

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

ROCKY MOUNTAIN HOSPITAL&MEDICAL 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 823737153 Payee ID: 1528574043 Check/EFT Trace Number: 3223638668 Payment Amount: 545.32 Check/EFT Date: 10/17/2023 Production End Cycle Date: 10/16/2023	Payee Name: ALLIANCE MEDICAL ANALYTIC Payee Address: 550 N CENTRAL EXPY UNIT 2486 MCKINNEY, TX 75070
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Patient Name: CLASSEN, KYLE**Claim Number:** 2023236EE3142**Claim Date:** 07/26/2023-07/26/2023 **Claim Status Code:** 1

Patient ID: JUG0097224MB	Group / Policy: JNT024M701	Facility Type:	Claim Charge: \$43,426.00
Patient Ctrl Nmbr: 0.3085719	Contract Hdr: BLUECARD PPO	Claim Frequency:	Claim Payment: \$1,183.43
Rendering Prvd: RODRIGUES, YVAN	Rendering Prv ID:	Claim Received Date: 08/24/2023	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
7214915412Z1	07/26/2023 - 07/26/2023				HC:95941 / / 2		\$176.42 (B6)	\$14,000.00	CO-45	\$13,823.58	\$176.42
7214915412Z2	07/26/2023 - 07/26/2023				HC:95822 / 26 / 1		\$77.89 (B6)	\$3,938.00	CO-45	\$3,860.11	\$77.89
7214915412Z3	07/26/2023 - 07/26/2023				HC:95938 / 26 / 1		\$62.40 (B6)	\$4,454.00	CO-45	\$4,391.60	\$62.40
7214915412Z4	07/26/2023 - 07/26/2023				HC:95929 / 26 / 1		\$107.92 (B6)	\$2,574.00	CO-45	\$2,466.08	\$107.92
7214915412Z5	07/26/2023 - 07/26/2023				HC:95908 / 26 / 1		\$70.01 (B6)	\$2,820.00	CO-45	\$2,749.99	\$70.01
7214915412Z6	07/26/2023 - 07/26/2023				HC:95886 / 26 / 2		\$123.87 (B6)	\$2,570.00	CO-45	\$2,446.13	\$123.87
7214915412Z7	07/26/2023 - 07/26/2023				HC:95886 / 26,XU / 2		\$123.87 (B6)	\$2,570.00	CO-45	\$2,446.13	\$123.87
7214915412Z8	07/26/2023 - 07/26/2023				HC:95999 / / 5		\$441.05 (B6)	\$10,500.00	CO-45	\$10,058.95	\$441.05

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 3223638668	Check/EFT Date: 10/17/2023	Total Paid: \$545.32
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Patient Name: CROOK, SUSAN E	Claim Number: 2022287CY9467	Claim Date: 07/11/2022-07/11/2022	Claim Status Code: 22
Patient ID: 058M51574	Group / Policy: 65JG00	Facility Type:	Claim Charge: \$-53,245.00
Patient Ctrl Nmbr: 0.2632330	Contract Hdr: PATHWAY	Claim Frequency:	Claim Payment: \$-1,564.05
Rendering Prvd: THOMAS, MELISSA	Rendering Prv ID:	Claim Received Date: 10/14/2022	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
6252659931Z1	07/11/2022 - 07/11/2022				HC:95941 // 3		\$-264.63 (B6)	\$-21,000.00	CO-45	\$-20,735.37	\$-264.63
6252659931Z2	07/11/2022 - 07/11/2022				HC:95939 / 26 / 1		\$-161.40 (B6)	\$-5,031.00	CO-45	\$-4,869.60	\$-161.40
6252659931Z3	07/11/2022 - 07/11/2022				HC:95822 / 26 / 1		\$-77.89 (B6)	\$-3,938.00	CO-45	\$-3,860.11	\$-77.89
6252659931Z4	07/11/2022 - 07/11/2022				HC:95938 / 26 / 1		\$-62.40 (B6)	\$-4,454.00	CO-45	\$-4,391.60	\$-62.40
6252659931Z5	07/11/2022 - 07/11/2022				HC:95910 / 26 / 1		\$-111.88 (B6)	\$-4,682.00	CO-45	\$-4,570.12	\$-111.88
6252659931Z6	07/11/2022 - 07/11/2022				HC:95886 / 26 / 2		\$-123.87 (B6)	\$-2,570.00	CO-45	\$-2,446.13	\$-123.87
6252659931Z7	07/11/2022 - 07/11/2022				HC:95886 / 26,XU / 2		\$-123.87 (B6)	\$-2,570.00	CO-45	\$-2,446.13	\$-123.87
6252659931Z8	07/11/2022 - 07/11/2022				HC:95999 // 5		\$-638.11 (B6)	\$-9,000.00	CO-45	\$-8,361.89	\$-638.11

Patient Name: CROOK, SUSAN E	Claim Number: 2022287CY9467	Claim Date: 07/11/2022-07/11/2022	Claim Status Code: 1
Patient ID: 058M51574	Group / Policy: 65JG00	Facility Type:	Claim Charge: \$53,245.00
Patient Ctrl Nmbr: 0.2632330	Contract Hdr: PATHWAY	Claim Frequency:	Claim Payment: \$925.94
Rendering Prvd: THOMAS, MELISSA	Rendering Prv ID:	Claim Received Date: 10/14/2022	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: ROCKY MOUNTAIN HOSPITAL&MEDICAL	Check/EFT Trace Number: 3223638668	Check/EFT Date: 10/17/2023	Total Paid: \$545.32
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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
6252659931Z1	07/11/2022 - 07/11/2022				HC:95941 // 3		\$264.63 (B6)	\$21,000.00	CO-45	\$20,735.37	\$264.63
6252659931Z2	07/11/2022 - 07/11/2022				HC:95939 / 26 / 1		\$161.40 (B6)	\$5,031.00	CO-45	\$4,869.60	\$161.40
6252659931Z3	07/11/2022 - 07/11/2022				HC:95822 / 26 / 1		\$77.89 (B6)	\$3,938.00	CO-45	\$3,860.11	\$77.89
6252659931Z4	07/11/2022 - 07/11/2022				HC:95938 / 26 / 1		\$62.40 (B6)	\$4,454.00	CO-45	\$4,391.60	\$62.40
6252659931Z5	07/11/2022 - 07/11/2022				HC:95910 / 26 / 1		\$111.88 (B6)	\$4,682.00	CO-45	\$4,570.12	\$111.88
6252659931Z6	07/11/2022 - 07/11/2022				HC:95886 / 26 / 2		\$123.87 (B6)	\$2,570.00	CO-45	\$2,446.13	\$123.87
6252659931Z7	07/11/2022 - 07/11/2022				HC:95886 / 26,XU / 2		\$123.87 (B6)	\$2,570.00	CO-45	\$2,446.13	\$123.87
6252659931Z8	07/11/2022 - 07/11/2022				HC:95999 // 5			\$9,000.00	CO-45	\$9,000.00	\$0.00

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

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)

CLAIM STATUS CODE(S):

1=Processed as Primary

22=Reversal of Previous Payment