

Check Summary

Transaction Date: October 16, 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: 9022234634 Payment Amount: 0.00 Check/EFT Date: 10/16/2023 Production End Cycle Date: 10/16/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: BLASZCZYK, JENNA

Claim Number: 2023276EL1277

Claim Date: 09/11/2023-09/11/2023 Claim Status Code: 4

Patient ID: WFQ703W15045	Group / Policy: 174245MGAE	Facility Type:	Claim Charge: \$25,920.00
Patient Ctrl Nmbr: 0.3136831	Contract Hdr: BLUE ACCESS PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN	Rendering Prv ID:	Claim Received Date: 10/03/2023	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
7366609529Z1	09/11/2023 - 09/11/2023				HC:95941 / / 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
7366609529Z2	09/11/2023 - 09/11/2023				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
7366609529Z3	09/11/2023 - 09/11/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7366609529Z4	09/11/2023 - 09/11/2023				HC:95955 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7366609529Z5	09/11/2023 - 09/11/2023				HC:95868 / 26 / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00
7366609529Z6	09/11/2023 - 09/11/2023				HC:95868 / 26,XU / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00
7366609529Z7	09/11/2023 - 09/11/2023				HC:95870 / 26,XU / 0	M15		\$2,332.00	PI-234	\$2,332.00	\$0.00
7366609529Z8	09/11/2023 - 09/11/2023				HC:95870 / 26,XU / 0	M15		\$2,332.00	PI-234	\$2,332.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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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
7366609529Z9	09/11/2023 - 09/11/2023				HC:95999 // 0	M15		\$7,200.00	PI-234	\$7,200.00	\$0.00

Patient Name: BROWN, MERWIN RANDE	Claim Number: 20232617A0310	Claim Date: 06/22/2023-06/22/2023	Claim Status Code: 4
Patient ID: CW5001176	Group / Policy: L06446M001	Facility Type:	Claim Charge: \$22,206.00
Patient Ctrl Nmbr: 0.3049306	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 09/18/2023	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
	06/22/2023 - 06/22/2023				HC:95941 // 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
	06/22/2023 - 06/22/2023				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
	06/22/2023 - 06/22/2023				HC:95822 / 26,XU / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
	06/22/2023 - 06/22/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
	06/22/2023 - 06/22/2023				HC:51785 / 26 / 0	M15		\$1,071.00	PI-234	\$1,071.00	\$0.00
	06/22/2023 - 06/22/2023				HC:51785 / 26,XU / 0	M15		\$1,071.00	PI-234	\$1,071.00	\$0.00
	06/22/2023 - 06/22/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	06/22/2023 - 06/22/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	06/22/2023 - 06/22/2023				HC:95999 // 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Patient Name: CABLES, MICKEY	Claim Number: 2023244DJ0592	Claim Date: 05/01/2023-05/01/2023	Claim Status Code: 4
Patient ID: QNC07517201D	Group / Policy: 280630M011	Facility Type:	Claim Charge: \$19,010.00
Patient Ctrl Nmbr: 0.2985491	Contract Hdr: PPO PB INCENTIVE	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HSU, ANDREW	Rendering Prv ID:	Claim Received Date: 09/01/2023	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
7240908500Z1	05/01/2023 - 05/01/2023				HC:95941 // 0	M15		\$5,520.00	PI-234	\$5,520.00	\$0.00
7240908500Z2	05/01/2023 - 05/01/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7240908500Z3	05/01/2023 - 05/01/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7240908500Z4	05/01/2023 - 05/01/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7240908500Z5	05/01/2023 - 05/01/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7240908500Z6	05/01/2023 - 05/01/2023				HC:95999 // 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

Patient Name: DIAL, JOSH	Claim Number: 2023125DF9530	Claim Date: 12/23/2022-12/23/2022	Claim Status Code: 4
Patient ID: OE0111277	Group / Policy: 276753M111	Facility Type:	Claim Charge: \$18,534.00
Patient Ctrl Nmbr: 0.2838637	Contract Hdr: BLUE CARD INCENTIVE NS	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN	Rendering Prv ID:	Claim Received Date: 05/05/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
6868337309Z1	12/23/2022 - 12/23/2022				HC:95941 // 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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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
6868337309Z2	12/23/2022 - 12/23/2022				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
6868337309Z3	12/23/2022 - 12/23/2022				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
6868337309Z4	12/23/2022 - 12/23/2022				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
6868337309Z5	12/23/2022 - 12/23/2022				HC:95870 / 26 / 0	M15		\$1,749.00	PI-234	\$1,749.00	\$0.00
6868337309Z6	12/23/2022 - 12/23/2022				HC:95870 / 26,XU / 0	M15		\$1,749.00	PI-234	\$1,749.00	\$0.00
6868337309Z7	12/23/2022 - 12/23/2022				HC:95999 / / 0	M15		\$3,600.00	PI-234	\$3,600.00	\$0.00

