

Check Summary**Transaction Date:** October 17, 2023

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| ANTHEM INSURANCE COMPANIES, INC. 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER | Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 3223648848 Payment Amount: 361.15 Check/EFT Date: 10/17/2023 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: BRINDLE, NANCY**Claim Number:** 255676978300671**Claim Date:** 12/19/2022-12/19/2022 **Claim Status Code:** 1

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| Patient ID: XPK459W00466 | Group / Policy: INMCRWP0 | Facility Type: 22 | Claim Charge: \$8,628.00 |
| Patient Ctrl Nmbr: 0.2830865 | Contract Hdr: INDIANA MEDICARE WLP | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: THOMAS, GEORGE | Rendering Prv ID: | Claim Received Date: 10/06/2023 | Patient Resp: \$0.00 |
| Original Ref Nmbr: | | | |

Line Details **Results: 3**

| 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 |
|----------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|------------|-------------------|------------|---------|
| 7380413435Z1 | 12/19/2022 - 12/19/2022 | | | | HC:95861 / 26 / 0 | M127 | | \$1,614.00 | CO-252 | \$1,614.00 | \$0.00 |
| 7380413435Z2 | 12/19/2022 - 12/19/2022 | | | | HC:95861 / 26,XU / 0 | M127 | | \$1,614.00 | CO-252 | \$1,614.00 | \$0.00 |
| 7380413435Z3 | 12/19/2022 - 12/19/2022 | | | | HC:95999 // 0 | M127 | | \$5,400.00 | CO-252 | \$5,400.00 | \$0.00 |

Patient Name: ELLCH, EDWARD**Claim Number:** 255744014700948**Claim Date:** 01/04/2023-01/04/2023 **Claim Status Code:** 2

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| Patient ID: 729309839 | Group / Policy: INMCDWP0 | Facility Type: 21 | Claim Charge: \$18,561.00 |
| Patient Ctrl Nmbr: 0.2847459 | Contract Hdr: INDIANA HIP 2.0 | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: DE JESUS, MARIA | Rendering Prv ID: | Claim Received Date: 10/09/2023 | Patient Resp: \$0.00 |
| 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 |
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| Payer: ANTHEM INSURANCE COMPANIES, INC. | Check/EFT Trace Number: 3223648848 | Check/EFT Date: 10/17/2023 | Total Paid: \$361.15 |
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| 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 |
| 223130374669556001 | 01/04/2023 - 01/04/2023 | | | | HC:95822 / 26 / 0 | N381 | | \$1,755.00 | CO-45 OA-23 | \$11.36 \$1,743.64 | \$0.00 |
| 223130374669556002 | 01/04/2023 - 01/04/2023 | | | | HC:95938 / 26 / 0 | N381 | | \$3,107.00 | CO-45 OA-23 | \$9.02 \$3,097.98 | \$0.00 |
| 223130374669556003 | 01/04/2023 - 01/04/2023 | | | | HC:95909 / 26 / 0 | N381 | | \$555.00 | CO-45 OA-23 | \$15.80 \$539.20 | \$0.00 |
| 223130374669556004 | 01/04/2023 - 01/04/2023 | | | | HC:95886 / 26 / 0 | N381 | | \$2,972.00 | CO-45 OA-23 | \$18.17 \$2,953.83 | \$0.00 |
| 223130374669556005 | 01/04/2023 - 01/04/2023 | | | | HC:95886 / 26,XU / 0 | N381 | | \$2,972.00 | CO-45 OA-23 | \$18.17 \$2,953.83 | \$0.00 |
| 223130374669556006 | 01/04/2023 - 01/04/2023 | | | | HC:95999 // 0 | N381 | | \$7,200.00 | CO-226 | \$7,200.00 | \$0.00 |

