

Check Summary**Transaction Date:** October 14, 2023

CALPERS 21555 OXNARD STREET WOODLAND HILLS, CA 91367 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 510654972 Payee ID: 1659765204 Check/EFT Trace Number: Z232870815 Payment Amount: 0.00 Check/EFT Date: 10/14/2023 Production End Cycle Date: 10/13/2023	Payee Name: NEUROMONITORING ASSOCIATE Payee Address: PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: WILKERSON, BRIAN K**Claim Number:** 23242EP7776**Claim Date:** 06/02/2022-06/02/2022 **Claim Status Code:** 1

Patient ID: CPR233A52210	Group / Policy: BB030X	Facility Type:	Claim Charge: \$57,850.00
Patient Ctrl Nmbr: 0.2589505	Contract Hdr: NON-PARTICIPATING	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 08/30/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7233168922Z1	06/02/2022 - 06/02/2022				HC:95940 // 38	N56		\$26,220.00	PI-16	\$26,220.00	\$0.00
7233168922Z2	06/02/2022 - 06/02/2022				HC:95999 // 5	N56		\$9,000.00	PI-16	\$9,000.00	\$0.00
7233168922Z3	06/02/2022 - 06/02/2022				HC:95939 / TC / 1	N56		\$6,489.00	PI-16	\$6,489.00	\$0.00
7233168922Z4	06/02/2022 - 06/02/2022				HC:95822 / TC / 1	N56		\$5,225.00	PI-16	\$5,225.00	\$0.00
7233168922Z5	06/02/2022 - 06/02/2022				HC:95938 / TC / 1	N56		\$4,163.00	PI-16	\$4,163.00	\$0.00
7233168922Z6	06/02/2022 - 06/02/2022				HC:95861 / TC / 1	N56		\$3,139.00	PI-16	\$3,139.00	\$0.00
7233168922Z7	06/02/2022 - 06/02/2022				HC:95861 / TC,XU / 1	N56		\$3,139.00	PI-16	\$3,139.00	\$0.00
7233168922Z8	06/02/2022 - 06/02/2022				HC:95927 / TC / 1	N56		\$475.00	PI-16	\$475.00	\$0.00

Payer: CALPERS	Check/EFT Trace Number: Z232870815	Check/EFT Date: 10/14/2023	Total Paid: \$0.00
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Code Descriptions

REMARK CODE(S):

N56=Procedure code billed is not correct/valid for the services billed or the date of service billed.

GROUP CODE(S):

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.

CLAIM STATUS CODE(S):

1=Processed as Primary