

Must submit backup for all BARs, except transfers of funds for SEG or direct grants

**STATE OF NEW MEXICO**  
**PUBLIC EDUCATION DEPARTMENT**  
 300 Don Gaspar Santa Fe, NM 87501-2786  
**Budget Adjustment Request**

Doc. ID: 001-706-2324-0048-I

Fund Type: Direct Grant

Adjustment Type: Increase

Fiscal Year: 2023-2024

Entity Name: Coral Community Charter

Adjustment Changes Intent/Scope of Program Yes or No?: No

Contact: Katy Sanchez, Business Manager

Total Approved Budget (Flowthrough):

Phone: (505) 908-1420

Email: ksanchez@coralcharter.com

<b>FLOWTHROUGH ONLY</b>	<b>Budget Period:</b> 2023-07-01	<b>To:</b> 2024-06-30
<b>A. Approved Carryover:</b>		
<b>B. Total Current Year Allocation:</b>		
<b>D. Total Funding Available:</b>		

Revenue 25153.0000.44301 \$6,514

Fund	Function	Object	Program	Location	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
25153 Title XIX MEDICAL D 3/21 Years	2400 Support Services-School Administration	51100 Salaries Expense	0000 No Program	001706 Coral Community Charter	1217 Secretarial/Cler ical/Technical Assistants	\$3,000	\$6,514	\$9,514	
Sub Total							\$6,514		
Indirect Cost									
<b>DOC. TOTAL</b>							\$6,514		

**Justification:**

25153 Actual Revenue allocation to date.

Compliance with Sections 10-15-1 and 22-8-12, NMSA, 1978 Compilation:

A. The requested budget/changes were authorized at a scheduled Board of Education or Governance Council meeting open to the public on:

B. Justification for the transfer: Explanation such as "underbudgeted", "insufficient budget", or "needed to close out Project" ARE NOT ACCEPTABLE. Attach additional sheets if necessary.

ALL TRANSFER BARS MUST NET OUT TO ZERO ON THE DOC. TOTAL LINE.

# Coral Community Charter

## Account Summary Break Report

Cycle: FY2024; Begin Date: 07/01/2023; End Date: 06/30/2024; Account Type: Revenue; Subtotal Element: [None]; Break by Element: Fund; Account Expression: [All]; Subtotal by Account Type: No  
 Created On: 3/8/2024 11:23:21 AM

Account Code	Description	Actual (Date Range)	Budget (YTD)	Actual (YTD)	Encumbrance (YTD)	Available (YTD)	% of Budget
11000-0000-41910-0000-001706-0000	Rental	(\$120.00)	(\$120.00)	(\$120.00)	\$0.00	\$0.00	100.00
11000-0000-41920-0000-001706-0000	Contributions and Donations From Private Sources	(\$15,150.13)	(\$15,000.00)	(\$15,150.13)	\$0.00	\$150.13	101.00
11000-0000-43101-0000-001706-0000	State Equalization Guarantee	(\$1,675,823.55)	(\$2,496,024.10)	(\$1,675,823.55)	\$0.00	(\$820,200.55)	67.13
21000-0000-41604-0000-001706-0000	Fees – Students/Food Services	(\$101.75)	(\$102.00)	(\$101.75)	\$0.00	(\$0.25)	99.75
21000-0000-44500-0000-001706-0000	Restricted Grants From the Federal Government Through the State	(\$50,703.70)	\$0.00	(\$50,703.70)	\$0.00	\$50,703.70	0.00
21100-0000-43203-0000-001706-0000	State Direct Grants	(\$36,217.40)	(\$30,188.00)	(\$36,217.40)	\$0.00	\$6,029.40	119.97
24101-0000-41924-0000-001706-0000	Flowthrough grants from District	(\$33,963.63)	(\$45,497.00)	(\$33,963.63)	\$0.00	(\$11,533.37)	74.65
24106-0000-41924-0000-001706-0000	Flowthrough grants from District	(\$24,184.70)	(\$45,302.00)	(\$24,184.70)	\$0.00	(\$21,117.30)	53.38
24106-0000-44504-0000-001706-0000	Prior Year Balances	(\$4,333.34)	\$0.00	(\$4,333.34)	\$0.00	\$4,333.34	0.00
24109-0000-41924-0000-001706-0000	Flowthrough grants from District	(\$1,029.35)	(\$2,040.00)	(\$1,029.35)	\$0.00	(\$1,010.65)	50.45
24153-0000-41924-0000-001706-0000	Flowthrough grants from District	(\$548.62)	(\$550.00)	(\$548.62)	\$0.00	(\$1.38)	99.74
24154-0000-41924-0000-001706-0000	Flowthrough grants from District	(\$5,288.50)	(\$12,150.00)	(\$5,288.50)	\$0.00	(\$6,861.50)	43.52
24154-0000-44504-0000-001706-0000	Prior Year Balances	(\$513.43)	\$0.00	(\$513.43)	\$0.00	\$513.43	0.00
24330-0000-41924-0000-001706-0000	Flowthrough grants from District	(\$85,006.13)	(\$85,006.13)	(\$85,006.13)	\$0.00	\$0.00	100.00
24330-0000-44504-0000-001706-0000	Prior Year Balances	(\$37,460.14)	\$0.00	(\$37,460.14)	\$0.00	\$37,460.14	0.00
25153-0000-41980-0000-001706-0000	Refund of Prior Year's Expenditures	(\$3,437.69)	\$0.00	(\$3,437.69)	\$0.00	\$3,437.69	0.00
25153-0000-44301-0000-001706-0000	Other Restricted Grants – Federal Direct	(\$16,513.06)	(\$10,000.00)	(\$16,513.06)	\$0.00	\$6,513.06	165.13
27107-0000-43202-0000-001706-0000	State Flow-through Grant	(\$4,908.00)	(\$4,908.00)	(\$4,908.00)	\$0.00	\$0.00	100.00
27109-0000-43207-0000-001706-0000	Instructional Materials – Credit (50%)	(\$2,909.42)	(\$2,909.42)	(\$2,909.42)	\$0.00	\$0.00	100.00
27149-0000-41924-0000-001706-0000	Flowthrough grants from District	(\$147,741.01)	(\$400,000.00)	(\$147,741.01)	\$0.00	(\$252,258.99)	36.93
27149-0000-43204-0000-001706-0000	Prior Year Balances	(\$22,063.46)	\$0.00	(\$22,063.46)	\$0.00	\$22,063.46	0.00
31200-0000-43209-0000-001706-0000	PSCOC Awards	(\$68,693.40)	(\$137,387.00)	(\$68,693.40)	\$0.00	(\$68,693.60)	49.99
31400-0000-43202-0000-001706-0000	State Flow-through Grant	\$0.00	(\$95,000.00)	\$0.00	\$0.00	(\$95,000.00)	0.00
31400-0000-43204-0000-001706-0000	Prior Year Balances	(\$108,900.00)	(\$61,247.27)	(\$108,900.00)	\$0.00	\$47,652.73	177.80
31600-0000-41110-0000-001706-0000	Ad Valorem Taxes – School District	(\$109,739.59)	(\$177,976.00)	(\$109,739.59)	\$0.00	(\$68,236.41)	61.65
31600-0000-41980-0000-001706-0000	Refund of Prior Year's Expenditures	(\$4,135.86)	\$0.00	(\$4,135.86)	\$0.00	\$4,135.86	0.00
31701-0000-41110-0000-001706-0000	Ad Valorem Taxes – School District	(\$55,642.98)	(\$90,269.00)	(\$55,642.98)	\$0.00	(\$34,626.02)	61.64
31701-0000-41980-0000-001706-0000	Refund of Prior Year's Expenditures	(\$2,097.30)	\$0.00	(\$2,097.30)	\$0.00	\$2,097.30	0.00
31703-0000-43202-0000-001706-0000	State Flow-through Grant	(\$19,670.37)	(\$19,670.37)	(\$19,670.37)	\$0.00	\$0.00	100.00
31703-0000-43204-0000-001706-0000	Prior Year Balances	(\$8,140.00)	\$0.00	(\$8,140.00)	\$0.00	\$8,140.00	0.00
<b>Sub Total</b>		<b>(\$2,545,036.51)</b>	<b>(\$3,731,346.29)</b>	<b>(\$2,545,036.51)</b>	<b>\$0.00</b>	<b>(\$1,186,309.78)</b>	<b>68.21</b>

