

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

RMHMS, INC. NV 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 510654972 Payee ID: 1659765204 Check/EFT Trace Number: 9022473915 Payment Amount: 0.00 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/23/2023	Payee Name: NEUROMONITORING ASSOCIATE Payee Address: PO BOX 29650 DEPT 880257 PHOENIX, AZ 85038
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Patient Name: BUCKLEY, TERESA L**Claim Number:** 2021281CW6130**Claim Date:** 09/14/2020-09/14/2020 **Claim Status Code:** 4**Patient ID:** 555M88306**Group / Policy:** 280665M001**Facility Type:****Claim Charge:** \$23,057.00**Patient Ctrl Nmbr:** 0.1890726**Contract Hdr:** NEVADA BLUE PREFERRED**Claim Frequency:****Claim Payment:** \$0.00**Rendering Prvd:** CONTESSA, CARISSA**Rendering Prv ID:****Claim Received Date:** 10/08/2021**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
281878019706659001	09/14/2020 - 09/14/2020				HC:95955 / TC,59 / 0	M15		\$5,225.00	PI-234	\$5,225.00	\$0.00
281878019706659002	09/14/2020 - 09/14/2020				HC:95940 / 59 / 0	M15		\$4,830.00	PI-234	\$4,830.00	\$0.00
281878019706659003	09/14/2020 - 09/14/2020				HC:95938 / TC,59 / 0	M15		\$4,163.00	PI-234	\$4,163.00	\$0.00
281878019706659004	09/14/2020 - 09/14/2020				HC:95938 / TC,XU / 0	M15		\$4,163.00	PI-234	\$4,163.00	\$0.00
281878019706659005	09/14/2020 - 09/14/2020				HC:95885 / TC,59 / 0	M15		\$2,408.00	PI-234	\$2,408.00	\$0.00
281878019706659006	09/14/2020 - 09/14/2020				HC:95937 / TC,59 / 0	M15		\$1,400.00	PI-234	\$1,400.00	\$0.00
281878019706659007	09/14/2020 - 09/14/2020				HC:95927 / TC,59 / 0	M15		\$475.00	PI-234	\$475.00	\$0.00
281878019706659008	09/14/2020 - 09/14/2020				HC:95908 / TC / 0	M15		\$393.00	PI-234	\$393.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022473915	Check/EFT Date: 10/23/2023	Total Paid: \$0.00
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Patient Name: BUCKLEY, TERESA L	Claim Number: 2021281CW6130	Claim Date: 09/14/2020-09/14/2020	Claim Status Code: 22
Patient ID: 555M88306	Group / Policy: 280665M001	Facility Type:	Claim Charge: \$-23,057.00
Patient Ctrl Nmbr: 0.1890726	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: CONTESSA, CARISSA	Rendering Prv ID:	Claim Received Date: 10/08/2021	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
281878019706659001	09/14/2020 - 09/14/2020				HC:95955 / TC,59 / 0	M127		\$-5,225.00	PI-252	\$-5,225.00	\$0.00
281878019706659002	09/14/2020 - 09/14/2020				HC:95940 / 59 / 0	M127		\$-4,830.00	PI-252	\$-4,830.00	\$0.00
281878019706659003	09/14/2020 - 09/14/2020				HC:95938 / TC,59 / 0	M127		\$-4,163.00	PI-252	\$-4,163.00	\$0.00
281878019706659004	09/14/2020 - 09/14/2020				HC:95938 / TC,XU / 0	M127		\$-4,163.00	PI-252	\$-4,163.00	\$0.00
281878019706659005	09/14/2020 - 09/14/2020				HC:95885 / TC,59 / 0	M127		\$-2,408.00	PI-252	\$-2,408.00	\$0.00
281878019706659006	09/14/2020 - 09/14/2020				HC:95937 / TC,59 / 0	M127		\$-1,400.00	PI-252	\$-1,400.00	\$0.00
281878019706659007	09/14/2020 - 09/14/2020				HC:95927 / TC,59 / 0	M127		\$-475.00	PI-252	\$-475.00	\$0.00
281878019706659008	09/14/2020 - 09/14/2020				HC:95908 / TC / 0	M127		\$-393.00	PI-252	\$-393.00	\$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

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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.)

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).

CLAIM STATUS CODE(S):

4=Denied

22=Reversal of Previous Payment