Patient Name: DIAL, JOSH	Claim Number: 2023125DF9530	Claim Date: 12/23/2022-12/23/2022	Claim Status Code: 22
Patient ID: OE0111277	Group / Policy: 276753M111	Facility Type:	Claim Charge: \$-18,534.00
Patient Ctrl Nmbr: 0.2838637	Contract Hdr: BLUE CARD INCENTIVE NS	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN	Rendering Prv ID:	Claim Received Date: 05/05/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
6868337309Z1	12/23/2022 - 12/23/2022				HC:95941 / / 0	N706		\$-2,760.00	PR-226	\$-2,760.00	\$0.00
6868337309Z2	12/23/2022 - 12/23/2022				HC:95939 / 26 / 0	N706		\$-3,814.00	PR-226	\$-3,814.00	\$0.00
6868337309Z3	12/23/2022 - 12/23/2022				HC:95822 / 26 / 0	N706		\$-1,755.00	PR-226	\$-1,755.00	\$0.00
6868337309Z4	12/23/2022 - 12/23/2022				HC:95938 / 26 / 0	N706		\$-3,107.00	PR-226	\$-3,107.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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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
6868337309Z5	12/23/2022 - 12/23/2022				HC:95870 / 26 / 0	N706		\$-1,749.00	PR-226	\$-1,749.00	\$0.00
6868337309Z6	12/23/2022 - 12/23/2022				HC:95870 / 26,XU / 0	N706		\$-1,749.00	PR-226	\$-1,749.00	\$0.00
6868337309Z7	12/23/2022 - 12/23/2022				HC:95999 // 0	N706		\$-3,600.00	PR-226	\$-3,600.00	\$0.00

Patient Name: FRAUSTO, DAVID	Claim Number: 2023258DL3539	Claim Date: 06/19/2023-06/19/2023	Claim Status Code: 4
Patient ID: JPU297A69024	Group / Policy: L06868M001	Facility Type:	Claim Charge: \$30,476.00
Patient Ctrl Nbr: 0.3045575	Contract Hdr: PPO PB CLASS	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HSU, ANDREW	Rendering Prv ID:	Claim Received Date: 09/15/2023	Patient Resp: \$0.00
Original Ref Nbr:			

Line Details											Results: 9
Line Ctrl Nbr	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
7288684658Z1	06/19/2023 - 06/19/2023				HC:95941 // 0	M127		\$7,074.00	PI-252	\$7,074.00	\$0.00
7288684658Z2	06/19/2023 - 06/19/2023				HC:95939 / 26 / 0	M127		\$3,814.00	PI-252	\$3,814.00	\$0.00
7288684658Z3	06/19/2023 - 06/19/2023				HC:95822 / 26 / 0	M127		\$1,755.00	PI-252	\$1,755.00	\$0.00
7288684658Z4	06/19/2023 - 06/19/2023				HC:95938 / 26 / 0	M127		\$3,107.00	PI-252	\$3,107.00	\$0.00
7288684658Z5	06/19/2023 - 06/19/2023				HC:95861 / 26 / 0	M127		\$1,614.00	PI-252	\$1,614.00	\$0.00
7288684658Z6	06/19/2023 - 06/19/2023				HC:95861 / 26,XU / 0	M127		\$1,614.00	PI-252	\$1,614.00	\$0.00
7288684658Z7	06/19/2023 - 06/19/2023				HC:95870 / 26,XU / 0	M127		\$1,749.00	PI-252	\$1,749.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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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
7288684658Z8	06/19/2023 - 06/19/2023				HC:95870 / 26,XU / 0	M127		\$1,749.00	PI-252	\$1,749.00	\$0.00
7288684658Z9	06/19/2023 - 06/19/2023				HC:95999 // 0	M127		\$8,000.00	PI-252	\$8,000.00	\$0.00

