200.00	\$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.

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GROUP CODE(S):

PI=Payor Initiated Reductions

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.)

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary