

**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> 853229794 <b>Payee ID:</b> 1336746122 <b>Check/EFT Trace Number:</b> 9022474761 <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> TCM HEALTHCARE LLC <b>Payee Address:</b> PO BOX 29650 DEPT 880396 PHOENIX, AZ 85038
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**Patient Name:** QUILICI, LYNN

**Claim Number:** 2022277EG0705

**Claim Date:** 06/24/2022-06/24/2022 **Claim Status Code:** 1

<b>Patient ID:</b> 2352932AB	<b>Group / Policy:</b> 174283M004	<b>Facility Type:</b>	<b>Claim Charge:</b> \$34,323.00
<b>Patient Ctrl Nmbr:</b> 0.2614114	<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> 10/04/2022	<b>Patient Resp:</b> \$28,280.00
<b>Original Ref Nmbr:</b>			

**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
6221118468Z1	06/24/2022 - 06/24/2022				HC:95940 // 4		\$176.24 (B6)	\$2,760.00	PR-1 PR-45	\$176.24 \$2,583.76	\$0.00
6221118468Z2	06/24/2022 - 06/24/2022				HC:95939 / TC / 1		\$514.55 (B6)	\$6,489.00	PR-1 PR-45	\$514.55 \$5,974.45	\$0.00
6221118468Z3	06/24/2022 - 06/24/2022				HC:95822 / TC / 1		\$424.05 (B6)	\$5,225.00	PR-1 PR-45	\$424.05 \$4,800.95	\$0.00
6221118468Z4	06/24/2022 - 06/24/2022				HC:95938 / TC / 1		\$396.57 (B6)	\$4,163.00	PR-1 PR-45	\$396.57 \$3,766.43	\$0.00
6221118468Z5	06/24/2022 - 06/24/2022				HC:95861 / TC / 1		\$121.29 (B6)	\$3,139.00	PR-1 PR-45	\$121.29 \$3,017.71	\$0.00
6221118468Z6	06/24/2022 - 06/24/2022				HC:95861 / TC,XU / 1			\$3,139.00	PI-119	\$3,139.00	\$0.00
6221118468Z7	06/24/2022 - 06/24/2022				HC:95868 / TC / 1		\$94.76 (B6)	\$2,904.00	PR-1 PR-45	\$94.76 \$2,809.24	\$0.00
6221118468Z8	06/24/2022 - 06/24/2022				HC:95868 / TC,XU / 1			\$2,904.00	PI-119	\$2,904.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474761	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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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
6221118468Z9	06/24/2022 - 06/24/2022				HC:95999 // 2			\$3,600.00	PR-45	\$3,600.00	\$0.00

<b>Patient Name:</b> QUILICI, LYNN	<b>Claim Number:</b> 2022277EG0705	<b>Claim Date:</b> 06/24/2022-06/24/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 2352932AB	<b>Group / Policy:</b> 174283M004	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-34,323.00
<b>Patient Ctrl Nmbr:</b> 0.2614114	<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> 10/04/2022	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
6221118468Z1	06/24/2022 - 06/24/2022				HC:95940 // 0	N418		\$-2,760.00	PI-109	\$-2,760.00	\$0.00
6221118468Z2	06/24/2022 - 06/24/2022				HC:95939 / TC / 0	N418		\$-6,489.00	PI-109	\$-6,489.00	\$0.00
6221118468Z3	06/24/2022 - 06/24/2022				HC:95822 / TC / 0	N418		\$-5,225.00	PI-109	\$-5,225.00	\$0.00
6221118468Z4	06/24/2022 - 06/24/2022				HC:95938 / TC / 0	N418		\$-4,163.00	PI-109	\$-4,163.00	\$0.00
6221118468Z5	06/24/2022 - 06/24/2022				HC:95861 / TC / 0	N418		\$-3,139.00	PI-109	\$-3,139.00	\$0.00
6221118468Z6	06/24/2022 - 06/24/2022				HC:95861 / TC,XU / 0	N418		\$-3,139.00	PI-109	\$-3,139.00	\$0.00
6221118468Z7	06/24/2022 - 06/24/2022				HC:95868 / TC / 0	N418		\$-2,904.00	PI-109	\$-2,904.00	\$0.00
6221118468Z8	06/24/2022 - 06/24/2022				HC:95868 / TC,XU / 0	N418		\$-2,904.00	PI-109	\$-2,904.00	\$0.00
6221118468Z9	06/24/2022 - 06/24/2022				HC:95999 // 0	N418		\$-3,600.00	PI-109	\$-3,600.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474761	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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# Code Descriptions

## REMARK CODE(S):

N418=Misrouted claim. See the payer's claim submission instructions.

## AMT CODE(S):

B6=Allowed - Actual

## GROUP CODE(S):

PR=Patient Responsibility

PI=Payor Initiated Reductions

## CLAIM ADJUSTMENT REASON CODE(S):

1=Deductible Amount

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)

119=Benefit maximum for this time period or occurrence has been reached.

109=Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.

## CLAIM STATUS CODE(S):

1=Processed as Primary

22=Reversal of Previous Payment