

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

RMHMS, INC. NV 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 9022234916 Payment Amount: 0.00 Check/EFT Date: 10/16/2023 Production End Cycle Date: 10/16/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: ACTON, LONNIE**Claim Number:** 2023271DU1022**Claim Date:** 08/25/2023-08/25/2023 **Claim Status Code:** 4

Patient ID: HCIA96200215	Group / Policy: ITS266	Facility Type:	Claim Charge: \$18,561.00
Patient Ctrl Nbr: 0.3120007	Contract Hdr: NV CUSTOM PREF INDEMNIT	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
Original Ref Nbr:			

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
7348765746Z1	08/25/2023 - 08/25/2023				HC:95822 / 26 / 0	N767		\$1,755.00	CO-B7	\$1,755.00	\$0.00
7348765746Z2	08/25/2023 - 08/25/2023				HC:95938 / 26 / 0	N767		\$3,107.00	CO-B7	\$3,107.00	\$0.00
7348765746Z3	08/25/2023 - 08/25/2023				HC:95909 / 26 / 0	N767		\$555.00	CO-B7	\$555.00	\$0.00
7348765746Z4	08/25/2023 - 08/25/2023				HC:95886 / 26 / 0	N767		\$2,972.00	CO-B7	\$2,972.00	\$0.00
7348765746Z5	08/25/2023 - 08/25/2023				HC:95886 / 26,XU / 0	N767		\$2,972.00	CO-B7	\$2,972.00	\$0.00
7348765746Z6	08/25/2023 - 08/25/2023				HC:95999 / / 0	N767		\$7,200.00	CO-B7	\$7,200.00	\$0.00

Code Descriptions**REMARK CODE(S):**

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234916	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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REMARK CODE(S):

N767=The Medicaid state requires provider to be enrolled in the members Medicaid state program prior to any claim benefits being processed.

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

B7=This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

4=Denied