91800838\*\*\*1013495365\*\*\*\*\* NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM\*\*\*\*\*DATE: 2024-02-12  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

PROV NUMBER: 91800838 NPI: 1013495365

91800838 / 1013495365  
CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

ALBUQUERQUE NM 87108-2856

PLEASE SEND INQUIRIES TO CONDUENT  
P.O. BOX 27478  
ALBUQUERQUE, NM 87125-7478



CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 2  
RPT PAGE: 89952

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	BILLED	COPAY	PD	TCN	ALWD+TAX	SVC PROV / NPI	TPL	PAYMENT	EOB STATUS
00003931388899	BLACK							ROCCO	V			NHCOC004272707		32404000785000024		90257227 / 1750994216	PA
001	01/23/24	01/23/24	97110	TM	GO		2.00		22.32		.00		22.32		.00	22.32	PAID
002	01/30/24	01/30/24	97110	TM	GO		2.00		22.32		.00		22.32		.00	22.32	PAID
003	01/25/24	01/25/24	97110	TM	GO		2.00		22.32		.00		22.32		.00	22.32	PAID
							CLAIM TOTAL:		66.96		.00		66.96		.00	66.96	
00003931388899	BLACK							ROCCO	V			NHCOC004272708		32404000785000025		90257227 / 1750994216	PA
001	02/01/24	02/01/24	97110	TM	GO		2.00		22.32		.00		22.32		.00	22.32	PAID
							CLAIM TOTAL:		22.32		.00		22.32		.00	22.32	
00003931388899	BLACK							ROCCO	V			NHCOC004272709		32404000785000026		05155819 / 1396409629	PA
001	01/22/24	01/22/24	92507	TM			.50		30.07		.00		30.07		.00	30.07	PAID
002	01/29/24	01/29/24	92507	TM			.25		15.04		.00		15.04		.00	15.04	PAID
							CLAIM TOTAL:		45.11		.00		45.11		.00	45.11	
00003088204039	CARRASCO-MCQUITTY							JOAQUIN	R			NHCOC004272694		32404000785000011		90257227 / 1750994216	PA
001	01/23/24	01/23/24	97110	TM	GO		2.00		22.32		.00		22.32		.00	22.32	PAID
002	01/30/24	01/30/24	97110	TM	GO		2.00		22.32		.00		22.32		.00	22.32	PAID
							CLAIM TOTAL:		44.64		.00		44.64		.00	44.64	
00003596700565	DEL VALLE RODRIGUEZ							KAIDEN				NHCOC004272696		32404000785000013		90257227 / 1750994216	PA
001	01/25/24	01/25/24	97150	GO	TM	U2	1.00		19.73		.00		19.73		.00	19.73	PAID
							CLAIM TOTAL:		19.73		.00		19.73		.00	19.73	
00003596700565	DEL VALLE RODRIGUEZ							KAIDEN				NHCOC004272697		32404000785000014		90257227 / 1750994216	PA
001	02/01/24	02/01/24	97110	TM	GO		2.00		22.32		.00		22.32		.00	22.32	PAID
							CLAIM TOTAL:		22.32		.00		22.32		.00	22.32	
00003596700565	DEL VALLE RODRIGUEZ							KAIDEN				NHCOC004272698		32404000785000015		05155819 / 1396409629	PA
001	01/22/24	01/22/24	92508	TM	U2		.50		22.56		.00		22.56		.00	22.56	PAID
002	01/29/24	01/29/24	92508	TM	U3		.50		17.54		.00		17.54		.00	17.54	PAID
							CLAIM TOTAL:		40.10		.00		40.10		.00	40.10	
00002505742005	GARCIA							JAZMIN	J			NHCOC004272691		32404000785000008		90257227 / 1750994216	PA

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 3  
RPT PAGE: 89953

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB	
LN	SERVICE DATES							BILLED	ALWD+TAX	TPL	PAYMENT	STATUS
001	01/25/24	01/25/24	97150	GO	TM	U2	1.00	19.73	19.73	.00	19.73	PAID
							CLAIM TOTAL:	19.73	19.73	.00	19.73	
00002505742005	GARCIA						J	NHCOC004272692	32404000785000009	90257227 / 1750994216	PA	
001	02/01/24	02/01/24	97150	GO	TM	U2	1.00	19.73	19.73	.00	19.73	PAID
							CLAIM TOTAL:	19.73	19.73	.00	19.73	
00002505742005	GARCIA						J	NHCOC004272693	32404000785000010	05155819 / 1396409629	PA	
001	01/22/24	01/22/24	92507	TM			.50	30.07	30.07	.00	30.07	PAID
002	01/29/24	01/29/24	92508	TM	U2		.50	22.56	22.56	.00	22.56	PAID
							CLAIM TOTAL:	52.63	52.63	.00	52.63	
00002503707818	HARRIS						L	NHCOC004272687	32404000785000004	05155819 / 1396409629	PA	
001	01/22/24	01/22/24	92508	TM	U2		.50	22.56	22.56	.00	22.56	PAID
002	01/17/24	01/17/24	92508	TM	U2		.50	22.56	22.56	.00	22.56	PAID
							CLAIM TOTAL:	45.12	45.12	.00	45.12	
00003863754824	KOESTLER XAVIER						A	NHCOC004272701	32404000785000018	90257227 / 1750994216	PA	
001	01/25/24	01/25/24	97110	TM	GO		2.00	22.32	22.32	.00	22.32	PAID
							CLAIM TOTAL:	22.32	22.32	.00	22.32	
00003863754824	KOESTLER XAVIER						A	NHCOC004272702	32404000785000019	90257227 / 1750994216	PA	
001	02/01/24	02/01/24	97110	TM	GO		2.00	22.32	22.32	.00	22.32	PAID
							CLAIM TOTAL:	22.32	22.32	.00	22.32	
00003863754824	KOESTLER XAVIER						A	NHCOC004272703	32404000785000020	05155819 / 1396409629	PA	
001	01/29/24	01/29/24	92508	TM	U3		.50	17.54	17.54	.00	17.54	PAID
							CLAIM TOTAL:	17.54	17.54	.00	17.54	
00003815618779	LOVATO							NHCOC004272699	32404000785000016	90257227 / 1750994216	PA	
001	01/23/24	01/23/24	97110	TM	GO		2.00	22.32	22.32	.00	22.32	PAID
002	01/25/24	01/25/24	97150	GO	TM	U2	1.00	19.73	19.73	.00	19.73	PAID
003	01/30/24	01/30/24	97110	TM	GO		2.00	22.32	22.32	.00	22.32	PAID
							CLAIM TOTAL:	64.37	64.37	.00	64.37	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 4  
RPT PAGE: 89954

