

Check Summary**Transaction Date:** October 21, 2023

CALPERS 21555 OXNARD STREET WOODLAND HILLS, CA 91367 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: Z232940682 Payment Amount: 0.00 Check/EFT Date: 10/21/2023 Production End Cycle Date: 10/20/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 WATERBURY, CT 067082613
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Patient Name: WATKINS, ERIC B**Claim Number:** 22165DX2116**Claim Date:** 11/24/2021-11/24/2021 **Claim Status Code:** 22**Patient ID:** 415A77943**Group / Policy:****Facility Type:****Claim Charge:** \$-15,095.00**Patient Ctrl Nmbr:** 0.2373676**Contract Hdr:****Claim Frequency:****Claim Payment:** \$0.00**Rendering Prvd :****Rendering Prv ID:****Claim Received Date:** 06/14/2022**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
164892713804556001	11/24/2021 - 11/24/2021				HC:95941 // 3	M127		\$-8,280.00	PI-252	\$-8,280.00	\$0.00
164892713804556002	11/24/2021 - 11/24/2021				HC:95938 // 1	M127		\$-3,107.00	PI-252	\$-3,107.00	\$0.00
164892713804556003	11/24/2021 - 11/24/2021				HC:95955 / XU / 1	M127		\$-1,755.00	PI-252	\$-1,755.00	\$0.00
164892713804556004	11/24/2021 - 11/24/2021				HC:95870 / 59 / 2	M127		\$-1,166.00	PI-252	\$-1,166.00	\$0.00
164892713804556005	11/24/2021 - 11/24/2021				HC:95937 // 1	M127		\$-500.00	PI-252	\$-500.00	\$0.00
164892713804556006	11/24/2021 - 11/24/2021				HC:95927 / 59 / 1	M127		\$-287.00	PI-252	\$-287.00	\$0.00

Payer: CALPERS	Check/EFT Trace Number: Z232940682	Check/EFT Date: 10/21/2023	Total Paid: \$0.00
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Patient Name: WATKINS, ERIC B	Claim Number: 22165DX2116	Claim Date: 11/24/2021-11/24/2021	Claim Status Code: 1
Patient ID: 415A77943	Group / Policy: KB030X	Facility Type:	Claim Charge: \$15,095.00
Patient Ctrl Nmbr: 0.2373676	Contract Hdr: NON-PARTICIPATING	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd:	Rendering Prv ID:	Claim Received Date: 06/14/2022	Patient Resp: \$15,095.00
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
164892713804556001	11/24/2021 - 11/24/2021				HC:95941 // 3	M15		\$8,280.00	PI-234	\$8,280.00	\$0.00
164892713804556002	11/24/2021 - 11/24/2021				HC:95938 // 1	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
164892713804556003	11/24/2021 - 11/24/2021				HC:95955 / XU / 1	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
164892713804556004	11/24/2021 - 11/24/2021				HC:95870 / 59 / 2	M15		\$1,166.00	PI-234	\$1,166.00	\$0.00
164892713804556005	11/24/2021 - 11/24/2021				HC:95937 // 1	M15		\$500.00	PI-234	\$500.00	\$0.00
164892713804556006	11/24/2021 - 11/24/2021				HC:95927 / 59 / 1	M15		\$287.00	PI-234	\$287.00	\$0.00

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

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):

252=An attachment/other documentation is required to adjudicate this claim/service. 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).

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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):

22=Reversal of Previous Payment

1=Processed as Primary