

Check Summary**Transaction Date:** October 24, 2023

ROCKY MOUNTAIN HOSPITAL&MEDICAL 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 823737153 Payee ID: 1528574043 Check/EFT Trace Number: 3224222736 Payment Amount: 6,034.54 Check/EFT Date: 10/24/2023 Production End Cycle Date: 10/23/2023	Payee Name: ALLIANCE MEDICAL ANALYTIC Payee Address: 550 N CENTRAL EXPY UNIT 2486 MCKINNEY, TX 75070
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Patient Name: CORDOVA, RONNIE**Claim Number:** 2023090EJ8344**Claim Date:** 01/23/2023-01/23/2023 **Claim Status Code:** 1

Patient ID: 422W10258	Group / Policy: 6SCY00	Facility Type:	Claim Charge: \$25,944.00
Patient Ctrl Nbr: 0.2867639	Contract Hdr: CO IND PATHWAY STANDARD	Claim Frequency:	Claim Payment: \$723.04
Rendering Prvd: HSU, ANDREW	Rendering Prv ID:	Claim Received Date: 03/31/2023	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
6757907314Z1	01/23/2023 - 01/23/2023				HC:95941 / / 1		\$88.21 (B6)	\$7,000.00	CO-45	\$6,911.79	\$88.21
6757907314Z2	01/23/2023 - 01/23/2023				HC:95822 / 26 / 1		\$77.89 (B6)	\$3,938.00	CO-45	\$3,860.11	\$77.89
6757907314Z3	01/23/2023 - 01/23/2023				HC:95938 / 26 / 1		\$62.40 (B6)	\$4,454.00	CO-45	\$4,391.60	\$62.40
6757907314Z4	01/23/2023 - 01/23/2023				HC:95861 / 26 / 1		\$111.67 (B6)	\$2,126.00	CO-45	\$2,014.33	\$111.67
6757907314Z5	01/23/2023 - 01/23/2023				HC:95861 / 26,XU / 1			\$2,126.00	CO-119	\$2,126.00	\$0.00
6757907314Z6	01/23/2023 - 01/23/2023				HC:95999 / / 3		\$382.87 (B6)	\$6,300.00	CO-45	\$5,917.13	\$382.87

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 3224222736	Check/EFT Date: 10/24/2023	Total Paid: \$6,034.54
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Patient Name: CORDOVA, RONNIE	Claim Number: 2023090EJ8344	Claim Date: 01/23/2023-01/23/2023	Claim Status Code: 22
Patient ID: 422W10258	Group / Policy: 6SCY00	Facility Type:	Claim Charge: \$-25,944.00
Patient Ctrl Nmbr: 0.2867639	Contract Hdr: CO IND PATHWAY STANDARD	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HSU, ANDREW	Rendering Prv ID:	Claim Received Date: 03/31/2023	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
6757907314Z1	01/23/2023 - 01/23/2023				HC:95941 // 0	M127 N202		\$-7,000.00	CO-252	\$-7,000.00	\$0.00
6757907314Z2	01/23/2023 - 01/23/2023				HC:95822 / 26 / 0	M127 N202		\$-3,938.00	CO-252	\$-3,938.00	\$0.00
6757907314Z3	01/23/2023 - 01/23/2023				HC:95938 / 26 / 0	M127 N202		\$-4,454.00	CO-252	\$-4,454.00	\$0.00
6757907314Z4	01/23/2023 - 01/23/2023				HC:95861 / 26 / 0	M127 N202		\$-2,126.00	CO-252	\$-2,126.00	\$0.00
6757907314Z5	01/23/2023 - 01/23/2023				HC:95861 / 26,XU / 0	M127 N202		\$-2,126.00	CO-252	\$-2,126.00	\$0.00
6757907314Z6	01/23/2023 - 01/23/2023				HC:95999 // 0	M127 N202		\$-6,300.00	CO-252	\$-6,300.00	\$0.00

Patient Name: HARDIE, ROBIN J	Claim Number: 2023117EL9891	Claim Date: 02/14/2023-02/14/2023	Claim Status Code: 1
Patient ID: 637A67424	Group / Policy: 67HV00	Facility Type:	Claim Charge: \$38,227.00
Patient Ctrl Nmbr: 0.2894240	Contract Hdr: ANTHEM PPO	Claim Frequency:	Claim Payment: \$5,311.50
Rendering Prvd: IBRAHIM, BADRELDIN	Rendering Prv ID:	Claim Received Date: 04/27/2023	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
6842269413Z1	02/14/2023 - 02/14/2023				HC:95941 // 1		\$88.21 (B6)	\$7,000.00	CO-45	\$6,911.79	\$88.21

