

Check Summary**Transaction Date:** October 17, 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: 3223648849 Payment Amount: 21.05 Check/EFT Date: 10/17/2023 Production End Cycle Date: 10/16/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 85039
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Patient Name: GRAY, JUDITH M**Claim Number:** 255499889900727**Claim Date:** 11/18/2022-11/18/2022 **Claim Status Code:** 2**Patient ID:** 772A76226**Group / Policy:** NVSUPWP0**Facility Type:** 21**Claim Charge:** \$13,490.00**Patient Ctrl Nmbr:** 0.2795278**Contract Hdr:** CO/NV MED-SUPP G1525**Claim Frequency:** 1**Claim Payment:** \$21.05**Rendering Prvd :****Rendering Prv ID:****Claim Received Date:** 10/04/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details****Results:** 5

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
198115828322556001	11/18/2022 - 11/18/2022				HC:95822 / 26 / 1		\$11.72 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
198115828322556002	11/18/2022 - 11/18/2022				HC:95938 / 26 / 1		\$9.33 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
198115828322556003	11/18/2022 - 11/18/2022				HC:95861 / 26 / 0			\$1,614.00	OA-23	\$1,614.00	\$0.00
198115828322556004	11/18/2022 - 11/18/2022				HC:95861 / 26,XU / 0			\$1,614.00	OA-23	\$1,614.00	\$0.00
198115828322556005	11/18/2022 - 11/18/2022				HC:95999 // 0			\$5,400.00	OA-23	\$5,400.00	\$0.00

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

B6=Allowed - Actual

GROUP CODE(S):

OA=Other Adjustments

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 3223648849	Check/EFT Date: 10/17/2023	Total Paid: \$21.05
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CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

CLAIM STATUS CODE(S):

2=Processed as Secondary