

Claim Summary
Transaction Date: Nov 14, 2022

| | | | | | |
|---------------------------------|---------------------------------|--------------------------------|--------------------|--------------------------------|------------|
| Payer Name: | ANTHEM HEALTH PLANS OF VIRGINIA | Patient Name: | DILLMAN, WILLIAM J | Claim Charge Amount: | \$3,799.00 |
| Claim Number: | 2022272DG9985 | Patient ID: | QAJ900M58450 | Claim Payment Amount: | \$0.00 |
| Claim Date: | 09/22/2022 - 09/22/2022 | Patient Control Number: | HB270026680600 | Patient Responsibility: | \$0.00 |
| Payee Name: | SMYTH COUNTY COMMUNITY HO | Group/Policy: | | Claim Received Date: | 09/29/2022 |
| Check/EFT Trace Number: | 3194324172 | Contract Header: | BC PPO EXCL EPO | | |
| Check/EFT Date: | 11/14/2022 | Original Ref Number: | | | |
| Rendering Provider Name: | , | Facility Type: | 13 | | |
| Rendering Provider ID: | | Claim Frequency: | 1 | | |
| Claim Status Code: | 4 | DRG: | | | |

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 | Payment |
|------------------|-------------------------|--------------|------|-----------------------------|-------------------------------|---------------------|-----------------|---------------------------------------|---------|
| HB270026680600-1 | 09/22/2022 - 09/22/2022 | | 0320 | | HC:73030 LT 1 | | | Charge \$426.00 CO-45 \$426.00 | \$0.00 |
| HB270026680600-2 | 09/22/2022 - 09/22/2022 | | 0450 | | HC:20610 1 | | | Charge \$1,784.00 CO-45 \$1,784.00 | \$0.00 |
| HB270026680600-4 | 09/22/2022 - 09/22/2022 | | 0450 | | HC:99283 25 1 | | | Charge \$1,238.00 CO-45 \$1,238.00 | \$0.00 |
| HB270026680600-3 | 09/22/2022 - 09/22/2022 | | 0450 | | HC:96372 XU 1 | | | Charge \$193.00 CO-45 \$193.00 | \$0.00 |
| HB270026680600-6 | 09/22/2022 - 09/22/2022 | | 0636 | | HC:J1030 1 | | | Charge \$138.00 CO-45 \$138.00 | \$0.00 |

Payer: ANTHEM HEALTH PLANS OF VIRGINIA
Check/EFT Trace Number: 3194324172
Claim Number: HB270026680600

| 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 | Payment |
| HB270026680600-5 | 09/22/2022 - 09/22/2022 | | 0636 | | HC:J1885 | | | Charge \$20.00 | \$0.00 |
| | | | | | 1 | | | CO-45 \$20.00 | |

Code Descriptions

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):

4=Denied