

Check Summary**Transaction Date:** October 23, 2023

ROCKY MOUNTAIN HOSPITAL&MEDICAL 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 823814806 Payee ID: 1871000588 Check/EFT Trace Number: 9022472872 Payment Amount: 0.00 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/23/2023	Payee Name: PEAK NEURO MONITORING LLC Payee Address: 4164 AUSTIN BLUFFS PKWY STE 603 COLORADO SPGS, CO 80918
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Patient Name: HANKIN, BRADY C**Claim Number:** 2023174EL3032**Claim Date:** 05/22/2023-05/22/2023 **Claim Status Code:** 4

Patient ID: 520W04125	Group / Policy: 6RVP00	Facility Type:	Claim Charge: \$18,087.00
Patient Ctrl Nmbr: 0.3011493	Contract Hdr: PATHWAY	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MCCLINTOCK, JONATHAN	Rendering Prv ID:	Claim Received Date: 06/23/2023	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
7021006565Z1	05/22/2023 - 05/22/2023				HC:95822 / TC / 0	N56		\$2,346.00	CO-16	\$2,346.00	\$0.00
7021006565Z2	05/22/2023 - 05/22/2023				HC:95938 / TC / 0	N56		\$2,943.00	CO-16	\$2,943.00	\$0.00
7021006565Z3	05/22/2023 - 05/22/2023				HC:95908 / TC / 0	N56		\$1,050.00	CO-16	\$1,050.00	\$0.00
7021006565Z4	05/22/2023 - 05/22/2023				HC:95886 / TC / 0	N56		\$2,208.00	CO-16	\$2,208.00	\$0.00
7021006565Z5	05/22/2023 - 05/22/2023				HC:95886 / TC,XU / 0	N56		\$2,208.00	CO-16	\$2,208.00	\$0.00
7021006565Z6	05/22/2023 - 05/22/2023				HC:95999 // 0	N56		\$7,200.00	CO-16	\$7,200.00	\$0.00
7021006565Z7	05/22/2023 - 05/22/2023				HC:A4215 // 0	N56		\$120.00	CO-16	\$120.00	\$0.00
7021006565Z8	05/22/2023 - 05/22/2023				HC:A4556 // 0	N56		\$12.00	CO-16	\$12.00	\$0.00

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 9022472872	Check/EFT Date: 10/23/2023	Total Paid: \$0.00
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Patient Name: HANKIN, BRADY C	Claim Number: 2023174EL3032	Claim Date: 05/22/2023-05/22/2023	Claim Status Code: 22
Patient ID: 520W04125	Group / Policy: 6RVP00	Facility Type:	Claim Charge: \$-18,087.00
Patient Ctrl Nmbr: 0.3011493	Contract Hdr: PATHWAY	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MCCLINTOCK, JONATHAN	Rendering Prv ID:	Claim Received Date: 06/23/2023	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
7021006565Z1	05/22/2023 - 05/22/2023				HC:95822 / TC / 0	N56		\$-2,346.00	CO-16	\$-2,346.00	\$0.00
7021006565Z2	05/22/2023 - 05/22/2023				HC:95938 / TC / 0	N56		\$-2,943.00	CO-16	\$-2,943.00	\$0.00
7021006565Z3	05/22/2023 - 05/22/2023				HC:95908 / TC / 0	N56		\$-1,050.00	CO-16	\$-1,050.00	\$0.00
7021006565Z4	05/22/2023 - 05/22/2023				HC:95886 / TC / 0	N56		\$-2,208.00	CO-16	\$-2,208.00	\$0.00
7021006565Z5	05/22/2023 - 05/22/2023				HC:95886 / TC,XU / 0	N56		\$-2,208.00	CO-16	\$-2,208.00	\$0.00
7021006565Z6	05/22/2023 - 05/22/2023				HC:95999 // 0	N56		\$-7,200.00	CO-16	\$-7,200.00	\$0.00
7021006565Z7	05/22/2023 - 05/22/2023				HC:A4215 // 0	N56		\$-120.00	CO-16	\$-120.00	\$0.00
7021006565Z8	05/22/2023 - 05/22/2023				HC:A4556 // 0	N56		\$-12.00	CO-16	\$-12.00	\$0.00

Patient Name: HOGHAUG, PAUL	Claim Number: 2022290ER7140	Claim Date: 07/20/2022-07/20/2022	Claim Status Code: 4
Patient ID: 156W02373	Group / Policy: 65L300	Facility Type:	Claim Charge: \$14,889.00
Patient Ctrl Nmbr: 0.2643731	Contract Hdr: PATHWAY	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MCCLINTOCK, JONATHAN	Rendering Prv ID:	Claim Received Date: 10/17/2022	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 9022472872	Check/EFT Date: 10/23/2023	Total Paid: \$0.00
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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
6258326777Z1	07/20/2022 - 07/20/2022				HC:95822 / TC / 0	N56		\$2,346.00	CO-16	\$2,346.00	\$0.00
6258326777Z2	07/20/2022 - 07/20/2022				HC:95938 / TC / 0	N56		\$2,943.00	CO-16	\$2,943.00	\$0.00
6258326777Z3	07/20/2022 - 07/20/2022				HC:95861 / TC / 0	N56		\$2,100.00	CO-16	\$2,100.00	\$0.00
6258326777Z4	07/20/2022 - 07/20/2022				HC:95861 / TC,XU / 0	N56		\$2,100.00	CO-16	\$2,100.00	\$0.00
6258326777Z5	07/20/2022 - 07/20/2022				HC:95999 // 0	N56		\$5,400.00	CO-16	\$5,400.00	\$0.00

