

Check Summary
Transaction Date: October 24, 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: 3224232340 Payment Amount: 22.18 Check/EFT Date: 10/24/2023 Production End Cycle Date: 10/23/2023	Payee Name: MONITORING ASSOCIATES Payee Address: 9811 W CHARLESTON BLVD #2 #641 LAS VEGAS, NV 89117
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Patient Name: FALL, PERRY K

Claim Number: 2022034BW5040

Claim Date: 09/14/2020-09/14/2020 **Claim Status Code:** 1

Patient ID: 724M87629

Group / Policy: 174209M4R1

Facility Type:
Claim Charge: \$30,449.00

Patient Ctrl Nbr: 0.1889645

Contract Hdr: BLUE CARD INCENTIVE NS

Claim Frequency:
Claim Payment: \$22.18

Rendering Prvd: HYSON, MORTON I.

Rendering Prv ID:
Claim Received Date: 02/03/2022

Patient Resp: \$29,989.82

Original Ref Nbr:
Line Details **Results:** 10

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
033932057832656010	09/14/2020 - 09/14/2020				HC:95927 / 26,59 / 1		\$36.96 (B6)	\$287.00	PR-2 PR-45	\$14.78 \$250.04	\$22.18
033932057832656001	09/14/2020 - 09/14/2020				HC:95941 / 59 / 5		\$364.83 (B6)	\$13,800.00	PR-1 PR-45	\$364.83 \$13,435.17	\$0.00
033932057832656002	09/14/2020 - 09/14/2020				HC:95939 / 26,59 / 1		\$162.04 (B6)	\$3,814.00	PR-1 PR-45	\$162.04 \$3,651.96	\$0.00
033932057832656003	09/14/2020 - 09/14/2020				HC:95938 / 26,59 / 1		\$62.54 (B6)	\$3,107.00	PR-1 PR-45	\$62.54 \$3,044.46	\$0.00
033932057832656004	09/14/2020 - 09/14/2020				HC:95938 / 26,XU / 1		\$62.54 (B6)	\$3,107.00	PR-1 PR-45	\$62.54 \$3,044.46	\$0.00
033932057832656005	09/14/2020 - 09/14/2020				HC:95885 / 26,59 / 4		\$102.34 (B6)	\$2,332.00	PR-1 PR-45	\$102.34 \$2,229.66	\$0.00
033932057832656006	09/14/2020 - 09/14/2020				HC:95955 / 26,59 / 1		\$72.49 (B6)	\$1,755.00	PR-1 PR-45	\$72.49 \$1,682.51	\$0.00
033932057832656007	09/14/2020 - 09/14/2020				HC:95868 / 26,59 / 1		\$85.76 (B6)	\$1,310.00	PR-1 PR-45	\$85.76 \$1,224.24	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 3224232340	Check/EFT Date: 10/24/2023	Total Paid: \$22.18
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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
033932057832656008	09/14/2020 - 09/14/2020				HC:95937 / 26,59 / 1		\$46.43 (B6)	\$500.00	PR-1 PR-45	\$46.43 \$453.57	\$0.00
033932057832656009	09/14/2020 - 09/14/2020				HC:95908 / 26 / 1			\$437.00	PI-97	\$437.00	\$0.00

Patient Name: FALL, PERRY K	Claim Number: 2022034BW5040	Claim Date: 09/14/2020-09/14/2020	Claim Status Code: 22
Patient ID: 724M87629	Group / Policy: 174209M4R1	Facility Type:	Claim Charge: \$-30,449.00
Patient Ctrl Nmbr: 0.1889645	Contract Hdr: BLUE CARD INCENTIVE NS	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HYSON, MORTON I.	Rendering Prv ID:	Claim Received Date: 02/03/2022	Patient Resp: \$0.00
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
033932057832656010	09/14/2020 - 09/14/2020				HC:95927 / 26,59 / 0			\$-287.00	OA-18	\$-287.00	\$0.00
033932057832656001	09/14/2020 - 09/14/2020				HC:95941 / 59 / 0			\$-13,800.00	OA-18	\$-13,800.00	\$0.00
033932057832656002	09/14/2020 - 09/14/2020				HC:95939 / 26,59 / 0			\$-3,814.00	OA-18	\$-3,814.00	\$0.00
033932057832656003	09/14/2020 - 09/14/2020				HC:95938 / 26,59 / 0			\$-3,107.00	OA-18	\$-3,107.00	\$0.00
033932057832656004	09/14/2020 - 09/14/2020				HC:95938 / 26,XU / 0			\$-3,107.00	OA-18	\$-3,107.00	\$0.00
033932057832656005	09/14/2020 - 09/14/2020				HC:95885 / 26,59 / 0			\$-2,332.00	OA-18	\$-2,332.00	\$0.00
033932057832656006	09/14/2020 - 09/14/2020				HC:95955 / 26,59 / 0			\$-1,755.00	OA-18	\$-1,755.00	\$0.00
033932057832656007	09/14/2020 - 09/14/2020				HC:95868 / 26,59 / 0			\$-1,310.00	OA-18	\$-1,310.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 3224232340	Check/EFT Date: 10/24/2023	Total Paid: \$22.18
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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
033932057832656008	09/14/2020 - 09/14/2020				HC:95937 / 26,59 / 0			\$-500.00	OA-18	\$-500.00	\$0.00
033932057832656009	09/14/2020 - 09/14/2020				HC:95908 / 26 / 0			\$-437.00	OA-18	\$-437.00	\$0.00

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

PR=Patient Responsibility
PI=Payor Initiated Reductions
OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

2=Coinsurance 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)
1=Deductible Amount
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.
18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

CLAIM STATUS CODE(S):

1=Processed as Primary
22=Reversal of Previous Payment