

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

RMHMS, INC. NV 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 853229794 Payee ID: 1336746122 Check/EFT Trace Number: 0004830447 Payment Amount: 738.78 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/23/2023	Payee Name: TCM HEALTHCARE Payee Address: PO BOX 29650 DEPT 880257 PHOENIX, AZ 85038
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Patient Name: EGGE, CINDY**Claim Number:** 254491486700567**Claim Date:** 08/01/2023-08/01/2023 **Claim Status Code:** 22**Patient ID:** AFJ323W13169**Group / Policy:** NVEGR002**Facility Type:** 15**Claim Charge:** \$-22,169.00**Patient Ctrl Nmbr:** 0.3091047**Contract Hdr:** NEVADA GROUP MEDICARE**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** MCLAFFERTY, SHEREE**Rendering Prv ID:****Claim Received Date:** 09/19/2023**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
7305811188Z10	08/01/2023 - 08/01/2023				HC:A4556 // 0	M127		\$-48.00	CO-252	\$-48.00	\$0.00
7305811188Z1	08/01/2023 - 08/01/2023				HC:95940 // 0	M127		\$-1,380.00	CO-252	\$-1,380.00	\$0.00
7305811188Z2	08/01/2023 - 08/01/2023				HC:95822 / TC / 0	M127		\$-4,516.00	CO-252	\$-4,516.00	\$0.00
7305811188Z3	08/01/2023 - 08/01/2023				HC:95938 / TC / 0	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00
7305811188Z4	08/01/2023 - 08/01/2023				HC:95861 / TC / 0	M127		\$-2,400.00	CO-252	\$-2,400.00	\$0.00
7305811188Z5	08/01/2023 - 08/01/2023				HC:95861 / TC,XU / 0	M127		\$-2,400.00	CO-252	\$-2,400.00	\$0.00
7305811188Z6	08/01/2023 - 08/01/2023				HC:95870 / TC,XU / 0	M127		\$-1,404.00	CO-252	\$-1,404.00	\$0.00
7305811188Z7	08/01/2023 - 08/01/2023				HC:95870 / TC,XU / 0	M127		\$-1,404.00	CO-252	\$-1,404.00	\$0.00

Payer: RMHMS, INC. NV	Check/EFT Trace Number: 0004830447	Check/EFT Date: 10/23/2023	Total Paid: \$738.78
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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
7305811188Z8	08/01/2023 - 08/01/2023				HC:95999 // 0	M127		\$-5,400.00	CO-252	\$-5,400.00	\$0.00
7305811188Z9	08/01/2023 - 08/01/2023				HC:A4215 // 0	M127		\$-110.00	CO-252	\$-110.00	\$0.00

Patient Name: EGGE, CINDY	Claim Number: 254491486701003	Claim Date: 08/01/2023-08/01/2023	Claim Status Code: 1
Patient ID: AFJ323W13169	Group / Policy: NVEGR002	Facility Type: 15	Claim Charge: \$22,169.00
Patient Ctrl Nmbr: 0.3091047	Contract Hdr: NEVADA GROUP MEDICARE	Claim Frequency: 1	Claim Payment: \$738.78
Rendering Prvd: MCLAFFERTY, SHEREE	Rendering Prv ID:	Claim Received Date: 09/19/2023	Patient Resp: \$5,400.00
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
7305811188Z10	08/01/2023 - 08/01/2023				HC:A4556 // 0	M15		\$48.00	CO-234	\$48.00	\$0.00
7305811188Z1	08/01/2023 - 08/01/2023				HC:95940 // 2	N381	\$64.66 (B6)	\$1,380.00	CO-45 CO-253	\$1,315.34 \$1.29	\$63.37
7305811188Z2	08/01/2023 - 08/01/2023				HC:95822 / TC / 1	N381	\$365.10 (B6)	\$4,516.00	CO-45 CO-253	\$4,150.90 \$7.30	\$357.80
7305811188Z3	08/01/2023 - 08/01/2023				HC:95938 / TC / 1	N381	\$324.09 (B6)	\$3,107.00	CO-45 CO-253	\$2,782.91 \$6.48	\$317.61
7305811188Z4	08/01/2023 - 08/01/2023				HC:95861 / TC / 0	N640		\$2,400.00	CO-222	\$2,400.00	\$0.00
7305811188Z5	08/01/2023 - 08/01/2023				HC:95861 / TC,XU / 0	N640		\$2,400.00	CO-222	\$2,400.00	\$0.00
7305811188Z6	08/01/2023 - 08/01/2023				HC:95870 / TC,XU / 0	N657		\$1,404.00	CO-11	\$1,404.00	\$0.00
7305811188Z7	08/01/2023 - 08/01/2023				HC:95870 / TC,XU / 0			\$1,404.00	OA-18	\$1,404.00	\$0.00

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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
7305811188Z8	08/01/2023 - 08/01/2023				HC:95999 // 0	N448		\$5,400.00	PR-256	\$5,400.00	\$0.00
7305811188Z9	08/01/2023 - 08/01/2023				HC:A4215 // 0	N193 N381		\$110.00	CO-109 CO-45	\$1.98 \$108.02	\$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.

N193=Alert: Specific federal/state/local program may cover this service through another payer.

N381=Consult our contractual agreement for restrictions/billing/payment information related to these charges.

N448=This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.

N640=Exceeds number/frequency approved/allowed within time period.

N657=This should be billed with the appropriate code for these services.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

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).

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.)

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)

253=Sequestration - reduction in federal payment

222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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CLAIM ADJUSTMENT REASON CODE(S):

11=The diagnosis is inconsistent with the procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

256=Service not payable per managed care contract.

109=Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary