

Providence Behavioral Health
P.O. Box 30602
Salt Lake City, UT 84130-0602



PAGE: 1 OF 1

PROD DATE: 08/09/2022

REF ID: 2022080910700344

PAYEE TAX ID: XXXXX2774

PAYEE ID: 1417425604

PAYEE NAME: SAGEBRUSH LLC

221IMPLANBW0005001-00157-01

SAGEBRUSH LLC

1310 E CHAPMAN AVE STE 180

FULLERTON CA 92831-3954

CONTACT: CUSTOMER SERVICE

800-711-4577

PROVIDER EXPLANATION OF BENEFITS

Claim Summary Information

Pat Ctrl #	Patient Name / Subscriber Name				Pat Rel	Patient ID	
1013473154	MELISSA DAVIS				EE	11343624500	
Claim Date	Rend Prov			Claim Number	Rend Prov ID	Med Rec #	
07/31/2022 - 07/31/2022	Campos De Ponce, Maria A.			22X585318900	1770821316		
Auth/Ref #	Clin Chg	Total Line Item Adj Amt	Clin Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght
NO AUTHORIZATION R	2,000.00	2,000.00	0.00	2,000.00	PH013775		

Service Line Information

Line Ctrl #	DOS			Rend Prov ID				Auth # / Ref #			
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clin Adj Rsn Cd	Payment	Remark Cd
1	07/31/2022 - 07/31/2022			1770821316							
	90853			0.00	2,000.00	2,000.00	0.00			2,000.00	
				0.00	0.00	0.00	2,000.00	PR	27	-2,000.00	N30
TOTALS:					2,000.00	2,000.00	2,000.00			0.00	

Provider Payment Information

Prov Adj Cd	Prov Adj ID	Remark Cd	Prov Adj Amt
		Total Adjustment	0.00
		Claim Total	0.00
		Prov Pay Amt	0.00

REMARK(S) LISTED BELOW ARE REFERENCED IN THE SERVICE DETAIL SECTION UNDER THE HEADING "Remark Cd"

N30 - (SS) Termination via Member-level separation event.

You can save time and reduce paperwork and phone calls by going electronic. Our Site Satisfaction Survey data indicate that online transactions are easy to use and save time. Go to Provider Express today! www.providerexpress.com.

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P.O. Box 30755
Salt Lake City , UT 84130-0755



OPTUM®



PAGE: 1 OF 4

PROD DATE: 08/05/2022

REF ID: 2022080511200040

PAYEE TAX ID: XXXXX2774

PAYEE ID: 1417425604

PAYEE NAME: SAGEBRUSH LLC

217IMPLANBW0005001-00513-01

SAGEBRUSH LLC

1310 E CHAPMAN AVE STE 180

FULLERTON CA 92831-3954

CONTACT: CUSTOMER SERVICE

855-437-3486

**PROVIDER
EXPLANATION
OF BENEFITS**

Claim Summary Information

Pat Ctrl #	Patient Name / Subscriber Name					Pat Rel	Patient ID
1012903558	SEAN M HANNON / KELLIE HANNON					CH	XXXXXXXX803
Claim Date	Rend Prov			Claim Number	Rend Prov ID	Med Rec #	
08/18/2021 - 08/18/2021	Sagebrush LLC			22X576253500	1417425604	42909019	
Auth/Ref #	Clin Chg	Total Line Item Adj Amt	Clin Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght
NO AUTHORIZATION R	2,000.00	2,000.00	0.00	2,000.00	15296		

Service Line Information

Line Ctrl #	DOS			Rend Prov ID				Auth # / Ref #			
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clin Adj Rsn Cd	Payment	Remark Cd
1	08/18/2021 - 08/18/2021			1417425604							
	0915	90853		0.00	2,000.00	2,000.00	0.00			2,000.00	
				0.00	0.00	0.00	2,000.00	PR	27	-2,000.00	N650
TOTALS:					2,000.00	2,000.00	2,000.00			0.00	

Claim Summary Information

Pat Ctrl #	Patient Name / Subscriber Name					Pat Rel	Patient ID
1012903557	SEAN M HANNON / KELLIE HANNON					CH	XXXXXXXX803
Claim Date	Rend Prov			Claim Number	Rend Prov ID	Med Rec #	
08/16/2021 - 08/16/2021	Sagebrush LLC			22X576256800	1417425604	42909019	
Auth/Ref #	Clin Chg	Total Line Item Adj Amt	Clin Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght
NO AUTHORIZATION R	2,000.00	2,000.00	0.00	2,000.00	15296		