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 3224222736	Check/EFT Date: 10/24/2023	Total Paid: \$6,034.54
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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
6842269413Z2	02/14/2023 - 02/14/2023				HC:95939 / 26 / 1		\$161.40 (B6)	\$5,031.00	CO-45	\$4,869.60	\$161.40
6842269413Z3	02/14/2023 - 02/14/2023				HC:95822 / 26 / 1		\$77.89 (B6)	\$3,938.00	CO-45	\$3,860.11	\$77.89
6842269413Z4	02/14/2023 - 02/14/2023				HC:95938 / 26 / 1		\$62.40 (B6)	\$4,454.00	CO-45	\$4,391.60	\$62.40
6842269413Z5	02/14/2023 - 02/14/2023				HC:95861 / 26 / 1		\$111.67 (B6)	\$2,126.00	CO-45	\$2,014.33	\$111.67
6842269413Z6	02/14/2023 - 02/14/2023				HC:95861 / 26,XU / 1			\$2,126.00	CO-119	\$2,126.00	\$0.00
6842269413Z7	02/14/2023 - 02/14/2023				HC:95868 / 26 / 1		\$84.93 (B6)	\$3,626.00	CO-45	\$3,541.07	\$84.93
6842269413Z8	02/14/2023 - 02/14/2023				HC:95868 / 26,XU / 1			\$3,626.00	CO-119	\$3,626.00	\$0.00
6842269413Z9	02/14/2023 - 02/14/2023				HC:95999 / / 3		\$4,725.00 (B6)	\$6,300.00	CO-45	\$1,575.00	\$4,725.00

Patient Name: HARDIE, ROBIN J	Claim Number: 2023117EL9891	Claim Date: 02/14/2023-02/14/2023	Claim Status Code: 22
Patient ID: 637A67424	Group / Policy: 67HV00	Facility Type:	Claim Charge: \$-38,227.00
Patient Ctrl Nmbr: 0.2894240	Contract Hdr: ANTHEM PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: IBRAHIM, BADRELDIN	Rendering Prv ID:	Claim Received Date: 04/27/2023	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
6842269413Z1	02/14/2023 - 02/14/2023				HC:95941 / / 0	M127 N202		\$-7,000.00	CO-252	\$-7,000.00	\$0.00
6842269413Z2	02/14/2023 - 02/14/2023				HC:95939 / 26 / 0	M127 N202		\$-5,031.00	CO-252	\$-5,031.00	\$0.00

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 3224222736	Check/EFT Date: 10/24/2023	Total Paid: \$6,034.54
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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
6842269413Z3	02/14/2023 - 02/14/2023				HC:95822 / 26 / 0	M127 N202		\$-3,938.00	CO-252	\$-3,938.00	\$0.00
6842269413Z4	02/14/2023 - 02/14/2023				HC:95938 / 26 / 0	M127 N202		\$-4,454.00	CO-252	\$-4,454.00	\$0.00
6842269413Z5	02/14/2023 - 02/14/2023				HC:95861 / 26 / 0	M127 N202		\$-2,126.00	CO-252	\$-2,126.00	\$0.00
6842269413Z6	02/14/2023 - 02/14/2023				HC:95861 / 26,XU / 0	M127 N202		\$-2,126.00	CO-252	\$-2,126.00	\$0.00
6842269413Z7	02/14/2023 - 02/14/2023				HC:95868 / 26 / 0	M127 N202		\$-3,626.00	CO-252	\$-3,626.00	\$0.00
6842269413Z8	02/14/2023 - 02/14/2023				HC:95868 / 26,XU / 0	M127 N202		\$-3,626.00	CO-252	\$-3,626.00	\$0.00
6842269413Z9	02/14/2023 - 02/14/2023				HC:95999 // 0	M127 N202		\$-6,300.00	CO-252	\$-6,300.00	\$0.00

Patient Name: TOMLINSON, AARON R	Claim Number: 2023090DQ4614	Claim Date: 01/03/2023-01/03/2023	Claim Status Code: 1
Patient ID: 001A76429	Group / Policy: C04707M003	Facility Type:	Claim Charge: \$36,127.00
Patient Ctrl Nmbr: 0.2846243	Contract Hdr: CO HSA PPO	Claim Frequency:	Claim Payment: \$498.53
Rendering Prvd: IBRAHIM, BADRELDIN	Rendering Prv ID:	Claim Received Date: 03/31/2023	Patient Resp: \$4,287.97
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
6757337201Z1	01/03/2023 - 01/03/2023				HC:95941 // 1		\$88.21 (B6)	\$7,000.00	CO-45 PR-2	\$6,911.79 \$13.23	\$74.98
6757337201Z2	01/03/2023 - 01/03/2023				HC:95939 / 26 / 1		\$161.40 (B6)	\$5,031.00	CO-45 PR-2	\$4,869.60 \$24.21	\$137.19
6757337201Z3	01/03/2023 - 01/03/2023				HC:95822 / 26 / 1		\$77.89 (B6)	\$3,938.00	CO-45 PR-2	\$3,860.11 \$11.68	\$66.21

