COMPREHENSIVE REHAB SUITE 26 415 W GOLF ROAD ARLINGTON HEIGHTS, IL 600053923 NPI #: 1710529771
PAGE #: 1 of 3
DATE: 2024-06-03
CHECK #: 3001955458
TAX ID #: 833973422

REND PROV SERV DATE PO	NOS PROC	C MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	MT	PROV PD
NAME SAMPLE JR, THEODORE	HIC R5019	90631 ACNT	180957-11	31809	ICN	4121B15346P	ASG	Y MOA	
1548872385 0405 040524 31			109.00		0.00				13.97
			109.00	68.72	0.00		011 25	95.03	13.97
PT RESP 0.00 ADJ TO TOTAL: PREV PD	CDMIN	INTEREST				CHARGE	0.00	NET	13.97
STATUS CODE 2: Processed			0.00	HAIL	FILING	CHARGE	0.00	1412.1	13.97
BIAIOB CODE 2. FIOCESSEU	s secondary	•							
NAME DOBBINS, NELLIE B	HTC P6123	34186 ACNT	191213-11	47747	TCN	4129B16759D	ΔSC	V MOA	
1548872385 0415 041524 31			109.00		0.00	0 00	PR-242		0.00
1510072505 0115 011521 51	1 33300	REM: N95	103.00	0.00	0.00	0.00	IK 242	103.00	0.00
ውጥ ውው የው	CT. A TM	TOTALS	109 00	0.00	0.00	0.00		109.00	0.00
PT RESP 109.00 ADJ TO TOTAL: PREV PD STATUS CODE 4: Denied	CHAIM	INTEREST					0.00	NET	0.00
CTATUS CODE 4. Doried		INIEKESI	0.00	HAIL	FILING	CHARGE	0.00	1412.1	0.00
BIAIUS CODE 4. Denied									
NAME GRENCHIK, JOSEPHINE I	T UTC D0721	17050 ACNT	108034_11	25721	TCN	4143B64847D	AGG	V MOA	
11//772229 0/20 0/202/ 21	1 00200	L/959 ACNI	116 00	68.72	0.00		OA-23		13.97
TITT//2320 UT29 UT292T 31	1 99300	TOTAL C	116.00	68.72	0.00		OA-23	102.03	13.97
1144772328 0429 042924 31 PT RESP 0.00 ADJ TO TOTAL: PREV PD	CLAIM	TAMEDECE	110.00	00.72 TATE		CHARGE	0.00		13.97
STATUS CODE 2: Processed		INIEKESI	0.00	TAIE	FILING	CHARGE	0.00	NEI	13.97
STATUS CODE 2: Processed a	is secondary	<i>(</i>							
WALL OF THE TAKE THE		17050 200	100024 10	05060	T (7) T	41515050005	3.55		
NAME GRENCHIK, JOSEPHINE	1 HIC RU/21	L/959 ACNT	198934-12	05968					12.05
1144772328 0506 050624 31	1 99308			68.72	0.00		OA-23		13.97
PT RESP 0.00	-	TOTALS	116.00	68.72	0.00			102.03	13.97
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	13.97
STATUS CODE 2: Processed	s Secondary	?							
NAME DOBBINS, NELLIE B								Y MOA	
1548872385 0418 041824 31	1 99308		116.00	0.00	0.00	0.00	PR-242	116.00	0.00
		REM: N95							
PT RESP 116.00 ADJ TO TOTAL: PREV PD	CLAIM	TOTALS	116.00		0.00			116.00	0.00
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS CODE 4: Denied									
NAME COHEN, BRENDA P									
1548872385 0718 071823 31	1 99309		145.00	0.00	0.00	0.00	PI-16	145.00	0.00
		REM: N34							
PT RESP 0.00	CLAIM	TOTALS		0.00				145.00	0.00
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS CODE 4: Denied									
NAME COHEN, BRENDA P		7925 ACNT							
0504 050423 31	1 99309		145.00	0.00	0.00	0.00	PI-16	145.00	0.00
		REM: N34							
PT RESP 0.00	CLAIM	TOTALS	145.00	0.00				145.00	0.00
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PT RESP 0.00 ADJ TO TOTAL: PREV PD STATUS CODE 4: Denied									
NAME COHEN, BRENDA P	HIC R6020	7925 ACNT	67721-748	221	ICN	4135156650P	ASG	Y MOA	
0713 071323 31	1 99309		145.00	0.00	0.00	0.00	PI-16	145.00	0.00
		REM: N34							
PT RESP 0.00	CLAIM	TOTALS	145.00	0.00	0.00	0.00		145.00	0.00
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS CODE 4: Denied				_					
NAME COHEN, BRENDA P	HIC R6020	7925 ACNT	67721-748	369	ICN	4135156851P	ASG	Y MOA	
0822 082223 32			145.00				PI-16	145.00	0.00
1022 002220 02		REM: N34			3.00	3.00			0.00
PT RESP 0.00	СТ. Д ТМ	TOTALS	145.00	0.00	0.00	0.00		145.00	0.00
ADJ TO TOTAL: PREV PD	CHAIM	INTEREST	0.00			CHARGE	0.00	NET	0.00
STATUS CODE 4: Denied		TMIDADI	0.00	TWIE	T. TITING	CHARGE	0.00	1417.1	0.00
PINIOS CODE 4: Delited									