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS	
00003815618779	LOVATO							LOGAN		NHCOC004272700		32404000785000017	90257227 / 1750994216	PA
001	02/01/24 02/01/24	97110	TM	GO			2.00	22.32	.00	22.32	.00	22.32	PAID	
							CLAIM TOTAL:	22.32	.00	22.32	.00	22.32		
00002503903268	MUNOZ							OLIVER	M	NHCOC004272688		32404000785000005	90257227 / 1750994216	PA
001	01/30/24 01/30/24	97110	TM	GO			3.00	33.48	.00	33.48	.00	33.48	PAID	
							CLAIM TOTAL:	33.48	.00	33.48	.00	33.48		
00002503903268	MUNOZ							OLIVER	M	NHCOC004272689		32404000785000006	05155819 / 1396409629	PA
001	01/29/24 01/29/24	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID	
							CLAIM TOTAL:	17.54	.00	17.54	.00	17.54		
00003871151836	OREM RILEY							BRIDGET	V	NHCOC004272704		32404000785000021	44122756 / 1013185438	PA
001	01/26/24 01/26/24	97110	TM	GP			2.00	22.32	.00	22.32	.00	22.32	PAID	
							CLAIM TOTAL:	22.32	.00	22.32	.00	22.32		
00003871151836	OREM RILEY							BRIDGET	V	NHCOC004272705		32404000785000022	90257227 / 1750994216	PA
001	01/25/24 01/25/24	97150	GO	TM	U2		1.00	19.73	.00	19.73	.00	19.73	PAID	
							CLAIM TOTAL:	19.73	.00	19.73	.00	19.73		
00003871151836	OREM RILEY							BRIDGET	V	NHCOC004272706		32404000785000023	90257227 / 1750994216	PA
001	02/01/24 02/01/24	97150	GO	TM	U2		1.00	19.73	.00	19.73	.00	19.73	PAID	
							CLAIM TOTAL:	19.73	.00	19.73	.00	19.73		
00003307918270	REED							TROIAN		NHCOC004272695		32404000785000012	05155819 / 1396409629	PA
001	01/22/24 01/22/24	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID	
002	01/29/24 01/29/24	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID	
							CLAIM TOTAL:	40.10	.00	40.10	.00	40.10		
00002504159155	STEVENS							EVELYN	M	NHCOC004272690		32404000785000007	05155819 / 1396409629	PA
001	01/22/24 01/22/24	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 5  
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ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB		
LN	SERVICE DATES							BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS
002	01/29/24 01/29/24	92507	TM				.50	30.07	.00	30.07	.00	30.07	PAID
							CLAIM TOTAL:	52.63	.00	52.63	.00	52.63	
00002503229258	STEVENS						N	NHCOC004272684		32404000785000001	90257227 / 1750994216	PA	
001	01/25/24 01/25/24	97110	TM	GO			4.00	44.64	.00	44.64	.00	44.64	PAID
							CLAIM TOTAL:	44.64	.00	44.64	.00	44.64	
00002503229258	STEVENS						N	NHCOC004272685		32404000785000002	90257227 / 1750994216	PA	
001	02/01/24 02/01/24	97110	TM	GO			4.00	44.64	.00	44.64	.00	44.64	PAID
							CLAIM TOTAL:	44.64	.00	44.64	.00	44.64	
00002503229258	STEVENS						N	NHCOC004272686		32404000785000003	05155819 / 1396409629	PA	
001	01/22/24 01/22/24	92507	TM				.50	30.07	.00	30.07	.00	30.07	PAID
002	01/29/24 01/29/24	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID
							CLAIM TOTAL:	47.61	.00	47.61	.00	47.61	
ADJUDICATED	TOTALS:	38	CLAIM LINES					889.68	.00	889.68	.00	889.68	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 6  
RPT PAGE: 89956

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

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RECIPIENT ID RECIPIENT NAME PM PM PM PM ALWD-UNITS MED REC NUMBER TCN SVC PROV / NPI EOB  
LN SERVICE DATES PROC PM PM PM PM ALWD+TAX BILLED COPAY PD ALWD+TAX TPL PAYMENT STATUS  
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00003196238156 ANDLER HERKSHAN SHILOH NHCOC004191721 42401100947109282 40223205 / 1831640960 CR  
001 11/01/23 11/01/23 90832 TM 1.00- 23.28- .00 23.28- .00 23.28- CREDIT  
CLAIM TOTAL: 23.28- .00 23.28- .00 23.28-  
ADJUST TCN: 3233340027600009 DATED: 2023-12-04

00003196238156 ANDLER HERKSHAN SHILOH NHCOC004191721 42401100947209282 40223205 / 1831640960 DE  
001 11/01/23 11/01/23 90832 TM 1.00 23.28 .00 31.00 .00 31.00 DEBIT  
CLAIM TOTAL: 23.28 .00 31.00 .00 31.00  
ADJUST TCN: 3233340027600009 DATED: 2023-12-04

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00003931388899 BLACK ROCCO V NHCOC004191737 42401100947109296 90257227 / 1750994216 CR  
001 11/14/23 11/14/23 97110 TM GO 2.00- 22.32- .00 22.32- .00 22.32- CREDIT  
002 11/16/23 11/16/23 97110 TM GO 2.00- 22.32- .00 22.32- .00 22.32- CREDIT  
CLAIM TOTAL: 44.64- .00 44.64- .00 44.64-  
ADJUST TCN: 32333400276000025 DATED: 2023-12-04

00003931388899 BLACK ROCCO V NHCOC004191738 42401100947109297 40223205 / 1831640960 CR  
001 10/20/23 10/20/23 90832 TM 1.00- 23.28- .00 23.28- .00 23.28- CREDIT  
002 10/25/23 10/25/23 90832 TM 1.00- 23.28- .00 23.28- .00 23.28- CREDIT  
003 10/27/23 10/27/23 90832 TM 1.00- 23.28- .00 23.28- .00 23.28- CREDIT  
CLAIM TOTAL: 69.84- .00 69.84- .00 69.84-  
ADJUST TCN: 32333400276000026 DATED: 2023-12-04

00003931388899 BLACK ROCCO V NHCOC004191739 42401100947109298 40223205 / 1831640960 CR  
001 11/01/23 11/01/23 90832 TM 1.00- 23.28- .00 23.28- .00 23.28- CREDIT  
002 11/03/23 11/03/23 90832 TM 1.00- 23.28- .00 23.28- .00 23.28- CREDIT  
003 11/08/23 11/08/23 90832 TM 1.00- 23.28- .00 23.28- .00 23.28- CREDIT  
CLAIM TOTAL: 69.84- .00 69.84- .00 69.84-  
ADJUST TCN: 32333400276000027 DATED: 2023-12-04

