

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: 9022234956 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: FREIERT, JEFFREY**Claim Number:** 2023268DW4665**Claim Date:** 09/21/2023-09/21/2023 **Claim Status Code:** 4

Patient ID: V4J827326702	Group / Policy: ITSPPO266	Facility Type:	Claim Charge: \$28,644.00
Patient Ctrl Nmbr: 0.3150607	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: SEN, INDRANIL	Rendering Prv ID:	Claim Received Date: 09/25/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details**Results:** 10

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
7333445324Z10	09/21/2023 - 09/21/2023				HC:95999 // 0	N199		\$7,200.00	PI-B12	\$7,200.00	\$0.00
7333445324Z1	09/21/2023 - 09/21/2023				HC:95941 // 0	N199		\$5,520.00	PI-B12	\$5,520.00	\$0.00
7333445324Z2	09/21/2023 - 09/21/2023				HC:95939 / 26 / 0	N199		\$3,814.00	PI-B12	\$3,814.00	\$0.00
7333445324Z3	09/21/2023 - 09/21/2023				HC:95822 / 26 / 0	N199		\$1,755.00	PI-B12	\$1,755.00	\$0.00
7333445324Z4	09/21/2023 - 09/21/2023				HC:95938 / 26 / 0	N199		\$3,107.00	PI-B12	\$3,107.00	\$0.00
7333445324Z5	09/21/2023 - 09/21/2023				HC:95907 / 26 / 0	N199		\$138.00	PI-B12	\$138.00	\$0.00
7333445324Z6	09/21/2023 - 09/21/2023				HC:95886 / 26 / 0	N199		\$2,972.00	PI-B12	\$2,972.00	\$0.00
7333445324Z7	09/21/2023 - 09/21/2023				HC:95886 / 26,XU / 0	N199		\$2,972.00	PI-B12	\$2,972.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234956	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Line Details										Results: 10	
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
7333445324Z8	09/21/2023 - 09/21/2023				HC:95887 / 26 / 0	N199		\$583.00	PI-B12	\$583.00	\$0.00
7333445324Z9	09/21/2023 - 09/21/2023				HC:95887 / 26,XU / 0	N199		\$583.00	PI-B12	\$583.00	\$0.00

Patient Name: MCINTOSH, GREGORY	Claim Number: 2023271EP4250	Claim Date: 07/26/2023-07/26/2023	Claim Status Code: 4
Patient ID: ZAR136799112001	Group / Policy: ITSPPO266	Facility Type:	Claim Charge: \$16,250.00
Patient Ctrl Nmbr: 0.3086137	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: SEN, INDRANIL	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$14,636.00
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
7349339499Z1	07/26/2023 - 07/26/2023				HC:95941 // 1		\$90.02 (B6)	\$2,760.00	PR-45	\$2,760.00	\$0.00
7349339499Z2	07/26/2023 - 07/26/2023				HC:95938 / 26 / 1		\$63.02 (B6)	\$3,107.00	PR-45	\$3,107.00	\$0.00
7349339499Z3	07/26/2023 - 07/26/2023				HC:95955 / 26 / 1		\$73.91 (B6)	\$1,755.00	PR-45	\$1,755.00	\$0.00
7349339499Z4	07/26/2023 - 07/26/2023				HC:95861 / 26 / 1		\$113.24 (B6)	\$1,614.00	PR-45	\$1,614.00	\$0.00
7349339499Z5	07/26/2023 - 07/26/2023				HC:95861 / 26,XU / 1			\$1,614.00	PI-119	\$1,614.00	\$0.00
7349339499Z6	07/26/2023 - 07/26/2023				HC:95999 // 3			\$5,400.00	PR-45	\$5,400.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234956	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Patient Name: PHILPOTT, ROBERT	Claim Number: 2023272DZ3132	Claim Date: 07/28/2023-07/28/2023	Claim Status Code: 4
Patient ID: PHU10001589P	Group / Policy: ITSPPO266	Facility Type:	Claim Charge: \$25,688.00
Patient Ctrl Nbr: 0.3087983	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: SEN, INDRANIL	Rendering Prv ID:	Claim Received Date: 09/29/2023	Patient Resp: \$0.00
Original Ref Nbr:			

