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

**CONTACT: CUSTOMER SERVICE** 

800-711-4577

221IMPLANBW0005001-00157-01 SAGEBRUSH LLC 1310 E CHAPMAN AVE STE 180 FULLERTON CA 92831-3954

# PROVIDER EXPLANATION OF BENEFITS

Pat Ctrl #		Patie	nt Name / Subscri	ber Name		Pat Rel	Patient ID	
1013473154	MELISSA	DAVIS				EE	11343624500	
Claim Date		Rend Prov		Claim Number	Rend Pr	rovID	Med Rec #	
07/31/2022 - 07/31/2022	Campos De Ponce,	Maria A.		22X585318900	177082	1316		
Auth/Ref#	Clm Chg	Total Line Item Adj Amt	Clm 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	Clm Adj Rsn Cd	Payment Remark	
1	07/31/2	2022 - 07/31/2022		1770821316						• • • • • • • • • • • • • • • • • • • •	
		90853		0.00	2,000.00	2,000.00	0.00	ı		2,000.00	
				0.00	0.00	0.00	2,000.00	PR	27	-2,000.00 N30	
TOTAL	S:				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
	2	Total Adjustment	0.00
-200222300 1+1		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.





**PAGE:** 1 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

217IMPLANBW0005001-00513-01 SAGEBRUSH LLC 1310 E CHAPMAN AVE STE 180 FULLERTON CA 92831-3954

1

## PROVIDER EXPLANATION OF BENEFITS

Claim Summary Informati	on							
Pat Ctrl #		Patie	nt Name / Subscri	ber Name	**	Pat Rel	Patient ID	
1012903558 '	SEAN M H	IANNON / KELLIE H	ANNON			СН	XXXXXXX803	
Claim Date		Rend Prov	Claim Number	Rend Prov ID -		Med Rec#		
08/18/2021 - 08/18/2021	Sagebrush LLC			22X576253500	141742	5604	42909019	
Auth/Ref#	Clm Chg	Total Line Item Adj Amt	Cim 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	Rend Prov ID					Auth # / Ref #		
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clm Adj Rsn Cd	Payment Remark	
1	08/18/2	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	3:		37.5		2,000.00	2,000.00	2,000,00		***************************************	0.00	

Claim Summary Information

Pat Ctrl#		Patie	nt Name / Subscr	iber Name	, ,	Pat Ref	Patient ID*	
1012903557	SEAN M	HANNON / KELLIE H	IANNON			СН	XXXXXXX803	
Claim Date	1	Rend Prov		Claim Number	Rend P	rov ID	'Med Rec #	
08/16/2021 - 08/16/2021	Sagebrush LLC	r ** :		22X576256800	141742	5604	42909019	
Auth/Ref#	Clm Chg	Total Line Item Adj Amt	Clm Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght	
NO AUTHORIZATION R	2,000.00	2,000.00	0.0	2,000.00	15296			

#### Service Line Information

Line Ctrl #	DOS		Rend Prov ID	Rend Prov ID			#/Ref#	(e).	
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt Grp	Clm Adj Rsn Cd	Payment Remark Cd
1	08/16/2	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	3:	Name			2,000.00	2,000.00	2,000.00		0.00

**Claim Summary Information** 

Pat Ctrl #	110000	Patient Name	Subscriber	Name	3	* P	at Rel	Patient ID
1012903554		SEAN M HANNON / KELLIE HANNON	*	2 - 3 22	Special Control	СН	*	XXXXXXX803
Claim Date		Rend Prov		Claim Number	`Re	end Prov ID	1	Med Rec#

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



PAGE: 2 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

Claim Summary Informati	on				453744500		
08/06/2021 - 08/06/2021	· Sagebrush LLC	o		22X576256900	141742	5604	42909019
Auth/Ref #	Clm Chg	Total Line Item Adj Amt	Clm Payment	.Pat Resp	Group/ Policy	Contract	DRG/Wght
NO AUTHORIZATION R	2 000 00	2 000.001	0.00	2.000.0	0 15296		1.

### Service Line Information

Line Ctrl #	DOS ,	Rend Prov ID			Au	th#/Ref#	h#/Ref#		
	Rev Adj Prod/ Svc Mod	Units	Charge	Considered Charge	Adj Amt Gr Cd	•	Payment Remark Cd		
1	08/06/2021 - 08/06/2021	1417425604		Mary and the same	7/				
	0915 90853	0.00	2,000.00	2,000.00	00,0	xi.	2,000.00		
		0.00	0.00	00,0	2,000,00 PR	27	-2,000.00 N650		
TOTALS	S:		2,000.00	2,000.00	2,000.00		00,0		

Claim Summary Informati Pat Ctrl #		Patie	ent Name / Subscri	ber Name		Pat Rel	Patient ID
1012903551	SEAN M H	IANNON / KELLIÉ H	ANNON		СН	XXXXXXX803	
Claim Date		Rend Prov		Claim Number	Rend Pr	ov ID	Med Rec #
08/02/2021 - 08/02/2021	Sagebrush LLC			22X576257000	141742	5604	42909019
Auth/Ref#	Clm Chg	Total Line Item Adj Amt	Clm Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght
NO AUTHORIZATION R	2,000.00	2,000.00	ຄ.00	2,000.00	15296		