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 3224222736	Check/EFT Date: 10/24/2023	Total Paid: \$6,034.54
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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
6757337201Z4	01/03/2023 - 01/03/2023				HC:95938 / 26 / 1		\$62.40 (B6)	\$4,454.00	CO-45 PR-2	\$4,391.60 \$9.36	\$53.04
6757337201Z5	01/03/2023 - 01/03/2023				HC:95861 / 26 / 1		\$111.67 (B6)	\$2,126.00	CO-45 PR-2	\$2,014.33 \$16.75	\$94.92
6757337201Z6	01/03/2023 - 01/03/2023				HC:95861 / 26,XU / 1			\$2,126.00	CO-119	\$2,126.00	\$0.00
6757337201Z7	01/03/2023 - 01/03/2023				HC:95868 / 26 / 1		\$84.93 (B6)	\$3,626.00	CO-45 PR-2	\$3,541.07 \$12.74	\$72.19
6757337201Z8	01/03/2023 - 01/03/2023				HC:95868 / 26,XU / 1			\$3,626.00	CO-119	\$3,626.00	\$0.00
6757337201Z9	01/03/2023 - 01/03/2023				HC:95999 // 2		\$4,200.00 (B6)	\$4,200.00	PR-204	\$4,200.00	\$0.00

Patient Name: TOMLINSON, AARON R	Claim Number: 2023090DQ4614	Claim Date: 01/03/2023-01/03/2023	Claim Status Code: 22
Patient ID: 001A76429	Group / Policy: C04707M003	Facility Type:	Claim Charge: \$-36,127.00
Patient Ctrl Nmbr: 0.2846243	Contract Hdr: CO HSA PPO	Claim Frequency:	Claim Payment: \$-498.53
Rendering Prvd: IBRAHIM, BADRELDIN	Rendering Prv ID:	Claim Received Date: 03/31/2023	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
6757337201Z1	01/03/2023 - 01/03/2023				HC:95941 // 1		\$-88.21 (B6)	\$-7,000.00	CO-45 PR-2	\$-6,911.79 \$-13.23	\$-74.98
6757337201Z2	01/03/2023 - 01/03/2023				HC:95939 / 26 / 1		\$-161.40 (B6)	\$-5,031.00	CO-45 PR-2	\$-4,869.60 \$-24.21	\$-137.19
6757337201Z3	01/03/2023 - 01/03/2023				HC:95822 / 26 / 1		\$-77.89 (B6)	\$-3,938.00	CO-45 PR-2	\$-3,860.11 \$-11.68	\$-66.21
6757337201Z4	01/03/2023 - 01/03/2023				HC:95938 / 26 / 1		\$-62.40 (B6)	\$-4,454.00	CO-45 PR-2	\$-4,391.60 \$-9.36	\$-53.04

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 3224222736	Check/EFT Date: 10/24/2023	Total Paid: \$6,034.54
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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
6757337201Z5	01/03/2023 - 01/03/2023				HC:95861 / 26 / 1		\$-111.67 (B6)	\$-2,126.00	CO-45 PR-2	\$-2,014.33 \$-16.75	\$-94.92
6757337201Z6	01/03/2023 - 01/03/2023				HC:95861 / 26,XU / 1			\$-2,126.00	CO-119	\$-2,126.00	\$0.00
6757337201Z7	01/03/2023 - 01/03/2023				HC:95868 / 26 / 1		\$-84.93 (B6)	\$-3,626.00	CO-45 PR-2	\$-3,541.07 \$-12.74	\$-72.19
6757337201Z8	01/03/2023 - 01/03/2023				HC:95868 / 26,XU / 1			\$-3,626.00	CO-119	\$-3,626.00	\$0.00
6757337201Z9	01/03/2023 - 01/03/2023				HC:95999 // 2	M127	\$-4,200.00 (B6)	\$-4,200.00	CO-252	\$-4,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

N202=Alert: Additional information/explanation will be sent separately.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

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.

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).

2=Coinsurance Amount

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

CLAIM STATUS CODE(S):

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 3224222736	Check/EFT Date: 10/24/2023	Total Paid: \$6,034.54
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CLAIM STATUS CODE(S):

1=Processed as Primary

22=Reversal of Previous Payment