

## 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> 841454188 <b>Payee ID:</b> 1295859296 <b>Check/EFT Trace Number:</b> 3224146461 <b>Payment Amount:</b> 2,445.61 <b>Check/EFT Date:</b> 10/24/2023 <b>Production End Cycle Date:</b> 10/23/2023	<b>Payee Name:</b> NEUROMONITORING ASSOCIATE <b>Payee Address:</b> PO BOX 651 WHEAT RIDGE, CO 80034
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Patient Name: CONELL, SHERI

Claim Number: 2023124DT2360

Claim Date: 04/03/2023-04/03/2023 Claim Status Code: 1

Patient ID: 353M92696	Group / Policy: 201084M2A1	Facility Type:	Claim Charge:	\$12,060.00
Patient Ctrl Nmbr: 0.2952184	Contract Hdr: VA HSA PPO	Claim Frequency:	Claim Payment:	\$0.00
Rendering Prvd: FUQUA, MICHAEL	Rendering Prv ID:	Claim Received Date: 05/04/2023	Patient Resp:	\$8,661.00
Original Ref Nmbr:				

## Line Details Results: 10

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
6864974265Z10	04/03/2023 - 04/03/2023				HC:A4215 // 17	N19		\$170.00	PI-97	\$170.00	\$0.00
6864974265Z1	04/03/2023 - 04/03/2023				HC:95939 / TC / 1		\$1,050.00 (B6)	\$1,050.00	PR-1	\$1,050.00	\$0.00
6864974265Z2	04/03/2023 - 04/03/2023				HC:95822 / TC / 1		\$1,094.91 (B6)	\$1,955.00	PR-1 PR-45	\$1,094.91 \$860.09	\$0.00
6864974265Z3	04/03/2023 - 04/03/2023				HC:95938 / TC / 1		\$971.88 (B6)	\$981.00	PR-1 PR-45	\$971.88 \$9.12	\$0.00
6864974265Z4	04/03/2023 - 04/03/2023				HC:95861 / TC / 1		\$246.03 (B6)	\$1,750.00	PR-1 PR-45	\$246.03 \$1,503.97	\$0.00
6864974265Z5	04/03/2023 - 04/03/2023				HC:95861 / TC,XU / 1			\$1,750.00	PI-119	\$1,750.00	\$0.00
6864974265Z6	04/03/2023 - 04/03/2023				HC:95868 / TC / 1		\$238.89 (B6)	\$1,425.00	PR-1 PR-45	\$238.89 \$1,186.11	\$0.00
6864974265Z7	04/03/2023 - 04/03/2023				HC:95868 / TC,XU / 1			\$1,425.00	PI-119	\$1,425.00	\$0.00

<b>Payer:</b> ROCKY MOUNTAIN HOSPITAL&MEDICAL	<b>Check/EFT Trace Number:</b> 3224146461	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$2,445.61
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Line Details										Results: 10	
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
6864974265Z8	04/03/2023 - 04/03/2023				HC:95999 // 3		\$960.66 (B6)	\$1,500.00	PR-1 PR-45	\$960.66 \$539.34	\$0.00
6864974265Z9	04/03/2023 - 04/03/2023				HC:A4556 // 9	N19		\$54.00	PI-97	\$54.00	\$0.00

<b>Patient Name:</b> CONELL, SHERI	<b>Claim Number:</b> 2023124DT2360	<b>Claim Date:</b> 04/03/2023-04/03/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 353M92696	<b>Group / Policy:</b> 201084M2A1	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-12,060.00
<b>Patient Ctrl Nmbr:</b> 0.2952184	<b>Contract Hdr:</b> VA HSA PPO	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> FUQUA, MICHAEL	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 05/04/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 10
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
6864974265Z10	04/03/2023 - 04/03/2023				HC:A4215 // 17	N19		\$-170.00	PI-97	\$-170.00	\$0.00
6864974265Z1	04/03/2023 - 04/03/2023				HC:95939 / TC / 1		\$-1,050.00 (B6)	\$-1,050.00	PR-1	\$-1,050.00	\$0.00
6864974265Z2	04/03/2023 - 04/03/2023				HC:95822 / TC / 1		\$-1,094.91 (B6)	\$-1,955.00	PR-1 PR-45	\$-1,094.91 \$-860.09	\$0.00
6864974265Z3	04/03/2023 - 04/03/2023				HC:95938 / TC / 1		\$-971.88 (B6)	\$-981.00	PR-1 PR-45	\$-971.88 \$-9.12	\$0.00
6864974265Z4	04/03/2023 - 04/03/2023				HC:95861 / TC / 1		\$-246.03 (B6)	\$-1,750.00	PR-1 PR-45	\$-246.03 \$-1,503.97	\$0.00
6864974265Z5	04/03/2023 - 04/03/2023				HC:95861 / TC,XU / 1			\$-1,750.00	PI-119	\$-1,750.00	\$0.00
6864974265Z6	04/03/2023 - 04/03/2023				HC:95868 / TC / 1		\$-238.89 (B6)	\$-1,425.00	PR-1 PR-45	\$-238.89 \$-1,186.11	\$0.00
6864974265Z7	04/03/2023 - 04/03/2023				HC:95868 / TC,XU / 1			\$-1,425.00	PI-119	\$-1,425.00	\$0.00