#### Service Line Information

_ine Ctrl #	DOS			Rend Prov ID	Rend Prov ID			Auth #	Auth # / Ref #		
a.	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clm Adj Rsn Cd	Payment Remark	
	08/02/2021 - 08/02/2021			1417425604	1417425604						
	0915	90853		0.00	2,000.00	2,000.00	0.00			Ś'ò00'00	
				0.00	0.00	0.00	2,000.00	PR	27	-2,000.00 N650	
OTALS	3:				2,000.00	2,000.00	2,000.00			0,00	

Claim Summary Information

Pat Ctrl #		Patie	Pat Rei	Patient ID			
1012903552	SEAN M I	ANNON	Y COLUMN		СН	XXXXXXX803	
Claim Date		Rend Prov		Claim Number	, Rend Prov ID		Med Rec#
08/03/2021 08/03/2021	Sagebrush LLC		A 1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22X576312100	141742	5604	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 P.O. Box 30755 Salt Lake City , UT 84130-0755





**PAGE:** 3 OF 4

PROD DATE: 08/05/2022

**REF ID:** 2022080511200040

PAYEE TAX ID: XXXXX2774 **PAYEE ID: 1417425604** 

PAYEE NAME: SAGEBRUSHILC

**CONTACT: CUSTOMER SERVICE** 

855-437-3486

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

## **PROVIDER EXPLANATION** OF BENEFITS

Line Ctrl #	DOS	3 2	s.	Rend Prov ID	98 = =	٨		Auth #	# / Ref # '	
5.000	Rev.	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clm Adj. Rsn Cd	Payment Remark
1	08/03/2	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	E. 10				3,095.00	3,095.00	3,095.00			0.00

Pat Ctrl #		Patie	ent Name / Subscr	iber Name	Pat Rei	Patient ID	
1012903553	SEAN	M HANNON / KELLIE H	ANNON		HK-1600-1	CH	XXXXXXX803
Claim Date		Rend Prov	Claim Number	Rend Prov ID		Med Rec#	
08/05/2021 - 08/05/2021	Sagebrush LLC		•	22X576312200	141742	5604	42909019
Auth/Ref#	Clm Chg	Total Line Item Adj Amt	Clm Payment	,Pat Resp	Group/ ,	Contract	DRG/ Wght
2VV1YD-01	3,095	.00 3,095.00	0.00	3,095.00	15296		

Line Ctri #	DOS			Rend Prov ID		a		Auth#/Ref#		*	
, ,4 ,	Rev	Adj Prod/ Svc.	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clm Adj*	Payment Remark	
	08/05/2	2021 - 08/05/2021		1417425604					77 F-2	1	
	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			- 0.4.01		3,095.00	3,095.00	3,095.00			0.00	

Claim Summary Information	on					5	N. 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	
Pat Ctrl #		Patient Name / Subscriber Name					Patient ID	
1012903556	SEAN M F	HANNON / KELLIE HA	ANNON			СН	XXXXXXX803	
Claim Date		Rend Prov		Claim Number	Rend Prov ID		Med Rec #	
08/10/2021 - 08/10/2021	08/10/2021 - 08/10/2021 Sagebrush LLC				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		32.00.00		

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



**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

		DOS			Rend Prov ID					Auth # / Ref #		
Ctrl #	Rev	Adj Prod/ Svc	Mod	Units	Cl	harge	Considered Charge	Adj Amt	Grp Cd	Clm Adj Rsn Cd	Payment Remark Cd	
1	08/10/20	021 - 08/10/2021		141742560	04				-	- 5		
	0906	H0015		0.00	3,0	95,00	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;		2100111		3,0	95.00	3,095.00	3,095.00			0.00	

Pat Ctrl #		Patie	ent Name / Subscri	<b>8</b> 0 82	Pat Rel	Patient ID ~	
1012903555	SEAN	M HANNON / KELLIE H	ANNON	СН	XXXXXXX803		
Claim Date		Rend Prov		Claim Number	Rend Prov ID		. Med Rec#
08/09/2021 - 08/09/2021	Sagebrush LLC			22X576312400	141742	25604	42909019
Auth/Ref#	Clm Chg	Total Line Item Adi Amt	Clm Payment	Pat Resp	Group! Policy	Contract	DRG/Wght
2VV1YD-01	3 095	00 3.095.00	0.00	3.095.00	15296		

Servici	a 1 ina	information	_

Line Ctrl #	DOS			Rend Prov ID	Rend Prov ID					Auth # / Ref #		
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clm Adj Rsn Cd	Payment Remark		
1	08/09/2	021 - 08/09/2021		1417425604						7		
	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		
TOTAL	S:			4.40.17	3,095.00	3,095,00	3,095.00	1115		0,00		

**Provider Payment Information** 

Prov Adj Cd	Prov Adj ID	Remark Cd	Prov Adj Amt	
<del></del>		Total Adjustment	0.0	
	The second secon	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.