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NPI #: 1710529771 COMPREHENSIVE REHAB
CHECK #: 3001955458 PAGE #: 2 of 3 ADVICE DATE: 2024-06-03

REND PROV			NOS P		BILLED	ALLOWED			GRP/RC-AI		PROV PD
	, BRENDA P 0727 072723			09		0.00	0.00		ASG PI-16	Y MOA 145.00	0.00
PT RESP ADJ TO TOTA STATUS CODE	0.00 AL: PREV PD E 4: Denied		CLA	IM TOTALS INTEREST	145.00 0.00	0.00 LATE	0.00 FILING	0.00 CHARGE		145.00 NET	0.00
NAME COHEN,	, BRENDA P 0706 070623					0.00		4135157775P 0.00	ASG PI-16		0.00
	0.00 AL: PREV PD E 4: Denied		CLA	REM: N34 IM TOTALS INTEREST	145.00 0.00	0.00 LATE	0.00 FILING	0.00 CHARGE	0.00	145.00 NET	0.00
	, BRENDA P 0711 071123				67721-748 145.00	0.00		4135158225P 0.00	ASG PI-16	Y MOA 145.00	0.00
PT RESP ADJ TO TOTA STATUS CODE	0.00 AL: PREV PD E 4: Denied		CLA	REM: N34 IM TOTALS INTEREST	145.00 0.00	0.00 LATE	0.00 FILING	0.00 CHARGE	0.00	145.00 NET	0.00
	, BRENDA P 0725 072523				145.00	0.00	ICN 0.00	4135154643P 0.00	ASG PI-16	Y MOA 145.00	0.00
	0.00 AL: PREV PD E 4: Denied		CLA	REM: N34 IM TOTALS INTEREST	145.00 0.00	0.00 LATE	0.00 FILING		0.00	145.00 NET	0.00
				0207925 ACNT							
	0810 081023	31		REM: N34		0.00	0.00		PI-16	145.00	0.00
PT RESP ADJ TO TOTA STATUS CODE	0.00 AL: PREV PD E 4: Denied		CLA	IM TOTALS INTEREST	145.00 0.00	0.00 LATE	0.00 FILING	0.00 CHARGE	0.00	145.00 NET	0.00
	, BRENDA P 0815 081523			₽₽М• N34	145.00	0.00	0.00		ASG PI-16		0.00
ADJ TO TOTA	0.00 AL: PREV PD E 4: Denied			IM TOTALS	145.00 0.00	0.00 LATE	0.00 FILING	0.00 CHARGE	0.00	145.00 NET	0.00
NAME COHEN,	, BRENDA P 0801 080123					0.00	ICN 0.00	4135160370P 0.00	ASG PI-16		0.00
	0.00 AL: PREV PD E 4: Denied		CLA	REM: N34 IM TOTALS INTEREST	145.00 0.00	0.00 LATE	0.00 FILING	0.00 CHARGE	0.00	145.00 NET	0.00
	NS, NELLIE B 0412 041224				191213-11		ICN 0.00	4134B17342P	ASG PR-242		0.00
	0412 041224			REM: N95	145.00				PR-242		0.00
PT RESP ADJ TO TOTA	259.00 AL: PREV PD E 4: Denied			REM: N95							
			ura no	1224106 200	101012 11	155001	TON	41 2 4D1 72 67D	3.00		
	0409 040924			1234186 ACNT 50 REM: N95		0.00			PR-242		
1548872385	0409 040924	11		REM: N95				0.00	PR-242	145.00	0.00
	259.00 AL: PREV PD E 4: Denied		CLA	IM TOTALS INTEREST				0.00 CHARGE		259.00 NET	0.00
NAME COHEN,	, BRENDA P 0502 050223			0207925 ACNT 06 REM: N34	67721-747 267.00	7859 0.00	ICN 0.00		ASG PI-16		0.00
	0.00 AL: PREV PD E 4: Denied		CLA		267.00 0.00	0.00 LATE	0.00 FILING	0.00 CHARGE	0.00	267.00 NET	0.00



REMITTANCE

GHMSI REMITTANCE NPI #: 1710529771 COMPREHENSIVE REHAB ADVICE

3001955458 TOTALS: # OF BILLED ALLOWED DEDUCT COINS TOTAL PROV PD PROV CHECK CLAIMS AMT AMT AMT AMT RC-AMT AMT ADJ AMT AMT

2946.00 206.16 0.00 0.00 2904.09 41.91 0.00 41.91 19

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES
N34 Incorrect claim form / format for this service.
N95 This provider type / provider specialty may not bill this service.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or

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adjustments

PI-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for

details.

CHECK #:

PR-242 Services not provided by network / primary care providers. DATE: 2024-06-03