00003931388899 BLACK ROCCO V NHCOC004191740 42401100947109299 05155819 / 1396409629 CR  
001 11/13/23 11/13/23 92507 TM .50- 30.07- .00 30.07- .00 30.07- CREDIT  
002 11/15/23 11/15/23 92508 TM U2 .50- 22.56- .00 22.56- .00 22.56- CREDIT  
CLAIM TOTAL: 52.63- .00 52.63- .00 52.63-



CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 7  
RPT PAGE: 89957

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	BILLED	COPAY PD	TCN	SVC PROV / NPI	EOB	
LN	SERVICE DATES										ALWD+TAX	TPL	PAYMENT	STATUS

ADJUST TCN: 32333400276000028 DATED: 2023-12-04

00003931388899	BLACK							ROCCO	V	NHCOC004215468	42401100947127192	90257227 / 1750994216	CR	
001	11/30/23	11/30/23	97110	TM	GO		2.00-		22.32-	.00	22.32-	.00	22.32-	CREDIT
								CLAIM TOTAL:	22.32-	.00	22.32-	.00	22.32-	

ADJUST TCN: 32334800359000021 DATED: 2023-12-18

00003931388899	BLACK							ROCCO	V	NHCOC004215469	42401100947127193	90257227 / 1750994216	CR	
001	12/05/23	12/05/23	97110	TM	GO		2.00-		22.32-	.00	22.32-	.00	22.32-	CREDIT
002	12/07/23	12/07/23	97110	TM	GO		2.00-		22.32-	.00	22.32-	.00	22.32-	CREDIT
								CLAIM TOTAL:	44.64-	.00	44.64-	.00	44.64-	

ADJUST TCN: 32334800359000022 DATED: 2023-12-18

00003931388899	BLACK							ROCCO	V	NHCOC004215470	42401100947127194	05155819 / 1396409629	CR	
001	12/04/23	12/04/23	92508	TM	U2		.50-		22.56-	.00	22.56-	.00	22.56-	CREDIT
								CLAIM TOTAL:	22.56-	.00	22.56-	.00	22.56-	

ADJUST TCN: 32334800359000023 DATED: 2023-12-18

00003931388899	BLACK							ROCCO	V	NHCOC004191737	42401100947209296	90257227 / 1750994216	DE	
001	11/14/23	11/14/23	97110	TM	GO		2.00		22.32	.00	27.94	.00	27.94	DEBIT
002	11/16/23	11/16/23	97110	TM	GO		2.00		22.32	.00	27.94	.00	27.94	DEBIT
								CLAIM TOTAL:	44.64	.00	55.88	.00	55.88	

ADJUST TCN: 32333400276000025 DATED: 2023-12-04

00003931388899	BLACK							ROCCO	V	NHCOC004191738	42401100947209297	40223205 / 1831640960	DE	
001	10/20/23	10/20/23	90832	TM			1.00		23.28	.00	31.00	.00	31.00	DEBIT
002	10/25/23	10/25/23	90832	TM			1.00		23.28	.00	31.00	.00	31.00	DEBIT
003	10/27/23	10/27/23	90832	TM			1.00		23.28	.00	31.00	.00	31.00	DEBIT
								CLAIM TOTAL:	69.84	.00	93.00	.00	93.00	

ADJUST TCN: 32333400276000026 DATED: 2023-12-04

00003931388899	BLACK							ROCCO	V	NHCOC004191739	42401100947209298	40223205 / 1831640960	DE	
001	11/01/23	11/01/23	90832	TM			1.00		23.28	.00	31.00	.00	31.00	DEBIT
002	11/03/23	11/03/23	90832	TM			1.00		23.28	.00	31.00	.00	31.00	DEBIT
003	11/08/23	11/08/23	90832	TM			1.00		23.28	.00	31.00	.00	31.00	DEBIT
								CLAIM TOTAL:	69.84	.00	93.00	.00	93.00	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 8  
RPT PAGE: 89958

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB		
LN	SERVICE DATES	PROC	PM	PM	PM	ALWD-UNITS	BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS

ADJUST TCN: 3233340027600027 DATED: 2023-12-04

00003931388899	BLACK					ROCCO	V	NHCOC004191740	42401100947209299	05155819 / 1396409629		DE
001	11/13/23 11/13/23	92507	TM			.50	30.07	.00	45.66	.00	45.66	DEBIT
002	11/15/23 11/15/23	92508	TM U2			.50	22.56	.00	23.62	.00	23.62	DEBIT
						CLAIM TOTAL:	52.63	.00	69.28	.00	69.28	

ADJUST TCN: 3233340027600028 DATED: 2023-12-04

00003931388899	BLACK					ROCCO	V	NHCOC004215468	42401100947227192	90257227 / 1750994216		DE
001	11/30/23 11/30/23	97110	TM GO			2.00	22.32	.00	27.94	.00	27.94	DEBIT
						CLAIM TOTAL:	22.32	.00	27.94	.00	27.94	

ADJUST TCN: 3233480035900021 DATED: 2023-12-18

00003931388899	BLACK					ROCCO	V	NHCOC004215469	42401100947227193	90257227 / 1750994216		DE
001	12/05/23 12/05/23	97110	TM GO			2.00	22.32	.00	27.94	.00	27.94	DEBIT
002	12/07/23 12/07/23	97110	TM GO			2.00	22.32	.00	27.94	.00	27.94	DEBIT
						CLAIM TOTAL:	44.64	.00	55.88	.00	55.88	

ADJUST TCN: 3233480035900022 DATED: 2023-12-18

00003931388899	BLACK					ROCCO	V	NHCOC004215470	42401100947227194	05155819 / 1396409629		DE
001	12/04/23 12/04/23	92508	TM U2			.50	22.56	.00	23.62	.00	23.62	DEBIT
						CLAIM TOTAL:	22.56	.00	23.62	.00	23.62	

ADJUST TCN: 3233480035900023 DATED: 2023-12-18

00003931388899	BLACK					ROCCO	V	NHCOC004140624	42401100948119147	90257227 / 1750994216		CR
001	10/02/23 10/02/23	97110	TM GO			2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
002	10/12/23 10/12/23	97110	TM GO			2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
						CLAIM TOTAL:	44.64-	.00	44.64-	.00	44.64-	

ADJUST TCN: 3232920073100015 DATED: 2023-10-23

00003931388899	BLACK					ROCCO	V	NHCOC004157708	42401100948137635	90257227 / 1750994216		CR
001	10/17/23 10/17/23	97110	TM GO			2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
002	10/24/23 10/24/23	97110	TM GO			2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
003	10/26/23 10/26/23	97110	TM GO			2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
004	10/27/23 10/27/23	97110	TM GO			2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
						CLAIM TOTAL:	89.28-	.00	89.28-	.00	89.28-	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 9  
RPT PAGE: 89959

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	BILLED	COPAY PD	TCN	SVC PROV / NPI	EOB	
LN	SERVICE DATES										ALWD+TAX	TPL	PAYMENT	STATUS