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|---------------------------------------|--------------------------------------|--|----------------------------------|
| Patient Name: GARCIA, BETHANY | Claim Number: 255824761700955 | Claim Date: 01/09/2023-01/09/2023 | Claim Status Code: 1 |
| Patient ID: YRK103311957799 | Group / Policy: INMCDWP0 | Facility Type: 22 | Claim Charge: \$24,505.00 |
| Patient Ctrl Nmbr: 0.2852157 | Contract Hdr: INDIANA HIP 2.0 | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: THOMAS, GEORGE | Rendering Prv ID: | Claim Received Date: 10/09/2023 | Patient Resp: \$0.00 |
| 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 |
| 7385449452Z1 | 01/09/2023 - 01/09/2023 | | | | HC:95938 / 26 / 0 | N381 | | \$3,107.00 | CO-226 | \$3,107.00 | \$0.00 |
| 7385449452Z2 | 01/09/2023 - 01/09/2023 | | | | HC:95955 / 26 / 0 | N381 | | \$1,755.00 | CO-226 | \$1,755.00 | \$0.00 |
| 7385449452Z3 | 01/09/2023 - 01/09/2023 | | | | HC:95909 / 26 / 0 | N381 | | \$555.00 | CO-226 | \$555.00 | \$0.00 |
| 7385449452Z4 | 01/09/2023 - 01/09/2023 | | | | HC:95886 / 26 / 0 | N381 | | \$5,944.00 | CO-226 | \$5,944.00 | \$0.00 |

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| Payer: ANTHEM INSURANCE COMPANIES, INC. | Check/EFT Trace Number: 3223648848 | Check/EFT Date: 10/17/2023 | Total Paid: \$361.15 |
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| 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 |
| 7385449452Z5 | 01/09/2023 - 01/09/2023 | | | | HC:95886 / 26,XU / 0 | N381 | | \$5,944.00 | CO-226 | \$5,944.00 | \$0.00 |
| 7385449452Z6 | 01/09/2023 - 01/09/2023 | | | | HC:95999 // 0 | N381 | | \$7,200.00 | CO-226 | \$7,200.00 | \$0.00 |

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| Patient Name: GERLOCK, MICHAEL | Claim Number: 255824764500953 | Claim Date: 01/09/2023-01/09/2023 | Claim Status Code: 1 |
| Patient ID: YRK104254259599 | Group / Policy: INMCDWP0 | Facility Type: 22 | Claim Charge: \$19,924.00 |
| Patient Ctrl Nmbr: 0.2852329 | Contract Hdr: INDIANA HIP 2.0 | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: NATH, AUDREY | Rendering Prv ID: | Claim Received Date: 10/09/2023 | 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 |
| 7385429717Z1 | 01/09/2023 - 01/09/2023 | | | | HC:95939 / 26 / 0 | N381 | | \$3,814.00 | CO-226 | \$3,814.00 | \$0.00 |
| 7385429717Z2 | 01/09/2023 - 01/09/2023 | | | | HC:95938 / 26 / 0 | N381 | | \$3,107.00 | CO-226 | \$3,107.00 | \$0.00 |
| 7385429717Z3 | 01/09/2023 - 01/09/2023 | | | | HC:95955 / 26 / 0 | N381 | | \$1,755.00 | CO-226 | \$1,755.00 | \$0.00 |
| 7385429717Z4 | 01/09/2023 - 01/09/2023 | | | | HC:95861 / 26 / 0 | N381 | | \$1,614.00 | CO-226 | \$1,614.00 | \$0.00 |
| 7385429717Z5 | 01/09/2023 - 01/09/2023 | | | | HC:95861 / 26,XU / 0 | N381 | | \$1,614.00 | CO-226 | \$1,614.00 | \$0.00 |
| 7385429717Z6 | 01/09/2023 - 01/09/2023 | | | | HC:95868 / 26 / 0 | N381 | | \$1,310.00 | CO-226 | \$1,310.00 | \$0.00 |
| 7385429717Z7 | 01/09/2023 - 01/09/2023 | | | | HC:95868 / 26,XU / 0 | N381 | | \$1,310.00 | CO-226 | \$1,310.00 | \$0.00 |
| 7385429717Z8 | 01/09/2023 - 01/09/2023 | | | | HC:95999 // 0 | N381 | | \$5,400.00 | CO-226 | \$5,400.00 | \$0.00 |

