

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: 9022474092 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
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Patient Name: BALL, RUPINDER**Claim Number:** 2023262FM8105**Claim Date:** 07/11/2023-07/11/2023 **Claim Status Code:** 4

Patient ID: XRQ706M99549	Group / Policy: 201060M1A1	Facility Type:	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.3067827	Contract Hdr: BC PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: SEN, INDRANIL	Rendering Prv ID:	Claim Received Date: 09/19/2023	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
7305107918Z1	07/11/2023 - 07/11/2023				HC:95941 / / 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
7305107918Z2	07/11/2023 - 07/11/2023				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
7305107918Z3	07/11/2023 - 07/11/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7305107918Z4	07/11/2023 - 07/11/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7305107918Z5	07/11/2023 - 07/11/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7305107918Z6	07/11/2023 - 07/11/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7305107918Z7	07/11/2023 - 07/11/2023				HC:95868 / 26 / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00
7305107918Z8	07/11/2023 - 07/11/2023				HC:95868 / 26,XU / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022474092	Check/EFT Date: 10/23/2023	Total Paid: \$0.00
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7305107918Z9	07/11/2023 - 07/11/2023				HC:95999 // 0	M15		\$7,200.00	PI-234	\$7,200.00	\$0.00

Code Descriptions

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