ADJUST TCN: 32330900366000027 DATED: 2023-11-13

00003931388899	BLACK							ROCCO	V	NHCOC004157709	42401100948137636	40223205 / 1831640960	CR	
001	08/01/23	08/01/23	90837	TM			1.00-		69.84-	.00	69.84-	.00	69.84-	CREDIT
002	08/18/23	08/18/23	90832	TM			1.00-		23.28-	.00	23.28-	.00	23.28-	CREDIT
003	08/23/23	08/23/23	90834	TM			1.00-		46.56-	.00	46.56-	.00	46.56-	CREDIT
004	08/25/23	08/25/23	90834	TM			1.00-		46.56-	.00	46.56-	.00	46.56-	CREDIT
								CLAIM TOTAL:	186.24-	.00	186.24-	.00	186.24-	

ADJUST TCN: 32330900366000028 DATED: 2023-11-13

00003931388899	BLACK							ROCCO	V	NHCOC004157710	42401100948137637	40223205 / 1831640960	CR	
001	09/08/23	09/08/23	90837	TM			1.00-		69.84-	.00	69.84-	.00	69.84-	CREDIT
								CLAIM TOTAL:	69.84-	.00	69.84-	.00	69.84-	

ADJUST TCN: 32330900366000029 DATED: 2023-11-13

00003931388899	BLACK							ROCCO	V	NHCOC004157711	42401100948137638	05155819 / 1396409629	CR	
001	10/16/23	10/16/23	92507	TM			.50-		30.07-	.00	30.07-	.00	30.07-	CREDIT
002	10/23/23	10/23/23	92508	TM U2			.50-		22.56-	.00	22.56-	.00	22.56-	CREDIT
								CLAIM TOTAL:	52.63-	.00	52.63-	.00	52.63-	

ADJUST TCN: 32330900366000030 DATED: 2023-11-13

00003931388899	BLACK							ROCCO	V	NHCOC004176470	42401100948149259	90257227 / 1750994216	CR	
001	10/30/23	10/30/23	97110	TM GO			2.00-		22.32-	.00	22.32-	.00	22.32-	CREDIT
								CLAIM TOTAL:	22.32-	.00	22.32-	.00	22.32-	

ADJUST TCN: 32332000590000025 DATED: 2023-11-20

00003931388899	BLACK							ROCCO	V	NHCOC004176471	42401100948149260	90257227 / 1750994216	CR	
001	11/02/23	11/02/23	97110	TM GO			2.00-		22.32-	.00	22.32-	.00	22.32-	CREDIT
								CLAIM TOTAL:	22.32-	.00	22.32-	.00	22.32-	

ADJUST TCN: 32332000590000026 DATED: 2023-11-20

00003931388899	BLACK							ROCCO	V	NHCOC004176472	42401100948149261	05155819 / 1396409629	CR	
001	10/25/23	10/25/23	92507	TM			.50-		30.07-	.00	30.07-	.00	30.07-	CREDIT
								CLAIM TOTAL:	30.07-	.00	30.07-	.00	30.07-	

ADJUST TCN: 32332000590000027 DATED: 2023-11-20

00003931388899	BLACK							ROCCO	V	NHCOC004176473	42401100948149262	05155819 / 1396409629	CR
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 10  
RPT PAGE: 89960

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB	
LN	SERVICE DATES							BILLED	ALWD+TAX	TPL	PAYMENT	STATUS
001	11/06/23	11/06/23	92508	TM	U3		.75-	26.31-	26.31-	.00	26.31-	CREDIT
								CLAIM TOTAL:	26.31-	.00	26.31-	
ADJUST TCN: 32332000590000028 DATED: 2023-11-20												

00003931388899	BLACK							ROCCO	V	NHCOC004140624	42401100948219147	90257227 / 1750994216	DE
001	10/02/23	10/02/23	97110	TM	GO		2.00	22.32	27.94	.00	27.94	DEBIT	
002	10/12/23	10/12/23	97110	TM	GO		2.00	22.32	27.94	.00	27.94	DEBIT	
								CLAIM TOTAL:	44.64	.00	55.88		
ADJUST TCN: 32329200731000015 DATED: 2023-10-23													

00003931388899	BLACK							ROCCO	V	NHCOC004157708	42401100948237635	90257227 / 1750994216	DE
001	10/17/23	10/17/23	97110	TM	GO		2.00	22.32	27.94	.00	27.94	DEBIT	
002	10/24/23	10/24/23	97110	TM	GO		2.00	22.32	27.94	.00	27.94	DEBIT	
003	10/26/23	10/26/23	97110	TM	GO		2.00	22.32	27.94	.00	27.94	DEBIT	
004	10/27/23	10/27/23	97110	TM	GO		2.00	22.32	27.94	.00	27.94	DEBIT	
								CLAIM TOTAL:	89.28	.00	111.76		
ADJUST TCN: 32330900366000027 DATED: 2023-11-13													

00003931388899	BLACK							ROCCO	V	NHCOC004157709	42401100948237636	40223205 / 1831640960	DE
001	08/01/23	08/01/23	90837	TM			1.00	69.84	85.24	.00	85.24	DEBIT	
002	08/18/23	08/18/23	90832	TM			1.00	23.28	31.00	.00	31.00	DEBIT	
003	08/23/23	08/23/23	90834	TM			1.00	46.56	51.88	.00	51.88	DEBIT	
004	08/25/23	08/25/23	90834	TM			1.00	46.56	51.88	.00	51.88	DEBIT	
								CLAIM TOTAL:	186.24	.00	220.00		
ADJUST TCN: 32330900366000028 DATED: 2023-11-13													

00003931388899	BLACK							ROCCO	V	NHCOC004157710	42401100948237637	40223205 / 1831640960	DE
001	09/08/23	09/08/23	90837	TM			1.00	69.84	85.24	.00	85.24	DEBIT	
								CLAIM TOTAL:	69.84	.00	85.24		
ADJUST TCN: 32330900366000029 DATED: 2023-11-13													

00003931388899	BLACK							ROCCO	V	NHCOC004157711	42401100948237638	05155819 / 1396409629	DE
001	10/16/23	10/16/23	92507	TM			.50	30.07	45.66	.00	45.66	DEBIT	
002	10/23/23	10/23/23	92508	TM	U2		.50	22.56	23.62	.00	23.62	DEBIT	
								CLAIM TOTAL:	52.63	.00	69.28		
ADJUST TCN: 32330900366000030 DATED: 2023-11-13													

00003931388899	BLACK							ROCCO	V	NHCOC004176470	42401100948249259	90257227 / 1750994216	DE
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 11  
RPT PAGE: 89961