Patient Name: GAREY, ROSALBA	Claim Number: 2023234DV6004	Claim Date: 08/02/2023-08/02/2023	Claim Status Code: 4
Patient ID: UQF934W07419	Group / Policy: 6VRS00	Facility Type:	Claim Charge: \$16,250.00
Patient Ctrl Nmbr: 0.3092844	Contract Hdr: NV IND HMO GK DIGITAL	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: SEN, INDRANIL	Rendering Prv ID:	Claim Received Date: 08/22/2023	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
7204954884Z1	08/02/2023 - 08/02/2023				HC:95941 // 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
7204954884Z2	08/02/2023 - 08/02/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7204954884Z3	08/02/2023 - 08/02/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7204954884Z4	08/02/2023 - 08/02/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7204954884Z5	08/02/2023 - 08/02/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7204954884Z6	08/02/2023 - 08/02/2023				HC:95999 // 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Patient Name: HANCOX, TERESA S	Claim Number: 20232617A0267	Claim Date: 06/05/2023-06/05/2023	Claim Status Code: 4
Patient ID: ZBL018597	Group / Policy: 196513M001	Facility Type:	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.3028442	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 09/18/2023	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
	06/05/2023 - 06/05/2023				HC:95941 // 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95868 / 26 / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95868 / 26,XU / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00
	06/05/2023 - 06/05/2023				HC:95999 // 0	M15		\$7,200.00	PI-234	\$7,200.00	\$0.00

Patient Name: JACKSON, OWEN E	Claim Number: 2023133CE5044	Claim Date: 09/12/2022-09/12/2022	Claim Status Code: 4
Patient ID: 171A79293	Group / Policy: 201079M5A3	Facility Type:	Claim Charge: \$14,149.00
Patient Ctrl Nmbr: 0.2707905	Contract Hdr: BC PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN	Rendering Prv ID:	Claim Received Date: 05/12/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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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
6891358085Z1	09/12/2022 - 09/12/2022				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
6891358085Z2	09/12/2022 - 09/12/2022				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
6891358085Z3	09/12/2022 - 09/12/2022				HC:95929 / 26 / 0	M15		\$2,459.00	PI-234	\$2,459.00	\$0.00
6891358085Z4	09/12/2022 - 09/12/2022				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
6891358085Z5	09/12/2022 - 09/12/2022				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
6891358085Z6	09/12/2022 - 09/12/2022				HC:95999 / / 0	M15		\$3,600.00	PI-234	\$3,600.00	\$0.00

Patient Name: JACKSON, OWEN E	Claim Number: 2023133CE5044	Claim Date: 09/12/2022-09/12/2022	Claim Status Code: 22
Patient ID: 171A79293	Group / Policy: 201079M5A3	Facility Type:	Claim Charge: \$-14,149.00
Patient Ctrl Nmbr: 0.2707905	Contract Hdr: BC PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN	Rendering Prv ID:	Claim Received Date: 05/12/2023	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
6891358085Z1	09/12/2022 - 09/12/2022				HC:95822 / 26 / 0	M15		\$-1,755.00	PI-234	\$-1,755.00	\$0.00
6891358085Z2	09/12/2022 - 09/12/2022				HC:95938 / 26 / 0	M15		\$-3,107.00	PI-234	\$-3,107.00	\$0.00
6891358085Z3	09/12/2022 - 09/12/2022				HC:95929 / 26 / 0	M15		\$-2,459.00	PI-234	\$-2,459.00	\$0.00
6891358085Z4	09/12/2022 - 09/12/2022				HC:95861 / 26 / 0	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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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
6891358085Z5	09/12/2022 - 09/12/2022				HC:95861 / 26,XU / 0	M15		\$-1,614.00	PI-234	\$-1,614.00	\$0.00
6891358085Z6	09/12/2022 - 09/12/2022				HC:95999 // 0	M15		\$-3,600.00	PI-234	\$-3,600.00	\$0.00