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| Payer: ANTHEM INSURANCE COMPANIES, INC. | Check/EFT Trace Number: 3223648848 | Check/EFT Date: 10/17/2023 | Total Paid: \$361.15 |
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| Patient Name: HINKLE, MADYSON | Claim Number: 255801032600952 | Claim Date: 01/06/2023-01/06/2023 | Claim Status Code: 1 |
| Patient ID: YRK102527841599 | Group / Policy: INMCDWP0 | Facility Type: 22 | Claim Charge: \$19,104.00 |
| Patient Ctrl Nmbr: 0.2850107 | Contract Hdr: INDIANA HIP 2.0 | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: THOMAS, GEORGE | Rendering Prv ID: | Claim Received Date: 10/09/2023 | Patient Resp: \$0.00 |
| 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 |
| 7385099896Z1 | 01/06/2023 - 01/06/2023 | | | | HC:95939 / 26 / 0 | N381 | | \$3,814.00 | CO-226 | \$3,814.00 | \$0.00 |
| 7385099896Z2 | 01/06/2023 - 01/06/2023 | | | | HC:95938 / 26 / 0 | N381 | | \$3,107.00 | CO-226 | \$3,107.00 | \$0.00 |
| 7385099896Z3 | 01/06/2023 - 01/06/2023 | | | | HC:95955 / 26 / 0 | N381 | | \$1,755.00 | CO-226 | \$1,755.00 | \$0.00 |
| 7385099896Z4 | 01/06/2023 - 01/06/2023 | | | | HC:95861 / 26 / 0 | N381 | | \$1,614.00 | CO-226 | \$1,614.00 | \$0.00 |
| 7385099896Z5 | 01/06/2023 - 01/06/2023 | | | | HC:95861 / 26,XU / 0 | N381 | | \$1,614.00 | CO-226 | \$1,614.00 | \$0.00 |
| 7385099896Z6 | 01/06/2023 - 01/06/2023 | | | | HC:95999 / / 0 | N381 | | \$7,200.00 | CO-226 | \$7,200.00 | \$0.00 |

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| Patient Name: KLIDARAS, ATILANO | Claim Number: 255794543000951 | Claim Date: 12/30/2022-12/30/2022 | Claim Status Code: 1 |
| Patient ID: YRK106028827999 | Group / Policy: INMCDWP0 | Facility Type: 21 | Claim Charge: \$20,787.00 |
| Patient Ctrl Nmbr: 0.2844338 | Contract Hdr: INDIANA HIP 2.0 | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: THOMAS, GEORGE | Rendering Prv ID: | Claim Received Date: 10/09/2023 | Patient Resp: \$0.00 |
| 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 |
| 7385084483Z1 | 12/30/2022 - 12/30/2022 | | | | HC:95938 / 26 / 0 | N381 | | \$3,107.00 | CO-226 | \$3,107.00 | \$0.00 |

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| Payer: ANTHEM INSURANCE COMPANIES, INC. | Check/EFT Trace Number: 3223648848 | Check/EFT Date: 10/17/2023 | Total Paid: \$361.15 |
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| 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 |
| 7385084483Z2 | 12/30/2022 - 12/30/2022 | | | | HC:95955 / 26 / 0 | N381 | | \$1,755.00 | CO-226 | \$1,755.00 | \$0.00 |
| 7385084483Z3 | 12/30/2022 - 12/30/2022 | | | | HC:95908 / 26 / 0 | N381 | | \$437.00 | CO-226 | \$437.00 | \$0.00 |
| 7385084483Z4 | 12/30/2022 - 12/30/2022 | | | | HC:95886 / 26 / 0 | N381 | | \$5,944.00 | CO-226 | \$5,944.00 | \$0.00 |
| 7385084483Z5 | 12/30/2022 - 12/30/2022 | | | | HC:95886 / 26,XU / 0 | N381 | | \$5,944.00 | CO-226 | \$5,944.00 | \$0.00 |
| 7385084483Z6 | 12/30/2022 - 12/30/2022 | | | | HC:95999 / / 0 | N381 | | \$3,600.00 | CO-226 | \$3,600.00 | \$0.00 |