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	10/30/23 10/30/23	97110	TM	GO			2.00	22.32	.00	27.94	90257227 / 1750994216	27.94	DEBIT
							CLAIM TOTAL:	22.32	.00	27.94		27.94	
	ADJUST TCN: 32332000590000025 DATED: 2023-11-20												
001	11/02/23 11/02/23	97110	TM	GO			2.00	22.32	.00	27.94	90257227 / 1750994216	27.94	DEBIT
							CLAIM TOTAL:	22.32	.00	27.94		27.94	
	ADJUST TCN: 32332000590000026 DATED: 2023-11-20												
001	10/25/23 10/25/23	92507	TM				.50	30.07	.00	45.66	05155819 / 1396409629	45.66	DEBIT
							CLAIM TOTAL:	30.07	.00	45.66		45.66	
	ADJUST TCN: 32332000590000027 DATED: 2023-11-20												
001	11/06/23 11/06/23	92508	TM	U3			.75	26.31	.00	27.54	05155819 / 1396409629	27.54	DEBIT
							CLAIM TOTAL:	26.31	.00	27.54		27.54	
	ADJUST TCN: 32332000590000028 DATED: 2023-11-20												
001	08/01/23 08/01/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
							CLAIM TOTAL:	22.32-	.00	22.32-		22.32-	
	ADJUST TCN: 32322100314000007 DATED: 2023-08-14												
001	08/08/23 08/08/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
002	08/17/23 08/17/23	97110	TM	GO			4.00-	44.64-	.00	44.64-	90257227 / 1750994216	44.64-	CREDIT
							CLAIM TOTAL:	66.96-	.00	66.96-		66.96-	
	ADJUST TCN: 32323600956000009 DATED: 2023-08-28												
001	08/24/23 08/24/23	97110	TM	GO			1.00-	11.16-	.00	11.16-	90257227 / 1750994216	11.16-	CREDIT
002	08/29/23 08/29/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
							CLAIM TOTAL:	33.48-	.00	33.48-		33.48-	
	ADJUST TCN: 32325100999000025 DATED: 2023-09-11												
001	08/08/23 08/08/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	05155819 / 1396409629	22.32-	CREDIT
							CLAIM TOTAL:	22.32-	.00	22.32-		22.32-	
	ADJUST TCN: 32323600956000009 DATED: 2023-08-28												

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 12  
RPT PAGE: 89962

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	BILLED	COPAY PD	TCN	ALWD+TAX	SVC PROV / NPI	EOB	
LN	SERVICE DATES												TPL	PAYMENT	STATUS
001	08/02/23	08/02/23	92508	TM	U4		.50-	15.04-		.00	15.04-		.00	15.04-	CREDIT
002	08/14/23	08/14/23	92508	TM	U2		.50-	22.56-		.00	22.56-		.00	22.56-	CREDIT
003	08/21/23	08/21/23	92508	TM	U3		.50-	17.54-		.00	17.54-		.00	17.54-	CREDIT
004	08/23/23	08/23/23	92508	TM	U2		.50-	22.56-		.00	22.56-		.00	22.56-	CREDIT
CLAIM TOTAL:								77.70-		.00	77.70-		.00	77.70-	
ADJUST TCN: 32325100999000027 DATED: 2023-09-11															

00003931388899 BLACK ROCCO V NHCOC004106624 42401100949143881 90257227 / 1750994216 CR															
001	09/05/23	09/05/23	97110	TM	GO		2.00-	22.32-		.00	22.32-		.00	22.32-	CREDIT
002	09/07/23	09/07/23	97110	TM	GO		1.00-	11.16-		.00	11.16-		.00	11.16-	CREDIT
003	09/12/23	09/12/23	97110	TM	GO		2.00-	22.32-		.00	22.32-		.00	22.32-	CREDIT
004	09/14/23	09/14/23	97110	TM	GO		2.00-	22.32-		.00	22.32-		.00	22.32-	CREDIT
CLAIM TOTAL:								78.12-		.00	78.12-		.00	78.12-	
ADJUST TCN: 32326400714000023 DATED: 2023-09-25															

00003931388899 BLACK ROCCO V NHCOC004106625 42401100949143882 05155819 / 1396409629 CR															
001	09/11/23	09/11/23	92508	TM	U2		.50-	22.56-		.00	22.56-		.00	22.56-	CREDIT
CLAIM TOTAL:								22.56-		.00	22.56-		.00	22.56-	
ADJUST TCN: 32326400714000024 DATED: 2023-09-25															

00003931388899 BLACK ROCCO V NHCOC004122353 42401100949155416 90257227 / 1750994216 CR															
001	09/19/23	09/19/23	97110	TM	GO		2.00-	22.32-		.00	22.32-		.00	22.32-	CREDIT
002	09/26/23	09/26/23	97110	TM	GO		2.00-	22.32-		.00	22.32-		.00	22.32-	CREDIT
003	09/28/23	09/28/23	97110	TM	GO		2.00-	22.32-		.00	22.32-		.00	22.32-	CREDIT
CLAIM TOTAL:								66.96-		.00	66.96-		.00	66.96-	
ADJUST TCN: 32327900375000023 DATED: 2023-10-09															

00003931388899 BLACK ROCCO V NHCOC004122354 42401100949155417 05155819 / 1396409629 CR															
001	08/16/23	08/16/23	92508	TM	U2		.50-	22.56-		.00	22.56-		.00	22.56-	CREDIT
002	08/28/23	08/28/23	92508	TM	U3		.50-	17.54-		.00	17.54-		.00	17.54-	CREDIT
CLAIM TOTAL:								40.10-		.00	40.10-		.00	40.10-	
ADJUST TCN: 32327900375000024 DATED: 2023-10-09															

00003931388899 BLACK ROCCO V NHCOC004122355 42401100949155418 05155819 / 1396409629 CR															
001	09/18/23	09/18/23	92508	TM	U2		.50-	22.56-		.00	22.56-		.00	22.56-	CREDIT
002	09/27/23	09/27/23	92508	TM	U2		.50-	22.56-		.00	22.56-		.00	22.56-	CREDIT
CLAIM TOTAL:								45.12-		.00	45.12-		.00	45.12-	
ADJUST TCN: 32327900375000025 DATED: 2023-10-09															