<b>Payer:</b> ROCKY MOUNTAIN HOSPITAL&MEDICAL	<b>Check/EFT Trace Number:</b> 3224146461	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$2,445.61
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Line Details

Results: 10

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
6864974265Z8	04/03/2023 - 04/03/2023				HC:95999 // 3	M127	\$-1,500.00 (B6)	\$-1,500.00	PI-252	\$-1,500.00	\$0.00
6864974265Z9	04/03/2023 - 04/03/2023				HC:A4556 // 9	N19		\$-54.00	PI-97	\$-54.00	\$0.00

<b>Patient Name:</b> TREE, PATRICK N	<b>Claim Number:</b> 2023143CW1394	<b>Claim Date:</b> 03/28/2023-03/28/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> HC0070059	<b>Group / Policy:</b> 197243M002	<b>Facility Type:</b>	<b>Claim Charge:</b> \$9,623.00
<b>Patient Ctrl Nmbr:</b> 0.2945599	<b>Contract Hdr:</b> COLORADO BLUE CLASSIC P	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$2,445.61
<b>Rendering Prvd:</b> MCCLINTOCK, JONATHAN	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 05/23/2023	<b>Patient Resp:</b> \$7,177.39
<b>Original Ref Nmbr:</b>			

Line Details											Results: 8
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
6921345413Z1	03/28/2023 - 03/28/2023				HC:95822 / TC / 1		\$401.46 (B6)	\$1,955.00	PR-45	\$1,553.54	\$401.46
6921345413Z2	03/28/2023 - 03/28/2023				HC:95938 / TC / 1		\$356.36 (B6)	\$981.00	PR-45	\$624.64	\$356.36
6921345413Z3	03/28/2023 - 03/28/2023				HC:95908 / TC / 1		\$52.19 (B6)	\$875.00	PR-45	\$822.81	\$52.19
6921345413Z4	03/28/2023 - 03/28/2023				HC:95886 / TC / 2		\$117.80 (B6)	\$1,840.00	PR-45	\$1,722.20	\$117.80
6921345413Z5	03/28/2023 - 03/28/2023				HC:95886 / TC,XU / 2		\$117.80 (B6)	\$1,840.00	PR-45	\$1,722.20	\$117.80
6921345413Z6	03/28/2023 - 03/28/2023				HC:95999 // 4		\$1,400.00 (B6)	\$2,000.00	PR-45	\$600.00	\$1,400.00
6921345413Z7	03/28/2023 - 03/28/2023				HC:A4556 // 2		\$12.00 (B6)	\$12.00	PR-97	\$12.00	\$0.00
6921345413Z8	03/28/2023 - 03/28/2023				HC:A4215 // 12		\$120.00 (B6)	\$120.00	PR-97	\$120.00	\$0.00

<b>Payer:</b> ROCKY MOUNTAIN HOSPITAL&MEDICAL	<b>Check/EFT Trace Number:</b> 3224146461	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$2,445.61
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<b>Patient Name:</b> TREE, PATRICK N	<b>Claim Number:</b> 2023143CW1394	<b>Claim Date:</b> 03/28/2023-03/28/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> HC0070059	<b>Group / Policy:</b> 197243M002	<b>Facility Type:</b>	<b>Claim Charge:</b> \$-9,623.00
<b>Patient Ctrl Nmbr:</b> 0.2945599	<b>Contract Hdr:</b> COLORADO BLUE CLASSIC P	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCCLINTOCK, JONATHAN	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 05/23/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 8
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
6921345413Z1	03/28/2023 - 03/28/2023				HC:95822 / TC / 0	M127 N202		\$-1,955.00	PI-252	\$-1,955.00	\$0.00
6921345413Z2	03/28/2023 - 03/28/2023				HC:95938 / TC / 0	M127 N202		\$-981.00	PI-252	\$-981.00	\$0.00
6921345413Z3	03/28/2023 - 03/28/2023				HC:95908 / TC / 0	M127 N202		\$-875.00	PI-252	\$-875.00	\$0.00
6921345413Z4	03/28/2023 - 03/28/2023				HC:95886 / TC / 0	M127 N202		\$-1,840.00	PI-252	\$-1,840.00	\$0.00
6921345413Z5	03/28/2023 - 03/28/2023				HC:95886 / TC,XU / 0	M127 N202		\$-1,840.00	PI-252	\$-1,840.00	\$0.00
6921345413Z6	03/28/2023 - 03/28/2023				HC:95999 // 0	M127 N202		\$-2,000.00	PI-252	\$-2,000.00	\$0.00
6921345413Z7	03/28/2023 - 03/28/2023				HC:A4556 // 0	M127 N202		\$-12.00	PI-252	\$-12.00	\$0.00
6921345413Z8	03/28/2023 - 03/28/2023				HC:A4215 // 0	M127 N202		\$-120.00	PI-252	\$-120.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

M127=Missing patient medical record for this service.

N19=Procedure code incidental to primary procedure.

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

##### AMT CODE(S):

B6=Allowed - Actual

<b>Payer:</b> ROCKY MOUNTAIN HOSPITAL&MEDICAL	<b>Check/EFT Trace Number:</b> 3224146461	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$2,445.61
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**GROUP CODE(S):**

PI=Payor Initiated Reductions  
PR=Patient Responsibility

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

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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.

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).

**CLAIM STATUS CODE(S):**

1=Processed as Primary

22=Reversal of Previous Payment