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| Patient Name: KRALEK, DENNIS | Claim Number: 255775086500950 | Claim Date: 12/26/2022-12/26/2022 | Claim Status Code: 1 |
| Patient ID: YRK104012508899 | Group / Policy: INMCDWPO | Facility Type: 21 | Claim Charge: \$22,587.00 |
| Patient Ctrl Nmbr: 0.2839073 | Contract Hdr: INDIANA HIP 2.0 | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: THOMAS, GEORGE | Rendering Prv ID: | Claim Received Date: 10/09/2023 | Patient Resp: \$0.00 |
| 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 |
| 7384474605Z1 | 12/26/2022 - 12/26/2022 | | | | HC:95938 / 26 / 0 | N381 | | \$3,107.00 | CO-226 | \$3,107.00 | \$0.00 |
| 7384474605Z2 | 12/26/2022 - 12/26/2022 | | | | HC:95955 / 26 / 0 | N381 | | \$1,755.00 | CO-226 | \$1,755.00 | \$0.00 |
| 7384474605Z3 | 12/26/2022 - 12/26/2022 | | | | HC:95908 / 26 / 0 | N381 | | \$437.00 | CO-226 | \$437.00 | \$0.00 |
| 7384474605Z4 | 12/26/2022 - 12/26/2022 | | | | HC:95886 / 26 / 0 | N381 | | \$5,944.00 | CO-226 | \$5,944.00 | \$0.00 |
| 7384474605Z5 | 12/26/2022 - 12/26/2022 | | | | HC:95886 / 26,XU / 0 | N381 | | \$5,944.00 | CO-226 | \$5,944.00 | \$0.00 |

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| Payer: ANTHEM INSURANCE COMPANIES, INC. | Check/EFT Trace Number: 3223648848 | Check/EFT Date: 10/17/2023 | Total Paid: \$361.15 |
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| 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 |
| 7384474605Z6 | 12/26/2022 - 12/26/2022 | | | | HC:95999 // 0 | N381 | | \$5,400.00 | CO-226 | \$5,400.00 | \$0.00 |

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|---------------------------------------|--------------------------------------|--|----------------------------------|
| Patient Name: LANE, UMICHA | Claim Number: 255775060700954 | Claim Date: 12/26/2022-12/26/2022 | Claim Status Code: 1 |
| Patient ID: YRK100287816199 | Group / Policy: INMCDWP0 | Facility Type: 21 | Claim Charge: \$20,787.00 |
| Patient Ctrl Nmbr: 0.2839136 | Contract Hdr: INDIANA HIP 2.0 | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: THOMAS, GEORGE | Rendering Prv ID: | Claim Received Date: 10/09/2023 | Patient Resp: \$0.00 |
| 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 |
| 7384488476Z1 | 12/26/2022 - 12/26/2022 | | | | HC:95938 / 26 / 0 | N381 | | \$3,107.00 | CO-226 | \$3,107.00 | \$0.00 |
| 7384488476Z2 | 12/26/2022 - 12/26/2022 | | | | HC:95955 / 26 / 0 | N381 | | \$1,755.00 | CO-226 | \$1,755.00 | \$0.00 |
| 7384488476Z3 | 12/26/2022 - 12/26/2022 | | | | HC:95908 / 26 / 0 | N381 | | \$437.00 | CO-226 | \$437.00 | \$0.00 |
| 7384488476Z4 | 12/26/2022 - 12/26/2022 | | | | HC:95886 / 26 / 0 | N381 | | \$5,944.00 | CO-226 | \$5,944.00 | \$0.00 |
| 7384488476Z5 | 12/26/2022 - 12/26/2022 | | | | HC:95886 / 26,XU / 0 | N381 | | \$5,944.00 | CO-226 | \$5,944.00 | \$0.00 |
| 7384488476Z6 | 12/26/2022 - 12/26/2022 | | | | HC:95999 // 0 | N381 | | \$3,600.00 | CO-226 | \$3,600.00 | \$0.00 |

