

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

RMHMS, INC. NV 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 9022474383 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/23/2023 <b>Production End Cycle Date:</b> 10/23/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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**Patient Name:** EAMON, DUANE**Claim Number:** 20232647A0165**Claim Date:** 08/01/2023-08/01/2023 **Claim Status Code:** 4**Patient ID:** 960885583**Group / Policy:** ITSPPO266**Facility Type:****Claim Charge:** \$47,940.00**Patient Ctrl Nmbr:** 0.3091417**Contract Hdr:** NEVADA BLUE PREFERRED**Claim Frequency:****Claim Payment:** \$0.00**Rendering Prvd:** NOT AVAIL,**Rendering Prv ID:****Claim Received Date:** 09/21/2023**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
	08/01/2023 - 08/01/2023				HC:95999 // 0			\$9,000.00	OA-133	\$9,000.00	\$0.00
	08/01/2023 - 08/01/2023				HC:95941 // 0			\$21,222.00	OA-133	\$21,222.00	\$0.00
	08/01/2023 - 08/01/2023				HC:95939 / 26 / 0			\$3,814.00	OA-133	\$3,814.00	\$0.00
	08/01/2023 - 08/01/2023				HC:95822 / 26,XU / 0			\$1,755.00	OA-133	\$1,755.00	\$0.00
	08/01/2023 - 08/01/2023				HC:95938 / 26 / 0			\$3,107.00	OA-133	\$3,107.00	\$0.00
	08/01/2023 - 08/01/2023				HC:95911 / 26,XU / 0			\$956.00	OA-133	\$956.00	\$0.00
	08/01/2023 - 08/01/2023				HC:51785 / 26 / 0			\$1,071.00	OA-133	\$1,071.00	\$0.00
	08/01/2023 - 08/01/2023				HC:51785 / 26,XU / 0			\$1,071.00	OA-133	\$1,071.00	\$0.00

<b>Payer:</b> RMHMS, INC. NV	<b>Check/EFT Trace Number:</b> 9022474383	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$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
	08/01/2023 - 08/01/2023				HC:95886 / 26,XU / 0			\$2,972.00	OA-133	\$2,972.00	\$0.00
	08/01/2023 - 08/01/2023				HC:95886 / 26,XU / 0			\$2,972.00	OA-133	\$2,972.00	\$0.00

<b>Patient Name:</b> JANGAARD, HANS	<b>Claim Number:</b> 2023282ER9633	<b>Claim Date:</b> 09/13/2023-09/13/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> TSA830727447	<b>Group / Policy:</b> ITSPPO266	<b>Facility Type:</b>	<b>Claim Charge:</b> \$29,483.00
<b>Patient Ctrl Nmbr:</b> 0.3140568	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> SEN, INDRANIL	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/09/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
7385823141Z1	09/13/2023 - 09/13/2023				HC:95941 // 0	N199		\$11,040.00	PI-B12	\$11,040.00	\$0.00
7385823141Z2	09/13/2023 - 09/13/2023				HC:95938 / 26 / 0	N199		\$3,107.00	PI-B12	\$3,107.00	\$0.00
7385823141Z3	09/13/2023 - 09/13/2023				HC:95955 / 26 / 0	N199		\$1,755.00	PI-B12	\$1,755.00	\$0.00
7385823141Z4	09/13/2023 - 09/13/2023				HC:95908 / 26 / 0	N199		\$437.00	PI-B12	\$437.00	\$0.00
7385823141Z5	09/13/2023 - 09/13/2023				HC:95886 / 26 / 0	N199		\$2,972.00	PI-B12	\$2,972.00	\$0.00
7385823141Z6	09/13/2023 - 09/13/2023				HC:95886 / 26,XU / 0	N199		\$2,972.00	PI-B12	\$2,972.00	\$0.00
7385823141Z7	09/13/2023 - 09/13/2023				HC:95999 // 0	N199		\$7,200.00	PI-B12	\$7,200.00	\$0.00

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<b>Patient Name:</b> MANNING, ROBERT	<b>Claim Number:</b> 2023264DP1959	<b>Claim Date:</b> 09/19/2023-09/19/2023	<b>Claim Status Code:</b> 4
<b>Patient ID:</b> CTT60103372901	<b>Group / Policy:</b> ITSPPO266	<b>Facility Type:</b>	<b>Claim Charge:</b> \$29,601.00
<b>Patient Ctrl Nmbr:</b> 0.3147501	<b>Contract Hdr:</b> NEVADA BLUE PREFERRED	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> SEN, INDRANIL	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/21/2023	<b>Patient Resp:</b> \$29,601.00
<b>Original Ref Nmbr:</b>			

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
7315170790Z1	09/19/2023 - 09/19/2023				HC:95941 / / 0	N503 N625		\$11,040.00	PR-227	\$11,040.00	\$0.00
7315170790Z2	09/19/2023 - 09/19/2023				HC:95822 / 26 / 0	N503 N625		\$1,755.00	PR-227	\$1,755.00	\$0.00
7315170790Z3	09/19/2023 - 09/19/2023				HC:95938 / 26 / 0	N503 N625		\$3,107.00	PR-227	\$3,107.00	\$0.00
7315170790Z4	09/19/2023 - 09/19/2023				HC:95909 / 26 / 0	N503 N625		\$555.00	PR-227	\$555.00	\$0.00
7315170790Z5	09/19/2023 - 09/19/2023				HC:95886 / 26 / 0	N503 N625		\$2,972.00	PR-227	\$2,972.00	\$0.00
7315170790Z6	09/19/2023 - 09/19/2023				HC:95886 / 26,XU / 0	N503 N625		\$2,972.00	PR-227	\$2,972.00	\$0.00
7315170790Z7	09/19/2023 - 09/19/2023				HC:95999 / / 0	N503 N625		\$7,200.00	PR-227	\$7,200.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

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

N503=Missing Work Status Report.

N625=Missing/Incomplete/Invalid Workers' Compensation Claim Number.

##### GROUP CODE(S):

OA=Other Adjustments

PI=Payor Initiated Reductions

PR=Patient Responsibility

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**CLAIM ADJUSTMENT REASON CODE(S):**

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).

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

227=Information requested from the patient/insured/responsible party was not provided 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.)

**CLAIM STATUS CODE(S):**

4=Denied