Line Details											Results: 11
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
7353712474Z10	07/28/2023 - 07/28/2023				HC:95868 / 26,XU / 0			\$1,310.00	OA-133	\$1,310.00	\$0.00
7353712474Z11	07/28/2023 - 07/28/2023				HC:95999 // 0			\$5,400.00	OA-133	\$5,400.00	\$0.00
7353712474Z1	07/28/2023 - 07/28/2023				HC:95941 // 0			\$2,760.00	OA-133	\$2,760.00	\$0.00
7353712474Z2	07/28/2023 - 07/28/2023				HC:95939 / 26 / 0			\$3,814.00	OA-133	\$3,814.00	\$0.00
7353712474Z3	07/28/2023 - 07/28/2023				HC:95938 / 26 / 0			\$3,107.00	OA-133	\$3,107.00	\$0.00
7353712474Z4	07/28/2023 - 07/28/2023				HC:95955 / 26 / 0			\$1,755.00	OA-133	\$1,755.00	\$0.00
7353712474Z5	07/28/2023 - 07/28/2023				HC:95861 / 26 / 0			\$1,614.00	OA-133	\$1,614.00	\$0.00
7353712474Z6	07/28/2023 - 07/28/2023				HC:95861 / 26,XU / 0			\$1,614.00	OA-133	\$1,614.00	\$0.00
7353712474Z7	07/28/2023 - 07/28/2023				HC:95865 / 26 / 0			\$1,502.00	OA-133	\$1,502.00	\$0.00
7353712474Z8	07/28/2023 - 07/28/2023				HC:95865 / 26,XU / 0			\$1,502.00	OA-133	\$1,502.00	\$0.00
7353712474Z9	07/28/2023 - 07/28/2023				HC:95868 / 26,XU / 0			\$1,310.00	OA-133	\$1,310.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234956	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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Patient Name: SAPHILOFF, JAMES	Claim Number: 2023270DU8765	Claim Date: 09/25/2023-09/25/2023	Claim Status Code: 4
Patient ID: IPO850693568	Group / Policy: ITSHXP266	Facility Type:	Claim Charge: \$20,363.00
Patient Ctrl Nmbr: 0.3154204	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: SEN, INDRANIL	Rendering Prv ID:	Claim Received Date: 09/27/2023	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
7344195303Z1	09/25/2023 - 09/25/2023				HC:95941 / / 0			\$5,520.00	OA-133	\$5,520.00	\$0.00
7344195303Z2	09/25/2023 - 09/25/2023				HC:95822 / 26 / 0			\$1,755.00	OA-133	\$1,755.00	\$0.00
7344195303Z3	09/25/2023 - 09/25/2023				HC:95938 / 26 / 0			\$3,107.00	OA-133	\$3,107.00	\$0.00
7344195303Z4	09/25/2023 - 09/25/2023				HC:95908 / 26 / 0			\$437.00	OA-133	\$437.00	\$0.00
7344195303Z5	09/25/2023 - 09/25/2023				HC:95886 / 26 / 0			\$2,972.00	OA-133	\$2,972.00	\$0.00
7344195303Z6	09/25/2023 - 09/25/2023				HC:95886 / 26,XU / 0			\$2,972.00	OA-133	\$2,972.00	\$0.00
7344195303Z7	09/25/2023 - 09/25/2023				HC:95999 / / 0			\$3,600.00	OA-133	\$3,600.00	\$0.00

Patient Name: SLAGLE SCRUGS, CARYN	Claim Number: 2023256DD3516	Claim Date: 08/29/2023-08/29/2023	Claim Status Code: 4
Patient ID: WRF967549595	Group / Policy: ITSPPO266	Facility Type:	Claim Charge: \$24,484.00
Patient Ctrl Nmbr: 0.3124096	Contract Hdr: NEVADA BLUE PREFERRED	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: SEN, INDRANIL	Rendering Prv ID:	Claim Received Date: 09/13/2023	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

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234956	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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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
7279592334Z1	08/29/2023 - 08/29/2023				HC:95941 // 0			\$2,760.00	OA-133	\$2,760.00	\$0.00
7279592334Z2	08/29/2023 - 08/29/2023				HC:95939 / 26 / 0			\$3,814.00	OA-133	\$3,814.00	\$0.00
7279592334Z3	08/29/2023 - 08/29/2023				HC:95822 / 26 / 0			\$1,755.00	OA-133	\$1,755.00	\$0.00
7279592334Z4	08/29/2023 - 08/29/2023				HC:95938 / 26 / 0			\$3,107.00	OA-133	\$3,107.00	\$0.00
7279592334Z5	08/29/2023 - 08/29/2023				HC:95861 / 26 / 0			\$1,614.00	OA-133	\$1,614.00	\$0.00
7279592334Z6	08/29/2023 - 08/29/2023				HC:95861 / 26,XU / 0			\$1,614.00	OA-133	\$1,614.00	\$0.00
7279592334Z7	08/29/2023 - 08/29/2023				HC:95868 / 26 / 0			\$1,310.00	OA-133	\$1,310.00	\$0.00
7279592334Z8	08/29/2023 - 08/29/2023				HC:95868 / 26,XU / 0			\$1,310.00	OA-133	\$1,310.00	\$0.00
7279592334Z9	08/29/2023 - 08/29/2023				HC:95999 // 0			\$7,200.00	OA-133	\$7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

N199=Additional payment/recoupment approved based on payer-initiated review/audit.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

PI=Payor Initiated Reductions

PR=Patient Responsibility

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 9022234956	Check/EFT Date: 10/16/2023	Total Paid: \$0.00
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CLAIM ADJUSTMENT REASON CODE(S):

B12=Services not documented in patient's medical records.

45=Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

119=Benefit maximum for this time period or occurrence has been reached.

133=The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).

CLAIM STATUS CODE(S):

4=Denied