

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: 853229794 Payee ID: 1336746122 Check/EFT Trace Number: 0006585603 Payment Amount: 1,683.64 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/23/2023	Payee Name: TCM HEALTHCARE LLC Payee Address: PO BOX 29650 DEPT 880396 PHOENIX, AZ 85038
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Patient Name: FIX, CHRISTINA

Claim Number: 2023262ER9429

Claim Date: 07/31/2023-07/31/2023 Claim Status Code: 1

Patient ID: VAD385A73715	Group / Policy: K50539	Facility Type:	Claim Charge:	\$27,229.00
Patient Ctrl Nmbr: 0.3089447	Contract Hdr: CO SG PPO	Claim Frequency:	Claim Payment:	\$1,683.64
Rendering Prvd: PAULLEY, MCKENNA	Rendering Prv ID:	Claim Received Date: 09/19/2023	Patient Resp:	\$21,132.36
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
7304414912Z10	07/31/2023 - 07/31/2023				HC:A4556 // 9	N19		\$54.00	PI-97	\$54.00	\$0.00
7304414912Z1	07/31/2023 - 07/31/2023				HC:95939 / TC / 1		\$430.79 (B6)	\$3,814.00	PR-45	\$3,383.21	\$430.79
7304414912Z2	07/31/2023 - 07/31/2023				HC:95822 / TC / 1		\$356.06 (B6)	\$4,516.00	PR-45	\$4,159.94	\$356.06
7304414912Z3	07/31/2023 - 07/31/2023				HC:95938 / TC / 1		\$322.55 (B6)	\$3,107.00	PR-45	\$2,784.45	\$322.55
7304414912Z4	07/31/2023 - 07/31/2023				HC:95861 / TC / 1		\$94.49 (B6)	\$2,400.00	PR-45	\$2,305.51	\$94.49
7304414912Z5	07/31/2023 - 07/31/2023				HC:95861 / TC,XU / 1			\$2,400.00	PI-119	\$2,400.00	\$0.00
7304414912Z6	07/31/2023 - 07/31/2023				HC:95868 / TC / 1		\$82.89 (B6)	\$1,779.00	PR-45	\$1,696.11	\$82.89
7304414912Z7	07/31/2023 - 07/31/2023				HC:95868 / TC,XU / 1			\$1,779.00	PI-119	\$1,779.00	\$0.00

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 0006585603	Check/EFT Date: 10/23/2023	Total Paid: \$1,683.64
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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
7304414912Z8	07/31/2023 - 07/31/2023				HC:95999 // 4		\$396.86 (B6)	\$7,200.00	PR-45	\$6,803.14	\$396.86
7304414912Z9	07/31/2023 - 07/31/2023				HC:A4215 // 18	N19		\$180.00	PI-97	\$180.00	\$0.00

Code Descriptions

REMARK CODE(S):

N19=Procedure code incidental to primary procedure.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

PI=Payor Initiated Reductions

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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.

CLAIM STATUS CODE(S):

1=Processed as Primary