Service Line Information

Line Ctrl #	DOS			Rend Prov ID				Auth # / Ref #			
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clin Adj Rsn Cd	Payment	Remark Cd
1	08/16/2021 - 08/16/2021			1417425604							
	0915	90853		0.00	2,000.00	2,000.00	0.00			2,000.00	
				0.00	0.00	0.00	2,000.00	PR	27	-2,000.00	N650
TOTALS:					2,000.00	2,000.00	2,000.00			0.00	

Claim Summary Information

Pat Ctrl #	Patient Name / Subscriber Name					Pat Rel	Patient ID
1012903554	SEAN M HANNON / KELLIE HANNON					CH	XXXXXXXX803
Claim Date	Rend Prov			Claim Number	Rend Prov ID	Med Rec #	



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PROD DATE: 08/05/2022

REF ID: 2022080511200040

PAYEE TAX ID: XXXXX2774

PAYEE ID: 1417425604

PAYEE NAME: SAGEBRUSH LLC

CONTACT: CUSTOMER SERVICE

855-437-3486

Claim Summary Information

08/06/2021 – 08/06/2021	Sagebrush LLC			22X576256900	1417425604	42909019	
Auth/Ref #	Clim Chg	Total Line Item Adj Amt	Clim Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght
NO AUTHORIZATION R	2,000.00	2,000.00	0.00	2,000.00	15296		

Service Line Information

Line Ctrl #	DOS	Rend Prov ID						Auth # / Ref #			
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clim Adj Rsn Cd	Payment	Remark Cd
1	08/06/2021 – 08/06/2021			1417425604							
	0915	90853		0.00	2,000.00	2,000.00	0.00			2,000.00	
				0.00	0.00	0.00	2,000.00 PR	27		-2,000.00 N650	
TOTALS:					2,000.00	2,000.00	2,000.00			0.00	

Claim Summary Information

Pat Ctrl #	Patient Name / Subscriber Name						Pat Rel	Patient ID
1012903551	SEAN M HANNON / KELLIE HANNON						CH	XXXXXXXX803
Claim Date	Rend Prov				Claim Number	Rend Prov ID	Med Rec #	
08/02/2021 – 08/02/2021	Sagebrush LLC				22X576257000	1417425604	42909019	
Auth/Ref #	Clim Chg	Total Line Item Adj Amt	Clim Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght	
NO AUTHORIZATION R	2,000.00	2,000.00	0.00	2,000.00	15296			

Service Line Information

Line Ctrl #	DOS	Rend Prov ID						Auth # / Ref #			
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clim Adj Rsn Cd	Payment	Remark Cd
1	08/02/2021 – 08/02/2021			1417425604							
	0915	90853		0.00	2,000.00	2,000.00	0.00			2,000.00	
				0.00	0.00	0.00	2,000.00 PR	27		-2,000.00 N650	
TOTALS:					2,000.00	2,000.00	2,000.00			0.00	

Claim Summary Information

Pat Ctrl #	Patient Name / Subscriber Name						Pat Rel	Patient ID
1012903552	SEAN M HANNON / KELLIE HANNON						CH	XXXXXXXX803
Claim Date	Rend Prov				Claim Number	Rend Prov ID	Med Rec #	
08/03/2021 – 08/03/2021	Sagebrush LLC				22X576312100	1417425604	42909019	
Auth/Ref #	Clim Chg	Total Line Item Adj Amt	Clim Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght	
2VV1YD-01	3,095.00	3,095.00	0.00	3,095.00	15296			

United Behavioral Health
P.O. Box 30755
Salt Lake City, UT 84130-0755



OPTUM®



PAGE: 3 OF 4

PROD DATE: 08/05/2022

REF ID: 2022080511200040

PAYEE TAX ID: XXXXX2774

PAYEE ID: 1417425604

PAYEE NAME: SAGEBRUSH LLC

SAGEBRUSH LLC
1310 E CHAPMAN AVE STE 180
FULLERTON CA 92831-3954

CONTACT: CUSTOMER SERVICE
855-437-3486

**PROVIDER
EXPLANATION
OF BENEFITS**

Service Line Information

Line Ctrl #	DOS	Rend Prov ID		Auth # / Ref #							
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clm Adj Rsn Cd	Payment	Remark Cd
1	08/03/2021 - 08/03/2021			1417425604							
	0906	H0015		0.00	3,095.00	3,095.00	0.00			3,095.00	
				0.00	0.00	0.00	3,095.00 PR	27		-3,095.00 N650	
TOTALS:					3,095.00	3,095.00	3,095.00			0.00	

