

Check Summary**Transaction Date:** October 24, 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: 3224232341 Payment Amount: 105.33 Check/EFT Date: 10/24/2023 Production End Cycle Date: 10/23/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 85039
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Patient Name: BLAIR, LINDA J**Claim Number:** 256370971700078**Claim Date:** 02/07/2023-02/07/2023 **Claim Status Code:** 2

Patient ID: 438M00080	Group / Policy: NVSUPWP0	Facility Type: 22	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.2886540	Contract Hdr: CO/NV MED-SUPP G1525	Claim Frequency: 1	Claim Payment: \$20.25
Rendering Prvd: BURNS, JONATHAN	Rendering Prv ID:	Claim Received Date: 10/18/2023	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
261150914820556001	02/07/2023 - 02/07/2023				HC:95822 / 26 / 1		\$11.28 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
261150914820556002	02/07/2023 - 02/07/2023				HC:95938 / 26 / 1		\$8.97 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
261150914820556003	02/07/2023 - 02/07/2023				HC:95861 / 26 / 0			\$1,614.00	OA-23	\$1,614.00	\$0.00
261150914820556004	02/07/2023 - 02/07/2023				HC:95861 / 26,XU / 0			\$1,614.00	OA-23	\$1,614.00	\$0.00
261150914820556005	02/07/2023 - 02/07/2023				HC:95999 // 0			\$5,400.00	OA-23	\$5,400.00	\$0.00

Patient Name: EMERSON JR, ROBERT**Claim Number:** 256285158100077**Claim Date:** 02/01/2023-02/01/2023 **Claim Status Code:** 2

Patient ID: 785M00085	Group / Policy: NVSUPWP0	Facility Type: 21	Claim Charge: \$22,702.00
Patient Ctrl Nmbr: 0.2880908	Contract Hdr: CO/NV MED-SUPP G1525	Claim Frequency: 1	Claim Payment: \$85.08
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/17/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 3224232341	Check/EFT Date: 10/24/2023	Total Paid: \$105.33
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Line Details											Results: 7
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
265153832763556001	02/01/2023 - 02/01/2023				HC:95822 / 26 / 1		\$11.28 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
265153832763556002	02/01/2023 - 02/01/2023				HC:95938 / 26 / 1		\$8.97 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
265153832763556003	02/01/2023 - 02/01/2023				HC:95929 / 26 / 1		\$15.63 (B6)	\$2,459.00	OA-23	\$2,443.37	\$15.63
265153832763556004	02/01/2023 - 02/01/2023				HC:95908 / 26 / 1		\$13.04 (B6)	\$437.00	OA-23	\$423.96	\$13.04
265153832763556005	02/01/2023 - 02/01/2023				HC:95886 / 26 / 2		\$18.08 (B6)	\$2,972.00	OA-23	\$2,953.92	\$18.08
265153832763556006	02/01/2023 - 02/01/2023				HC:95886 / 26,XU / 2		\$18.08 (B6)	\$2,972.00	OA-23	\$2,953.92	\$18.08
265153832763556007	02/01/2023 - 02/01/2023				HC:95999 // 0			\$9,000.00	OA-23	\$9,000.00	\$0.00

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

OA=Other Adjustments

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