

## 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> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 9022474093 <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> MONITORING ASSOCIATES LLC <b>Payee Address:</b> PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: BLAZVICK, ANTHONY

Claim Number: 2023258DL4968

Claim Date: 06/21/2023-06/21/2023 Claim Status Code: 4

<b>Patient ID:</b> S7FSM1887746	<b>Group / Policy:</b> 170224M003	<b>Facility Type:</b>	<b>Claim Charge:</b> \$21,310.00
<b>Patient Ctrl Nmbr:</b> 0.3047703	<b>Contract Hdr:</b> PPO PB CLASS	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> SEN, INDRANIL	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/15/2023	<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
7288904522Z1	06/21/2023 - 06/21/2023				HC:95941 / / 0	M127 N888		\$2,760.00	CO-252	\$2,760.00	\$0.00
7288904522Z2	06/21/2023 - 06/21/2023				HC:95939 / 26 / 0	M127 N888		\$3,814.00	CO-252	\$3,814.00	\$0.00
7288904522Z3	06/21/2023 - 06/21/2023				HC:95822 / 26,XU / 0	M127 N888		\$1,755.00	CO-252	\$1,755.00	\$0.00
7288904522Z4	06/21/2023 - 06/21/2023				HC:95938 / 26 / 0	M127 N888		\$3,107.00	CO-252	\$3,107.00	\$0.00
7288904522Z5	06/21/2023 - 06/21/2023				HC:51785 / 26 / 0	M127 N888		\$1,071.00	CO-252	\$1,071.00	\$0.00
7288904522Z6	06/21/2023 - 06/21/2023				HC:51785 / 26,XU / 0	M127 N888		\$1,071.00	CO-252	\$1,071.00	\$0.00
7288904522Z7	06/21/2023 - 06/21/2023				HC:95870 / 26,XU / 0	M127 N888		\$1,166.00	CO-252	\$1,166.00	\$0.00
7288904522Z8	06/21/2023 - 06/21/2023				HC:95870 / 26,XU / 0	M127 N888		\$1,166.00	CO-252	\$1,166.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474093	<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
7288904522Z9	06/21/2023 - 06/21/2023				HC:95999 // 0	M127 N888		\$5,400.00	CO-252	\$5,400.00	\$0.00

<b>Patient Name:</b> BURKE, JULIE	<b>Claim Number:</b> 2023248CS1808	<b>Claim Date:</b> 05/09/2023-05/09/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> XBP852494672	<b>Group / Policy:</b> ITSPPO266	<b>Facility Type:</b>	<b>Claim Charge:</b> \$16,250.00
<b>Patient Ctrl Nmbr:</b> 0.2995475	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> SEN, INDRANIL	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/05/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7247559143Z1	05/09/2023 - 05/09/2023				HC:95941 // 1	N830	\$90.02 (B6)	\$2,760.00	CO-45	\$2,760.00	\$0.00
7247559143Z2	05/09/2023 - 05/09/2023				HC:95822 / 26 / 1	N830	\$79.12 (B6)	\$1,755.00	CO-45	\$1,755.00	\$0.00
7247559143Z3	05/09/2023 - 05/09/2023				HC:95938 / 26 / 1	N830	\$63.02 (B6)	\$3,107.00	CO-45	\$3,107.00	\$0.00
7247559143Z4	05/09/2023 - 05/09/2023				HC:95861 / 26 / 1	N830	\$113.24 (B6)	\$1,614.00	CO-45	\$1,614.00	\$0.00
7247559143Z5	05/09/2023 - 05/09/2023				HC:95861 / 26,XU / 1			\$1,614.00	PI-119	\$1,614.00	\$0.00
7247559143Z6	05/09/2023 - 05/09/2023				HC:95999 // 3	N830		\$5,400.00	CO-45	\$5,400.00	\$0.00

<b>Patient Name:</b> MILES, BETH	<b>Claim Number:</b> 2023252BW5239	<b>Claim Date:</b> 09/20/2022-09/20/2022	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> XLY993358498	<b>Group / Policy:</b> ITSHXT266	<b>Facility Type:</b>	<b>Claim Charge:</b> \$13,490.00
<b>Patient Ctrl Nmbr:</b> 0.2718087	<b>Contract Hdr:</b> NV CUSTOM PREF INDEMNIT	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> HSU, ANDREW	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/09/2023	<b>Patient Resp:</b> \$13,490.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474093	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 5
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
7265333187Z1	09/20/2022 - 09/20/2022				HC:95822 / 26 / 0			\$1,755.00	PR-200	\$1,755.00	\$0.00
7265333187Z2	09/20/2022 - 09/20/2022				HC:95938 / 26 / 0			\$3,107.00	PR-200	\$3,107.00	\$0.00
7265333187Z3	09/20/2022 - 09/20/2022				HC:95861 / 26 / 0			\$1,614.00	PR-200	\$1,614.00	\$0.00
7265333187Z4	09/20/2022 - 09/20/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-200	\$1,614.00	\$0.00
7265333187Z5	09/20/2022 - 09/20/2022				HC:95999 // 0			\$5,400.00	PR-200	\$5,400.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

M127=Missing patient medical record for this service.

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

N888=Alert: An electronic request for additional information has been sent for this claim.

##### AMT CODE(S):

B6=Allowed - Actual

##### GROUP CODE(S):

CO=Contractual Obligations

PI=Payor Initiated Reductions

PR=Patient Responsibility

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

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).

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474093	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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**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.

200=Expenses incurred during lapse in coverage

**CLAIM STATUS CODE(S):**

4=Denied