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 13  
RPT PAGE: 89963

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	BILLED	COPAY PD	TCN	SVC PROV / NPI	EOB	
LN	SERVICE DATES										ALWD+TAX	TPL	PAYMENT	STATUS
00003931388899	BLACK							NHCOC004071597			42401100949212847	90257227 / 1750994216	DE	
001	08/01/23	08/01/23	97110	TM	GO		2.00	22.32	.00		27.94	.00	27.94	DEBIT
								CLAIM TOTAL:	22.32	.00	27.94	.00	27.94	
ADJUST TCN: 32322100314000007 DATED: 2023-08-14														
00003931388899	BLACK							NHCOC004078165			42401100949219950	90257227 / 1750994216	DE	
001	08/08/23	08/08/23	97110	TM	GO		2.00	22.32	.00		27.94	.00	27.94	DEBIT
002	08/17/23	08/17/23	97110	TM	GO		4.00	44.64	.00		55.88	.00	55.88	DEBIT
								CLAIM TOTAL:	66.96	.00	83.82	.00	83.82	
ADJUST TCN: 32323600956000009 DATED: 2023-08-28														
00003931388899	BLACK							NHCOC004089370			42401100949230525	90257227 / 1750994216	DE	
001	08/24/23	08/24/23	97110	TM	GO		1.00	11.16	.00		13.97	.00	13.97	DEBIT
002	08/29/23	08/29/23	97110	TM	GO		2.00	22.32	.00		27.94	.00	27.94	DEBIT
								CLAIM TOTAL:	33.48	.00	41.91	.00	41.91	
ADJUST TCN: 32325100999000025 DATED: 2023-09-11														
00003931388899	BLACK							NHCOC004089372			42401100949230526	05155819 / 1396409629	DE	
001	08/02/23	08/02/23	92508	TM	U4		.50	15.04	.00		15.74	.00	15.74	DEBIT
002	08/14/23	08/14/23	92508	TM	U2		.50	22.56	.00		23.62	.00	23.62	DEBIT
003	08/21/23	08/21/23	92508	TM	U3		.50	17.54	.00		18.36	.00	18.36	DEBIT
004	08/23/23	08/23/23	92508	TM	U2		.50	22.56	.00		23.62	.00	23.62	DEBIT
								CLAIM TOTAL:	77.70	.00	81.34	.00	81.34	
ADJUST TCN: 32325100999000027 DATED: 2023-09-11														
00003931388899	BLACK							NHCOC004106624			42401100949243881	90257227 / 1750994216	DE	
001	09/05/23	09/05/23	97110	TM	GO		2.00	22.32	.00		27.94	.00	27.94	DEBIT
002	09/07/23	09/07/23	97110	TM	GO		1.00	11.16	.00		13.97	.00	13.97	DEBIT
003	09/12/23	09/12/23	97110	TM	GO		2.00	22.32	.00		27.94	.00	27.94	DEBIT
004	09/14/23	09/14/23	97110	TM	GO		2.00	22.32	.00		27.94	.00	27.94	DEBIT
								CLAIM TOTAL:	78.12	.00	97.79	.00	97.79	
ADJUST TCN: 32326400714000023 DATED: 2023-09-25														
00003931388899	BLACK							NHCOC004106625			42401100949243882	05155819 / 1396409629	DE	
001	09/11/23	09/11/23	92508	TM	U2		.50	22.56	.00		23.62	.00	23.62	DEBIT

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 14  
RPT PAGE: 89964

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	EOB STATUS
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CLAIM TOTAL:							22.56	.00	23.62	.00	23.62	
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ADJUST TCN: 32326400714000024 DATED: 2023-09-25

00003931388899	BLACK							ROCCO	V	NHCOC004122353	42401100949255416	90257227 / 1750994216	DE
001	09/19/23	09/19/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
002	09/26/23	09/26/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
003	09/28/23	09/28/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
CLAIM TOTAL:							66.96	.00	83.82	.00	83.82		

ADJUST TCN: 32327900375000023 DATED: 2023-10-09

00003931388899	BLACK							ROCCO	V	NHCOC004122354	42401100949255417	05155819 / 1396409629	DE
001	08/16/23	08/16/23	92508	TM	U2		.50	22.56	.00	23.62	.00	23.62	DEBIT
002	08/28/23	08/28/23	92508	TM	U3		.50	17.54	.00	18.36	.00	18.36	DEBIT
CLAIM TOTAL:							40.10	.00	41.98	.00	41.98		

ADJUST TCN: 32327900375000024 DATED: 2023-10-09

00003931388899	BLACK							ROCCO	V	NHCOC004122355	42401100949255418	05155819 / 1396409629	DE
001	09/18/23	09/18/23	92508	TM	U2		.50	22.56	.00	23.62	.00	23.62	DEBIT
002	09/27/23	09/27/23	92508	TM	U2		.50	22.56	.00	23.62	.00	23.62	DEBIT
CLAIM TOTAL:							45.12	.00	47.24	.00	47.24		

ADJUST TCN: 32327900375000025 DATED: 2023-10-09

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00003088204039	CARRASCO-MCQUITTY							JOAQUIN	R	NHCOC004191719	42401100947109280	90257227 / 1750994216	CR
001	11/14/23	11/14/23	97150	GO	TM	U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:							19.73-	.00	19.73-	.00	19.73-		

ADJUST TCN: 32333400276000007 DATED: 2023-12-04

00003088204039	CARRASCO-MCQUITTY							JOAQUIN	R	NHCOC004215455	42401100947127179	90257227 / 1750994216	CR
001	11/27/23	11/27/23	97150	GO	TM	U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:							19.73-	.00	19.73-	.00	19.73-		

ADJUST TCN: 32334800359000008 DATED: 2023-12-18

00003088204039	CARRASCO-MCQUITTY							JOAQUIN	R	NHCOC004215456	42401100947127180	90257227 / 1750994216	CR
001	12/05/23	12/05/23	97150	GO	TM	U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:							19.73-	.00	19.73-	.00	19.73-		



CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 15  
RPT PAGE: 89965

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB		
LN	SERVICE DATES	PROC	PM	PM	PM		BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS

ADJUST TCN: 3233480035900009 DATED: 2023-12-18

00003088204039	CARRASCO-MCQUITY	JOAQUIN				R	NHCOC004191719		42401100947209280	90257227 / 1750994216		DE	
001	11/14/23	11/14/23	97150	GO	TM	U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
								CLAIM TOTAL:	19.73	.00	25.14		

ADJUST TCN: 3233340027600007 DATED: 2023-12-04

00003088204039	CARRASCO-MCQUITY	JOAQUIN				R	NHCOC004215455		42401100947227179	90257227 / 1750994216		DE	
001	11/27/23	11/27/23	97150	GO	TM	U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
								CLAIM TOTAL:	19.73	.00	25.14		

ADJUST TCN: 3233480035900008 DATED: 2023-12-18

00003088204039	CARRASCO-MCQUITY	JOAQUIN				R	NHCOC004215456		42401100947227180	90257227 / 1750994216		DE	
001	12/05/23	12/05/23	97150	GO	TM	U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
								CLAIM TOTAL:	19.73	.00	25.14		

ADJUST TCN: 3233480035900009 DATED: 2023-12-18

00003088204039	CARRASCO-MCQUITY	JOAQUIN				R	NHCOC004140614		42401100948119140	90257227 / 1750994216		CR	
001	10/02/23	10/02/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
002	10/12/23	10/12/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
								CLAIM TOTAL:	44.64-	.00	44.64-		

ADJUST TCN: 3232920073100005 DATED: 2023-10-23

00003088204039	CARRASCO-MCQUITY	JOAQUIN				R	NHCOC004157687		42401100948137618	90257227 / 1750994216		CR	
001	10/17/23	10/17/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
002	10/26/23	10/26/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
								CLAIM TOTAL:	44.64-	.00	44.64-		

ADJUST TCN: 3233090036600006 DATED: 2023-11-13

00003088204039	CARRASCO-MCQUITY	JOAQUIN				R	NHCOC004176455		42401100948149246	90257227 / 1750994216		CR	
001	10/30/23	10/30/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
								CLAIM TOTAL:	22.32-	.00	22.32-		

ADJUST TCN: 3233200059000010 DATED: 2023-11-20

00003088204039	CARRASCO-MCQUITY	JOAQUIN				R	NHCOC004176456		42401100948149247	90257227 / 1750994216		CR
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 16  
RPT PAGE: 89966

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS	
001	11/03/23	11/03/23	97110	TM GO	2.00-	22.32-	.00	42401100948219140	90257227 / 1750994216	22.32- 22.32-	CREDIT
CLAIM TOTAL:					22.32-	.00	22.32-	.00	22.32-		
ADJUST TCN: 32332000590000011 DATED: 2023-11-20											