Patient Name: MAUSS, RAYMOND W	Claim Number: 2023280GF4206	Claim Date: 06/06/2022-06/06/2022	Claim Status Code: 2
Patient ID: 450A54953	Group / Policy: 1841LV	Facility Type:	Claim Charge: \$8,090.00
Patient Ctrl Nmbr: 0.2592530	Contract Hdr: BC PPO INCENTIVE	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN	Rendering Prv ID:	Claim Received Date: 10/07/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 4
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
LX#01	06/06/2022 - 06/06/2022				HC:95938 / 26 / 0	N770		\$3,107.00	CO-129	\$3,107.00	\$0.00
LX#02	06/06/2022 - 06/06/2022				HC:95822 / 26 / 0	N770		\$1,755.00	CO-129	\$1,755.00	\$0.00
LX#03	06/06/2022 - 06/06/2022				HC:95861 / 26 / 0	N770		\$1,614.00	CO-129	\$1,614.00	\$0.00
LX#04	06/06/2022 - 06/06/2022				HC:95861 / 26,XU / 0	N770		\$1,614.00	CO-129	\$1,614.00	\$0.00

Patient Name: MCCULLOUGH, KELLEY	Claim Number: 2023258DL5097	Claim Date: 06/23/2023-06/23/2023	Claim Status Code: 4
Patient ID: EZV455M00093	Group / Policy: 270094M3HA	Facility Type:	Claim Charge: \$16,250.00
Patient Ctrl Nmbr: 0.3050586	Contract Hdr: BC EX PRV ORG EPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: SEN, INDRANIL	Rendering Prv ID:	Claim Received Date: 09/15/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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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
7288954320Z1	06/23/2023 - 06/23/2023				HC:95941 // 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
7288954320Z2	06/23/2023 - 06/23/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7288954320Z3	06/23/2023 - 06/23/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7288954320Z4	06/23/2023 - 06/23/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7288954320Z5	06/23/2023 - 06/23/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7288954320Z6	06/23/2023 - 06/23/2023				HC:95999 // 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

Patient Name: MCKEE, RANNY	Claim Number: 2023271DO7205	Claim Date: 07/14/2023-07/14/2023	Claim Status Code: 4
Patient ID: ZLX892M51558	Group / Policy: F42298	Facility Type:	Claim Charge: \$16,909.00
Patient Ctrl Nmbr: 0.3072615	Contract Hdr: NV SG PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7348310003Z1	07/14/2023 - 07/14/2023				HC:95941 // 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
7348310003Z2	07/14/2023 - 07/14/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7348310003Z3	07/14/2023 - 07/14/2023				HC:95955 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7348310003Z4	07/14/2023 - 07/14/2023				HC:95929 / 26 / 0	M15		\$2,459.00	PI-234	\$2,459.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Line Details											Results: 7
Line Ctrl Nbr	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
7348310003Z5	07/14/2023 - 07/14/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7348310003Z6	07/14/2023 - 07/14/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7348310003Z7	07/14/2023 - 07/14/2023				HC:95999 // 0	M15		\$3,600.00	PI-234	\$3,600.00	\$0.00

Patient Name: MILLER, JEFFERY	Claim Number: 2023236DA8402	Claim Date: 05/11/2023-05/11/2023	Claim Status Code: 4
Patient ID: JQZ200M79941	Group / Policy: 280526M001	Facility Type:	Claim Charge: \$30,004.00
Patient Ctrl Nbr: 0.2999513	Contract Hdr: PPO PB INCENTIVE	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: HSU, ANDREW	Rendering Prv ID:	Claim Received Date: 08/24/2023	Patient Resp: \$0.00
Original Ref Nbr:			

Line Details											Results: 9
Line Ctrl Nbr	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
7213109568Z1	05/11/2023 - 05/11/2023				HC:95941 // 0	M15		\$8,280.00	PI-234	\$8,280.00	\$0.00
7213109568Z2	05/11/2023 - 05/11/2023				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
7213109568Z3	05/11/2023 - 05/11/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
7213109568Z4	05/11/2023 - 05/11/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7213109568Z5	05/11/2023 - 05/11/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7213109568Z6	05/11/2023 - 05/11/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7213109568Z7	05/11/2023 - 05/11/2023				HC:95868 / 26 / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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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
7213109568Z8	05/11/2023 - 05/11/2023				HC:95868 / 26,XU / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00
7213109568Z9	05/11/2023 - 05/11/2023				HC:95999 // 0	M15		\$7,200.00	PI-234	\$7,200.00	\$0.00

