

Check Summary**Transaction Date:** October 23, 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: 9022474091 Payment Amount: 0.00 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/23/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
--	--	--

Patient Name: OFRIA, JOHN**Claim Number:** 2023257EI4417**Claim Date:** 09/01/2023-09/01/2023 **Claim Status Code:** 4

Patient ID: IJH961M98725	Group / Policy: 174619M1A0	Facility Type:	Claim Charge: \$16,250.00
Patient Ctrl Nmbr: 0.3128426	Contract Hdr: BLUECARD PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN	Rendering Prv ID:	Claim Received Date: 09/14/2023	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
7284637058Z1	09/01/2023 - 09/01/2023				HC:95941 / / 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
7284637058Z2	09/01/2023 - 09/01/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7284637058Z3	09/01/2023 - 09/01/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7284637058Z4	09/01/2023 - 09/01/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7284637058Z5	09/01/2023 - 09/01/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7284637058Z6	09/01/2023 - 09/01/2023				HC:95999 / / 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

Code Descriptions**REMARK CODE(S):**

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022474091	Check/EFT Date: 10/23/2023	Total Paid: \$0.00
------------------------------	---	-----------------------------------	---------------------------

REMARK CODE(S):

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

GROUP CODE(S):

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

234=This procedure is not paid separately. 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