Claim Summary Information

Pat Ctrl #		Patient Name / Subscriber Name				Pat Rel	Patient ID	
1012903553		SEAN M HANNON / KELLIE HANNON				CH	XXXXXXXX803	
Claim Date		Rend Prov		Claim Number	Rend Prov ID		Med Rec #	
08/05/2021 – 08/05/2021		Sagebrush LLC		22X576312200	1417425604		42909019	
Auth/Ref #		Clm Chg	Total Line Item Adj Amt	Clm Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght
2VV1YD-01		3,095.00	3,095.00	0.00	3,095.00	15296		

Service Line Information

Line Ctrl #	DOS	Rend Prov ID		Auth # / Ref #							
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clm Adj Rsn Cd	Payment	Remark Cd
1	08/05/2021 - 08/05/2021			1417425604							
	0906	H0015		0.00	3,095.00	3,095.00	0.00			3,095.00	
				0.00	0.00	0.00	3,095.00 PR	27		-3,095.00 N650	
TOTALS:					3,095.00	3,095.00	3,095.00			0.00	

Claim Summary Information

Pat Ctrl #		Patient Name / Subscriber Name				Pat Rel	Patient ID	
1012903556		SEAN M HANNON / KELLIE HANNON				CH	XXXXXXXX803	
Claim Date	Rend Prov			Claim Number	Rend Prov ID		Med Rec #	
08/10/2021 – 08/10/2021	Sagebrush LLC			22X576312300	1417425604		42909019	
Auth/Ref #	Clm Chg	Total Line Item Adj Amt	Clm Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght	
2VV1YD-01	3,095.00	3,095.00	0.00	3,095.00	15296			

United Behavioral Health
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PAGE: 4 OF 4

PROD DATE: 08/05/2022
REF ID: 2022080511200040

PAYEE TAX ID: XXXXX2774
PAYEE ID: 1417425604

PAYEE NAME: SAGEBRUSH LLC

CONTACT: CUSTOMER SERVICE
855-437-3486

Service Line Information

Line Ctrl #	DOS			Rend Prov ID				Auth # / Ref #			
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clm Adj Rsn Cd	Payment	Remark Cd
1	08/10/2021 - 08/10/2021			1417425604							
	0906	H0015		0.00	3,095.00	3,095.00	0.00			3,095.00	
				0.00	0.00	0.00	3,095.00	PR	27	-3,095.00	N650
TOTALS:					3,095.00	3,095.00	3,095.00			0.00	

Claim Summary Information

Pat Ctrl #		Patient Name / Subscriber Name				Pat Rel		Patient ID	
1012903555		SEAN M HANNON / KELLIE HANNON				CH		XXXXXXXX803	
Claim Date		Rend Prov		Claim Number		Rend Prov ID		Med Rec #	
08/09/2021 - 08/09/2021		Sagebrush LLC		22X576312400		1417425604		42909019	
Auth/Ref #		Clm Chg	Total Line Item Adj Amt	Clm Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght	
2VV1YD-01		3,095.00	3,095.00	0.00	3,095.00	15296			

Service Line Information

Line Ctrl #	DOS			Rend Prov ID				Auth # / Ref #			
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clm Adj Rsn Cd	Payment	Remark Cd
1	08/09/2021 - 08/09/2021			1417425604							
	0906	H0015		0.00	3,095.00	3,095.00	0.00			3,095.00	
				0.00	0.00	0.00	3,095.00	PR	27	-3,095.00	N650
TOTALS:					3,095.00	3,095.00	3,095.00			0.00	

Provider Payment Information

Prov Adj Cd	Prov Adj ID	Remark Cd	Prov Adj Amt
		Total Adjustment	0.00
		Claim Total	0.00
		Prov Pay Amt	0.00

REMARK(S) LISTED BELOW ARE REFERENCED IN THE SERVICE DETAIL SECTION UNDER THE HEADING "Remark Cd"

N650 - (ST) Member not eligible for Benefits.

You can save time and reduce paperwork and phone calls by going electronic. Our Site Satisfaction Survey data indicate that online transactions are easy to use and save time. Go to Provider Express today! www.providerexpress.com.