

## Check Summary

Transaction Date: October 24, 2023

ROCKY MOUNTAIN HOSPITAL&MEDICAL 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	<b>Payee Tax ID:</b> 821395495 <b>Payee ID:</b> 1639608516 <b>Check/EFT Trace Number:</b> 3224135651 <b>Payment Amount:</b> 681.24 <b>Check/EFT Date:</b> 10/24/2023 <b>Production End Cycle Date:</b> 10/23/2023	<b>Payee Name:</b> UNIVERSITY NEURO LLC <b>Payee Address:</b> 925B PEACHTREE ST NE STE 710 ATLANTA, GA 30309
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Patient Name: KEEZER, CHRISTOPHER S

Claim Number: 2022272DH0484

Claim Date: 04/29/2022-04/29/2022 Claim Status Code: 1

Patient ID: 697W11162	Group / Policy: 65JL00	Facility Type:	Claim Charge:	\$9,692.00
Patient Ctrl Nbr: 2291504.2553177	Contract Hdr: PATHWAY ESSENTIALS-CO-H	Claim Frequency:	Claim Payment:	\$681.24
Rendering Prvd: RODRIGUES, YVAN	Rendering Prv ID:	Claim Received Date: 09/29/2022	Patient Resp:	\$8,214.76
Original Ref Nbr:				

## Line Details Results: 3

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
6207875543Z1	04/29/2022 - 04/29/2022				HC:95941 / / 3		\$640.11 (B6)	\$8,100.00	PR-45	\$7,459.89	\$640.11
6207875543Z2	04/29/2022 - 04/29/2022				HC:95867 / 26 / 1		\$41.13 (B6)	\$796.00	PR-45	\$754.87	\$41.13
6207875543Z3	04/29/2022 - 04/29/2022				HC:95867 / 26,XU / 1			\$796.00	PI-119	\$796.00	\$0.00

Patient Name: KEEZER, CHRISTOPHER S

Claim Number: 2022272DH0484

Claim Date: 04/29/2022-04/29/2022 Claim Status Code: 22

Patient ID: 697W11162	Group / Policy: 65JL00	Facility Type:	Claim Charge:	\$-9,692.00
Patient Ctrl Nbr: 2291504.2553177	Contract Hdr: PATHWAY ESSENTIALS-CO-H	Claim Frequency:	Claim Payment:	\$0.00
Rendering Prvd: RODRIGUES, YVAN	Rendering Prv ID:	Claim Received Date: 09/29/2022	Patient Resp:	\$0.00
Original Ref Nbr:				

## Line Details Results: 3

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
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<b>Payer:</b> ROCKY MOUNTAIN HOSPITAL&MEDICAL	<b>Check/EFT Trace Number:</b> 3224135651	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$681.24
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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
6207875543Z1	04/29/2022 - 04/29/2022				HC:95941 // 0			\$-8,100.00	PR-204	\$-8,100.00	\$0.00
6207875543Z2	04/29/2022 - 04/29/2022				HC:95867 / 26 / 0			\$-796.00	PR-204	\$-796.00	\$0.00
6207875543Z3	04/29/2022 - 04/29/2022				HC:95867 / 26,XU / 0			\$-796.00	PR-204	\$-796.00	\$0.00

#### Code Descriptions

##### AMT CODE(S):

B6=Allowed - Actual

##### GROUP CODE(S):

PR=Patient Responsibility

PI=Payor Initiated Reductions

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

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.

204=This service/equipment/drug is not covered under the patient's current benefit plan

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

1=Processed as Primary

22=Reversal of Previous Payment