Patient Name: HOGHAUG, PAUL	Claim Number: 2022290ER7140	Claim Date: 07/20/2022-07/20/2022	Claim Status Code: 22
Patient ID: 156W02373	Group / Policy: 65L300	Facility Type:	Claim Charge: \$-14,889.00
Patient Ctrl Nmbr: 0.2643731	Contract Hdr: PATHWAY	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MCCLINTOCK, JONATHAN	Rendering Prv ID:	Claim Received Date: 10/17/2022	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
6258326777Z1	07/20/2022 - 07/20/2022				HC:95822 / TC / 0	N56		\$-2,346.00	CO-16	\$-2,346.00	\$0.00
6258326777Z2	07/20/2022 - 07/20/2022				HC:95938 / TC / 0	N56		\$-2,943.00	CO-16	\$-2,943.00	\$0.00
6258326777Z3	07/20/2022 - 07/20/2022				HC:95861 / TC / 0	N56		\$-2,100.00	CO-16	\$-2,100.00	\$0.00
6258326777Z4	07/20/2022 - 07/20/2022				HC:95861 / TC,XU / 0	N56		\$-2,100.00	CO-16	\$-2,100.00	\$0.00
6258326777Z5	07/20/2022 - 07/20/2022				HC:95999 // 0	N56		\$-5,400.00	CO-16	\$-5,400.00	\$0.00

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 9022472872	Check/EFT Date: 10/23/2023	Total Paid: \$0.00
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Patient Name: WINSOR, DENNIS W	Claim Number: 2023236EE2243	Claim Date: 07/26/2023-07/26/2023	Claim Status Code: 4
Patient ID: 500M93409	Group / Policy: H29600	Facility Type:	Claim Charge: \$15,053.00
Patient Ctrl Nmbr: 0.3085085	Contract Hdr: CO SG PPO HSA	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: PAULLEY, MCKENNA	Rendering Prv ID:	Claim Received Date: 08/24/2023	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
7214892148Z1	07/26/2023 - 07/26/2023				HC:95822 / TC / 0	N706		\$2,346.00	CO-226	\$2,346.00	\$0.00
7214892148Z2	07/26/2023 - 07/26/2023				HC:95938 / TC / 0	N706		\$2,943.00	CO-226	\$2,943.00	\$0.00
7214892148Z3	07/26/2023 - 07/26/2023				HC:95861 / TC / 0	N706		\$2,100.00	CO-226	\$2,100.00	\$0.00
7214892148Z4	07/26/2023 - 07/26/2023				HC:95861 / TC,XU / 0	N706		\$2,100.00	CO-226	\$2,100.00	\$0.00
7214892148Z5	07/26/2023 - 07/26/2023				HC:95999 // 0	N706		\$5,400.00	CO-226	\$5,400.00	\$0.00
7214892148Z6	07/26/2023 - 07/26/2023				HC:A4215 // 0	N706		\$110.00	CO-226	\$110.00	\$0.00
7214892148Z7	07/26/2023 - 07/26/2023				HC:A4556 // 0	N706		\$54.00	CO-226	\$54.00	\$0.00

Patient Name: WINSOR, DENNIS W	Claim Number: 2023236EE2243	Claim Date: 07/26/2023-07/26/2023	Claim Status Code: 22
Patient ID: 500M93409	Group / Policy: H29600	Facility Type:	Claim Charge: \$-15,053.00
Patient Ctrl Nmbr: 0.3085085	Contract Hdr: CO SG PPO HSA	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: PAULLEY, MCKENNA	Rendering Prv ID:	Claim Received Date: 08/24/2023	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

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 9022472872	Check/EFT Date: 10/23/2023	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
7214892148Z1	07/26/2023 - 07/26/2023				HC:95822 / TC / 0	M127		\$-2,346.00	CO-252	\$-2,346.00	\$0.00
7214892148Z2	07/26/2023 - 07/26/2023				HC:95938 / TC / 0	M127		\$-2,943.00	CO-252	\$-2,943.00	\$0.00
7214892148Z3	07/26/2023 - 07/26/2023				HC:95861 / TC / 0	M127		\$-2,100.00	CO-252	\$-2,100.00	\$0.00
7214892148Z4	07/26/2023 - 07/26/2023				HC:95861 / TC,XU / 0	M127		\$-2,100.00	CO-252	\$-2,100.00	\$0.00
7214892148Z5	07/26/2023 - 07/26/2023				HC:95999 // 0	M127		\$-5,400.00	CO-252	\$-5,400.00	\$0.00
7214892148Z6	07/26/2023 - 07/26/2023				HC:A4215 // 0	M127		\$-110.00	CO-252	\$-110.00	\$0.00
7214892148Z7	07/26/2023 - 07/26/2023				HC:A4556 // 0	M127		\$-54.00	CO-252	\$-54.00	\$0.00

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

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

N706=Missing documentation.

GROUP CODE(S):

CO=Contractual Obligations

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.

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).

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 9022472872	Check/EFT Date: 10/23/2023	Total Paid: \$0.00
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CLAIM STATUS CODE(S):

4=Denied

22=Reversal of Previous Payment