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| Patient Name: LAWRENCE, MELISSA | Claim Number: 255667501300672 | Claim Date: 12/23/2022-12/23/2022 | Claim Status Code: 1 |
| Patient ID: XPK915M74357 | Group / Policy: INMCRWP0 | Facility Type: 22 | Claim Charge: \$13,183.00 |
| Patient Ctrl Nmbr: 0.2838051 | Contract Hdr: INDIANA MEDICARE WLP | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: NATH, AUDREY | Rendering Prv ID: | Claim Received Date: 10/06/2023 | Patient Resp: \$0.00 |
| Original Ref Nmbr: | | | |

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| Payer: ANTHEM INSURANCE COMPANIES, INC. | Check/EFT Trace Number: 3223648848 | Check/EFT Date: 10/17/2023 | Total Paid: \$361.15 |
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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 |
| 7380283258Z1 | 12/23/2022 - 12/23/2022 | | | | HC:95938 / 26 / 0 | M127 | | \$3,107.00 | CO-252 | \$3,107.00 | \$0.00 |
| 7380283258Z2 | 12/23/2022 - 12/23/2022 | | | | HC:95955 / 26 / 0 | M127 | | \$3,107.00 | CO-252 | \$3,107.00 | \$0.00 |
| 7380283258Z3 | 12/23/2022 - 12/23/2022 | | | | HC:95861 / 26 / 0 | M127 | | \$1,755.00 | CO-252 | \$1,755.00 | \$0.00 |
| 7380283258Z4 | 12/23/2022 - 12/23/2022 | | | | HC:95861 / 26,XU / 0 | M127 | | \$1,614.00 | CO-252 | \$1,614.00 | \$0.00 |
| 7380283258Z5 | 12/23/2022 - 12/23/2022 | | | | HC:95999 / / 0 | M127 | | \$3,600.00 | CO-252 | \$3,600.00 | \$0.00 |

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| Patient Name: NADOLSKI, ANTHONY | | Claim Number: 253475893100488 | | Claim Date: 04/10/2023-04/10/2023 | | Claim Status Code: 22 | |
| Patient ID: ZVR360W14639 | | Group / Policy: OH034GRS | | Facility Type: 21 | | Claim Charge: \$-16,986.00 | |
| Patient Ctrl Nmbr: 0.2959964 | | Contract Hdr: OHIO GROUP MEDICARE | | Claim Frequency: 1 | | Claim Payment: \$0.00 | |
| Rendering Prvd: DE JESUS, MARIA | | Rendering Prv ID: | | Claim Received Date: 09/05/2023 | | Patient Resp: \$0.00 | |
| 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 |
| 7247479627Z1 | 04/10/2023 - 04/10/2023 | | | | HC:95822 / 26 / 0 | M127 | | \$-1,755.00 | CO-252 | \$-1,755.00 | \$0.00 |
| 7247479627Z2 | 04/10/2023 - 04/10/2023 | | | | HC:95938 / 26 / 0 | M127 | | \$-3,107.00 | CO-252 | \$-3,107.00 | \$0.00 |
| 7247479627Z3 | 04/10/2023 - 04/10/2023 | | | | HC:95910 / 26 / 0 | M127 | | \$-780.00 | CO-252 | \$-780.00 | \$0.00 |
| 7247479627Z4 | 04/10/2023 - 04/10/2023 | | | | HC:95886 / 26 / 0 | M127 | | \$-2,972.00 | CO-252 | \$-2,972.00 | \$0.00 |
| 7247479627Z5 | 04/10/2023 - 04/10/2023 | | | | HC:95886 / 26,XU / 0 | M127 | | \$-2,972.00 | CO-252 | \$-2,972.00 | \$0.00 |