Patient Name: MULHERN, ANNIE C	Claim Number: 20232617A0277	Claim Date: 06/14/2023-06/14/2023	Claim Status Code: 4
Patient ID: 6037943WM	Group / Policy: L07213M001	Facility Type:	Claim Charge: \$16,250.00
Patient Ctrl Nmbr: 0.3039934	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 09/18/2023	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
	06/14/2023 - 06/14/2023				HC:95941 // 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
	06/14/2023 - 06/14/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
	06/14/2023 - 06/14/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
	06/14/2023 - 06/14/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	06/14/2023 - 06/14/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	06/14/2023 - 06/14/2023				HC:95999 // 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Patient Name: RIGGLE, ALEXIS M	Claim Number: 20232617A0273	Claim Date: 06/02/2023-06/02/2023	Claim Status Code: 4
Patient ID: 889M88305	Group / Policy: 280665M001	Facility Type:	Claim Charge: \$10,382.00
Patient Ctrl Nmbr: 0.3026777	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 09/18/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details **Results:** 3

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
	06/02/2023 - 06/02/2023				HC:95941 // 0	M15		\$5,520.00	PI-234	\$5,520.00	\$0.00
	06/02/2023 - 06/02/2023				HC:95822 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
	06/02/2023 - 06/02/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00

Patient Name: RILEY, REBECCA	Claim Number: 2023272DT3246	Claim Date: 08/03/2023-08/03/2023	Claim Status Code: 4
Patient ID: HEAHC0040997	Group / Policy: L00896M001	Facility Type:	Claim Charge: \$38,399.00
Patient Ctrl Nmbr: 0.3093850	Contract Hdr: PPO PB INCENTIVE	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN	Rendering Prv ID:	Claim Received Date: 09/29/2023	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
7354235711Z1	08/03/2023 - 08/03/2023				HC:95941 // 0	M15		\$8,280.00	PI-234	\$8,280.00	\$0.00
7354235711Z2	08/03/2023 - 08/03/2023				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
7354235711Z3	08/03/2023 - 08/03/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7354235711Z4	08/03/2023 - 08/03/2023				HC:95955 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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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
7354235711Z5	08/03/2023 - 08/03/2023				HC:95909 / 26 / 0	M15		\$555.00	PI-234	\$555.00	\$0.00
7354235711Z6	08/03/2023 - 08/03/2023				HC:95886 / 26 / 0	M15		\$5,944.00	PI-234	\$5,944.00	\$0.00
7354235711Z7	08/03/2023 - 08/03/2023				HC:95886 / 26,XU / 0	M15		\$5,944.00	PI-234	\$5,944.00	\$0.00
7354235711Z8	08/03/2023 - 08/03/2023				HC:95999 / / 0	M15		\$9,000.00	PI-234	\$9,000.00	\$0.00

Patient Name: SIMPSON, NICHOLAS	Claim Number: 2023271EN6435	Claim Date: 07/26/2023-07/26/2023	Claim Status Code: 4
Patient ID: YFW202M95755	Group / Policy: L03291M001	Facility Type:	Claim Charge: \$28,448.00
Patient Ctrl Nmbr: 0.3085410	Contract Hdr: NEVADA BLUE SECURE PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: SEN, INDRANIL	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 11
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
7349318966Z10	07/26/2023 - 07/26/2023				HC:95868 / 26,XU / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00
7349318966Z11	07/26/2023 - 07/26/2023				HC:95999 / / 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00
7349318966Z1	07/26/2023 - 07/26/2023				HC:95941 / / 0	M15		\$5,520.00	PI-234	\$5,520.00	\$0.00
7349318966Z2	07/26/2023 - 07/26/2023				HC:95939 / 26 / 0	M15		\$3,814.00	PI-234	\$3,814.00	\$0.00
7349318966Z3	07/26/2023 - 07/26/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
7349318966Z4	07/26/2023 - 07/26/2023				HC:95955 / 26 / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Line Details											Results: 11
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
7349318966Z5	07/26/2023 - 07/26/2023				HC:95861 / 26 / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7349318966Z6	07/26/2023 - 07/26/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
7349318966Z7	07/26/2023 - 07/26/2023				HC:95865 / 26 / 0	M15		\$1,502.00	PI-234	\$1,502.00	\$0.00
7349318966Z8	07/26/2023 - 07/26/2023				HC:95865 / 26,XU / 0	M15		\$1,502.00	PI-234	\$1,502.00	\$0.00
7349318966Z9	07/26/2023 - 07/26/2023				HC:95868 / 26,XU / 0	M15		\$1,310.00	PI-234	\$1,310.00	\$0.00

