

Check Summary**Transaction Date:** October 16, 2023

RMHMS, INC. NV 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 9022234635 Payment Amount: 0.00 Check/EFT Date: 10/16/2023 Production End Cycle Date: 10/16/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: BOYD, KYLE**Claim Number:** 2023214KC0047**Claim Date:** 04/09/2023-04/09/2023 **Claim Status Code:** 4

Patient ID: 397W05721	Group / Policy: ITSPPO266	Facility Type:	Claim Charge: \$24,006.00
Patient Ctrl Nmbr: 0.2958934	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 08/02/2023	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
	04/09/2023 - 04/09/2023				HC:95941 / / 0	N463		\$2,760.00	OA-16	\$2,760.00	\$0.00
	04/09/2023 - 04/09/2023				HC:95939 / 26 / 0	N463		\$3,814.00	OA-16	\$3,814.00	\$0.00
	04/09/2023 - 04/09/2023				HC:95822 / 26,XU / 0	N463		\$1,755.00	OA-16	\$1,755.00	\$0.00
	04/09/2023 - 04/09/2023				HC:95938 / 26 / 0	N463		\$3,107.00	OA-16	\$3,107.00	\$0.00
	04/09/2023 - 04/09/2023				HC:51785 / 26 / 0	N463		\$1,071.00	OA-16	\$1,071.00	\$0.00
	04/09/2023 - 04/09/2023				HC:51785 / 26,XU / 0	N463		\$1,071.00	OA-16	\$1,071.00	\$0.00
	04/09/2023 - 04/09/2023				HC:95861 / 26,XU / 0	N463		\$1,614.00	OA-16	\$1,614.00	\$0.00
	04/09/2023 - 04/09/2023				HC:95861 / 26,XU / 0	N463		\$1,614.00	OA-16	\$1,614.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234635	Check/EFT Date: 10/16/2023	Total Paid: \$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
	04/09/2023 - 04/09/2023				HC:95999 // 0	N463		\$7,200.00	OA-16	\$7,200.00	\$0.00

Patient Name: HANCOX, TERESA S	Claim Number: 2023256DA7723	Claim Date: 06/05/2023-06/05/2023	Claim Status Code: 4
Patient ID: ZBL018597	Group / Policy: 196513M001	Facility Type:	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.3028442	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: SEN, INDRANIL	Rendering Prv ID:	Claim Received Date: 09/13/2023	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
7279272047Z1	06/05/2023 - 06/05/2023				HC:95941 // 0			\$2,760.00	OA-133	\$2,760.00	\$0.00
7279272047Z2	06/05/2023 - 06/05/2023				HC:95939 / 26 / 0			\$3,814.00	OA-133	\$3,814.00	\$0.00
7279272047Z3	06/05/2023 - 06/05/2023				HC:95822 / 26 / 0			\$1,755.00	OA-133	\$1,755.00	\$0.00
7279272047Z4	06/05/2023 - 06/05/2023				HC:95938 / 26 / 0			\$3,107.00	OA-133	\$3,107.00	\$0.00
7279272047Z5	06/05/2023 - 06/05/2023				HC:95861 / 26 / 0			\$1,614.00	OA-133	\$1,614.00	\$0.00
7279272047Z6	06/05/2023 - 06/05/2023				HC:95861 / 26,XU / 0			\$1,614.00	OA-133	\$1,614.00	\$0.00
7279272047Z7	06/05/2023 - 06/05/2023				HC:95868 / 26 / 0			\$1,310.00	OA-133	\$1,310.00	\$0.00
7279272047Z8	06/05/2023 - 06/05/2023				HC:95868 / 26,XU / 0			\$1,310.00	OA-133	\$1,310.00	\$0.00
7279272047Z9	06/05/2023 - 06/05/2023				HC:95999 // 0			\$7,200.00	OA-133	\$7,200.00	\$0.00

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Patient Name: HANCOX, TERESA S	Claim Number: 2023256DA7723	Claim Date: 06/05/2023-06/05/2023	Claim Status Code: 22
Patient ID: ZBL018597	Group / Policy: 196513M001	Facility Type:	Claim Charge: \$-24,484.00
Patient Ctrl Nbr: 0.3028442	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: SEN, INDRANIL	Rendering Prv ID:	Claim Received Date: 09/13/2023	Patient Resp: \$0.00
Original Ref Nbr:			

Line Details											Results: 9
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
7279272047Z1	06/05/2023 - 06/05/2023				HC:95941 / / 0	M127		\$-2,760.00	PI-252	\$-2,760.00	\$0.00
7279272047Z2	06/05/2023 - 06/05/2023				HC:95939 / 26 / 0	M127		\$-3,814.00	PI-252	\$-3,814.00	\$0.00
7279272047Z3	06/05/2023 - 06/05/2023				HC:95822 / 26 / 0	M127		\$-1,755.00	PI-252	\$-1,755.00	\$0.00
7279272047Z4	06/05/2023 - 06/05/2023				HC:95938 / 26 / 0	M127		\$-3,107.00	PI-252	\$-3,107.00	\$0.00
7279272047Z5	06/05/2023 - 06/05/2023				HC:95861 / 26 / 0	M127		\$-1,614.00	PI-252	\$-1,614.00	\$0.00
7279272047Z6	06/05/2023 - 06/05/2023				HC:95861 / 26,XU / 0	M127		\$-1,614.00	PI-252	\$-1,614.00	\$0.00
7279272047Z7	06/05/2023 - 06/05/2023				HC:95868 / 26 / 0	M127		\$-1,310.00	PI-252	\$-1,310.00	\$0.00
7279272047Z8	06/05/2023 - 06/05/2023				HC:95868 / 26,XU / 0	M127		\$-1,310.00	PI-252	\$-1,310.00	\$0.00
7279272047Z9	06/05/2023 - 06/05/2023				HC:95999 / / 0	M127		\$-7,200.00	PI-252	\$-7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.
N463=Missing support data for claim.

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GROUP CODE(S):

OA=Other Adjustments

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

133=The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).

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):

4=Denied

22=Reversal of Previous Payment