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| Payer: ANTHEM INSURANCE COMPANIES, INC. | Check/EFT Trace Number: 3223648848 | Check/EFT Date: 10/17/2023 | Total Paid: \$361.15 |
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| 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 |
| 7247479627Z6 | 04/10/2023 - 04/10/2023 | | | | HC:95999 // 0 | M127 | | \$-5,400.00 | CO-252 | \$-5,400.00 | \$0.00 |

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|--|--|--|----------------------------------|
| Patient Name: NADOLSKI, ANTHONY | Claim Number: 253475893101993 | Claim Date: 04/10/2023-04/10/2023 | Claim Status Code: 1 |
| Patient ID: ZVR360W14639 | Group / Policy: OH034GRS | Facility Type: 21 | Claim Charge: \$16,986.00 |
| Patient Ctrl Nmbr: 0.2959964 | Contract Hdr: OHIO GROUP MEDICARE | Claim Frequency: 1 | Claim Payment: \$361.15 |
| Rendering Prvd: DE JESUS, MARIA | Rendering Prv ID: | Claim Received Date: 09/05/2023 | Patient Resp: \$5,400.00 |
| 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 |
| 7247479627Z1 | 04/10/2023 - 04/10/2023 | | | | HC:95822 / 26 / 1 | N381 | \$53.91 (B6) | \$1,755.00 | CO-45 CO-253 | \$1,701.09 \$1.08 | \$52.83 |
| 7247479627Z2 | 04/10/2023 - 04/10/2023 | | | | HC:95938 / 26 / 1 | N381 | \$42.75 (B6) | \$3,107.00 | CO-45 CO-253 | \$3,064.25 \$0.86 | \$41.89 |
| 7247479627Z3 | 04/10/2023 - 04/10/2023 | | | | HC:95910 / 26 / 1 | N381 | \$99.62 (B6) | \$780.00 | CO-45 CO-253 | \$680.38 \$1.99 | \$97.63 |
| 7247479627Z4 | 04/10/2023 - 04/10/2023 | | | | HC:95886 / 26 / 2 | N381 | \$86.12 (B6) | \$2,972.00 | CO-45 CO-253 | \$2,885.88 \$1.72 | \$84.40 |
| 7247479627Z5 | 04/10/2023 - 04/10/2023 | | | | HC:95886 / 26,XU / 2 | N381 | \$86.12 (B6) | \$2,972.00 | CO-45 CO-253 | \$2,885.88 \$1.72 | \$84.40 |
| 7247479627Z6 | 04/10/2023 - 04/10/2023 | | | | HC:95999 // 0 | N448 | | \$5,400.00 | PR-256 | \$5,400.00 | \$0.00 |

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|--|--------------------------------------|--|----------------------------------|
| Patient Name: ROSENBAUM, PAULA | Claim Number: 255775246400949 | Claim Date: 12/27/2022-12/27/2022 | Claim Status Code: 1 |
| Patient ID: YRK120943209399 | Group / Policy: INMCDWPO | Facility Type: 22 | Claim Charge: \$24,057.00 |
| Patient Ctrl Nmbr: 0.2840621 | Contract Hdr: INDIANA HIP 2.0 | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: DE JESUS, MARIA | Rendering Prv ID: | Claim Received Date: 10/09/2023 | Patient Resp: \$0.00 |
| Original Ref Nmbr: | | | |

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| Payer: ANTHEM INSURANCE COMPANIES, INC. | Check/EFT Trace Number: 3223648848 | Check/EFT Date: 10/17/2023 | Total Paid: \$361.15 |
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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 |
| 7384560115Z1 | 12/27/2022 - 12/27/2022 | | | | HC:95939 / 26 / 0 | N381 | | \$3,814.00 | CO-226 | \$3,814.00 | \$0.00 |
| 7384560115Z2 | 12/27/2022 - 12/27/2022 | | | | HC:95938 / 26 / 0 | N381 | | \$3,107.00 | CO-226 | \$3,107.00 | \$0.00 |
| 7384560115Z3 | 12/27/2022 - 12/27/2022 | | | | HC:95955 / 26 / 0 | N381 | | \$1,755.00 | CO-226 | \$1,755.00 | \$0.00 |
| 7384560115Z4 | 12/27/2022 - 12/27/2022 | | | | HC:95908 / 26 / 0 | N381 | | \$437.00 | CO-226 | \$437.00 | \$0.00 |
| 7384560115Z5 | 12/27/2022 - 12/27/2022 | | | | HC:95886 / 26 / 0 | N381 | | \$2,972.00 | CO-226 | \$2,972.00 | \$0.00 |
| 7384560115Z6 | 12/27/2022 - 12/27/2022 | | | | HC:95886 / 26,XU / 0 | N381 | | \$2,972.00 | CO-226 | \$2,972.00 | \$0.00 |
| 7384560115Z7 | 12/27/2022 - 12/27/2022 | | | | HC:95999 / / 0 | N381 | | \$9,000.00 | CO-226 | \$9,000.00 | \$0.00 |