Patient Name: STEVENS, JULIA	Claim Number: 20232617A0266	Claim Date: 06/06/2023-06/06/2023	Claim Status Code: 4
Patient ID: 528M92830	Group / Policy: 196562M004	Facility Type:	Claim Charge: \$18,392.00
Patient Ctrl Nmbr: 0.3030115	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NOT AVAIL,	Rendering Prv ID:	Claim Received Date: 09/18/2023	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
	06/06/2023 - 06/06/2023				HC:95941 / / 0	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
	06/06/2023 - 06/06/2023				HC:95822 / 26,XU / 0	M15		\$1,755.00	PI-234	\$1,755.00	\$0.00
	06/06/2023 - 06/06/2023				HC:95938 / 26 / 0	M15		\$3,107.00	PI-234	\$3,107.00	\$0.00
	06/06/2023 - 06/06/2023				HC:51785 / 26 / 0	M15		\$1,071.00	PI-234	\$1,071.00	\$0.00
	06/06/2023 - 06/06/2023				HC:51785 / 26,XU / 0	M15		\$1,071.00	PI-234	\$1,071.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Line Details											Results: 8
Line Ctrl Nbr	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
	06/06/2023 - 06/06/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	06/06/2023 - 06/06/2023				HC:95861 / 26,XU / 0	M15		\$1,614.00	PI-234	\$1,614.00	\$0.00
	06/06/2023 - 06/06/2023				HC:95999 // 0	M15		\$5,400.00	PI-234	\$5,400.00	\$0.00

Patient Name: VILLAFANA, GABRIELA	Claim Number: 2023251DK1207	Claim Date: 08/23/2023-08/23/2023	Claim Status Code: 4
Patient ID: JQU195A77900	Group / Policy: J41695	Facility Type:	Claim Charge: \$18,870.00
Patient Ctrl Nbr: 0.3117202	Contract Hdr: CA SG ANTHEM PPO	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: BURNS, JONATHAN	Rendering Prv ID:	Claim Received Date: 09/08/2023	Patient Resp: \$0.00
Original Ref Nbr:			

Line Details											Results: 8
Line Ctrl Nbr	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
7262304387Z1	08/23/2023 - 08/23/2023				HC:95941 // 1	M15		\$2,760.00	PI-234	\$2,760.00	\$0.00
7262304387Z2	08/23/2023 - 08/23/2023				HC:95822 / 26 / 1	N56		\$1,755.00	PI-16	\$1,755.00	\$0.00
7262304387Z3	08/23/2023 - 08/23/2023				HC:95938 / 26 / 1	N56		\$3,107.00	PI-16	\$3,107.00	\$0.00
7262304387Z4	08/23/2023 - 08/23/2023				HC:95861 / 26 / 1	N56		\$1,614.00	PI-16	\$1,614.00	\$0.00
7262304387Z5	08/23/2023 - 08/23/2023				HC:95861 / 26,XU / 1	N56		\$1,614.00	PI-16	\$1,614.00	\$0.00
7262304387Z6	08/23/2023 - 08/23/2023				HC:95868 / 26 / 1	N56		\$1,310.00	PI-16	\$1,310.00	\$0.00
7262304387Z7	08/23/2023 - 08/23/2023				HC:95868 / 26,XU / 1	N56		\$1,310.00	PI-16	\$1,310.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234634	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Line Details											Results: 8
Line Ctrl Nbr	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
7262304387Z8	08/23/2023 - 08/23/2023				HC:95999 // 3	M15		\$5,400.00	PI-234	\$5,400.00	\$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.

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

N706=Missing documentation.

N770=The adjustment request received from the provider has been processed. Your original claim has been adjusted based on the information received.

GROUP CODE(S):

PI=Payor Initiated Reductions

PR=Patient Responsibility

CO=Contractual Obligations

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.)

226=Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. 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.)

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.)

129=Prior processing information appears incorrect. 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.)

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):

4=Denied

22=Reversal of Previous Payment

2=Processed as Secondary