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|---------------------------------------|---|--|----------------------------------|
| Patient Name: WILSON, RAMONA | Claim Number: 255775248000456 | Claim Date: 12/26/2022-12/26/2022 | Claim Status Code: 1 |
| Patient ID: YRH100532113699 | Group / Policy: INMCDWP0 | Facility Type: 21 | Claim Charge: \$19,924.00 |
| Patient Ctrl Nmbr: 0.2839109 | Contract Hdr: INDIANA HOOSIERS AND ABD | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: THOMAS, GEORGE | Rendering Prv ID: | Claim Received Date: 10/09/2023 | 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 |
| 7384483424Z1 | 12/26/2022 - 12/26/2022 | | | | HC:95939 / 26 / 0 | N381 | | \$3,814.00 | CO-226 | \$3,814.00 | \$0.00 |
| 7384483424Z2 | 12/26/2022 - 12/26/2022 | | | | HC:95938 / 26 / 0 | N381 | | \$3,107.00 | CO-226 | \$3,107.00 | \$0.00 |
| 7384483424Z3 | 12/26/2022 - 12/26/2022 | | | | HC:95955 / 26 / 0 | N381 | | \$1,755.00 | CO-226 | \$1,755.00 | \$0.00 |

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| Payer: ANTHEM INSURANCE COMPANIES, INC. | Check/EFT Trace Number: 3223648848 | Check/EFT Date: 10/17/2023 | Total Paid: \$361.15 |
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| Line Details | | | | | | | | | | | Results: 8 |
|---------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|------------|-------------------|------------|------------|
| 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 |
| 7384483424Z4 | 12/26/2022 - 12/26/2022 | | | | HC:95861 / 26 / 0 | N381 | | \$1,614.00 | CO-226 | \$1,614.00 | \$0.00 |
| 7384483424Z5 | 12/26/2022 - 12/26/2022 | | | | HC:95861 / 26,XU / 0 | N381 | | \$1,614.00 | CO-226 | \$1,614.00 | \$0.00 |
| 7384483424Z6 | 12/26/2022 - 12/26/2022 | | | | HC:95868 / 26 / 0 | N381 | | \$1,310.00 | CO-226 | \$1,310.00 | \$0.00 |
| 7384483424Z7 | 12/26/2022 - 12/26/2022 | | | | HC:95868 / 26,XU / 0 | N381 | | \$1,310.00 | CO-226 | \$1,310.00 | \$0.00 |
| 7384483424Z8 | 12/26/2022 - 12/26/2022 | | | | HC:95999 // 0 | N381 | | \$5,400.00 | CO-226 | \$5,400.00 | \$0.00 |

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

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.

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).

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)

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

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| Payer: ANTHEM INSURANCE COMPANIES, INC. | Check/EFT Trace Number: 3223648848 | Check/EFT Date: 10/17/2023 | Total Paid: \$361.15 |
|--|---|-----------------------------------|-----------------------------|

CLAIM ADJUSTMENT REASON CODE(S):

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.)

253=Sequestration - reduction in federal payment

256=Service not payable per managed care contract.

CLAIM STATUS CODE(S):

1=Processed as Primary

2=Processed as Secondary

22=Reversal of Previous Payment