00003088204039	CARRASCO-MCQUITY	JOAQUIN	R	NHCOC004140614	42401100948219140	90257227 / 1750994216	DE				
001	10/02/23	10/02/23	97110	TM GO	2.00	22.32	.00	42401100948219140	90257227 / 1750994216	27.94	DEBIT
002	10/12/23	10/12/23	97110	TM GO	2.00	22.32	.00	42401100948219140	90257227 / 1750994216	27.94	DEBIT
CLAIM TOTAL:					44.64	.00	55.88	.00	55.88		
ADJUST TCN: 32329200731000005 DATED: 2023-10-23											

00003088204039	CARRASCO-MCQUITY	JOAQUIN	R	NHCOC004157687	42401100948237618	90257227 / 1750994216	DE				
001	10/17/23	10/17/23	97110	TM GO	2.00	22.32	.00	42401100948237618	90257227 / 1750994216	27.94	DEBIT
002	10/26/23	10/26/23	97110	TM GO	2.00	22.32	.00	42401100948237618	90257227 / 1750994216	27.94	DEBIT
CLAIM TOTAL:					44.64	.00	55.88	.00	55.88		
ADJUST TCN: 32330900366000006 DATED: 2023-11-13											

00003088204039	CARRASCO-MCQUITY	JOAQUIN	R	NHCOC004176455	42401100948249246	90257227 / 1750994216	DE				
001	10/30/23	10/30/23	97110	TM GO	2.00	22.32	.00	42401100948249246	90257227 / 1750994216	27.94	DEBIT
CLAIM TOTAL:					22.32	.00	27.94	.00	27.94		
ADJUST TCN: 32332000590000010 DATED: 2023-11-20											

00003088204039	CARRASCO-MCQUITY	JOAQUIN	R	NHCOC004176456	42401100948249247	90257227 / 1750994216	DE				
001	11/03/23	11/03/23	97110	TM GO	2.00	22.32	.00	42401100948249247	90257227 / 1750994216	27.94	DEBIT
CLAIM TOTAL:					22.32	.00	27.94	.00	27.94		
ADJUST TCN: 32332000590000011 DATED: 2023-11-20											

00003088204039	CARRASCO-MCQUITY	JOAQUIN	R	NHCOC004078157	42401100949119944	90257227 / 1750994216	CR				
001	08/08/23	08/08/23	97110	TM GO	2.00-	22.32-	.00	42401100949119944	90257227 / 1750994216	22.32-	CREDIT
CLAIM TOTAL:					22.32-	.00	22.32-	.00	22.32-		
ADJUST TCN: 32323600956000001 DATED: 2023-08-28											

00003088204039	CARRASCO-MCQUITY	JOAQUIN	R	NHCOC004089350	42401100949130515	90257227 / 1750994216	CR				
001	08/24/23	08/24/23	97110	TM GO	1.00-	11.16-	.00	42401100949130515	90257227 / 1750994216	11.16-	CREDIT
002	08/29/23	08/29/23	97110	TM GO	2.00-	22.32-	.00	42401100949130515	90257227 / 1750994216	22.32-	CREDIT
CLAIM TOTAL:					33.48-	.00	33.48-	.00	33.48-		
ADJUST TCN: 32325100999000005 DATED: 2023-09-11											

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 17  
RPT PAGE: 89967

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

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RECIPIENT ID RECIPIENT NAME PM PM PM PM ALWD-UNITS MED REC NUMBER TCN SVC PROV / NPI EOB  
LN SERVICE DATES PROC PM PM PM PM ALWD+TAX TPL PAYMENT STATUS  
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00003088204039 CARRASCO-MCQUITTY JOAQUIN R NHCOC004106604 42401100949143866 90257227 / 1750994216 CR  
001 09/05/23 09/05/23 97110 TM GO 2.00- 22.32- .00 22.32- .00 22.32- CREDIT  
002 09/14/23 09/14/23 97110 TM GO 2.00- 22.32- .00 22.32- .00 22.32- CREDIT  
CLAIM TOTAL: 44.64- .00 44.64- .00 44.64-  
ADJUST TCN: 32326400714000003 DATED: 2023-09-25

00003088204039 CARRASCO-MCQUITTY JOAQUIN R NHCOC004122336 42401100949155404 90257227 / 1750994216 CR  
001 09/19/23 09/19/23 97110 TM GO 2.00- 22.32- .00 22.32- .00 22.32- CREDIT  
002 09/26/23 09/26/23 97110 TM GO 2.00- 22.32- .00 22.32- .00 22.32- CREDIT  
CLAIM TOTAL: 44.64- .00 44.64- .00 44.64-  
ADJUST TCN: 32327900375000006 DATED: 2023-10-09

00003088204039 CARRASCO-MCQUITTY JOAQUIN R NHCOC004078157 42401100949219944 90257227 / 1750994216 DE  
001 08/08/23 08/08/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
CLAIM TOTAL: 22.32 .00 27.94 .00 27.94  
ADJUST TCN: 32323600956000001 DATED: 2023-08-28

00003088204039 CARRASCO-MCQUITTY JOAQUIN R NHCOC004089350 42401100949230515 90257227 / 1750994216 DE  
001 08/24/23 08/24/23 97110 TM GO 1.00 11.16 .00 13.97 .00 13.97 DEBIT  
002 08/29/23 08/29/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
CLAIM TOTAL: 33.48 .00 41.91 .00 41.91  
ADJUST TCN: 32325100999000005 DATED: 2023-09-11

00003088204039 CARRASCO-MCQUITTY JOAQUIN R NHCOC004106604 42401100949243866 90257227 / 1750994216 DE  
001 09/05/23 09/05/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
002 09/14/23 09/14/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
CLAIM TOTAL: 44.64 .00 55.88 .00 55.88  
ADJUST TCN: 32326400714000003 DATED: 2023-09-25

00003088204039 CARRASCO-MCQUITTY JOAQUIN R NHCOC004122336 42401100949255404 90257227 / 1750994216 DE  
001 09/19/23 09/19/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
002 09/26/23 09/26/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
CLAIM TOTAL: 44.64 .00 55.88 .00 55.88  
ADJUST TCN: 32327900375000006 DATED: 2023-10-09

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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 18  
RPT PAGE: 89968

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB		
LN	SERVICE DATES	PROC	PM	PM	PM		BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS
00003596700565	DEL VALLE RODRIGUEZ	KAIDEN					NHCOC004191724		42401100947109283	90257227 / 1750994216		CR
001	11/14/23	11/14/23	97110	TM	GO	2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
							CLAIM TOTAL:		22.32-	.00	22.32-	
ADJUST TCN: 3233340027600012 DATED: 2023-12-04												
00003596700565	DEL VALLE RODRIGUEZ	KAIDEN					NHCOC004191725		42401100947109284	40223205 / 1831640960		CR
001	10/11/23	10/11/23	90832	TM		1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
002	10/13/23	10/13/23	90832	TM		1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
003	10/20/23	10/20/23	90832	TM		1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
004	10/27/23	10/27/23	90832	TM		1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
							CLAIM TOTAL:		93.12-	.00	93.12-	
ADJUST TCN: 3233340027600013 DATED: 2023-12-04												
00003596700565	DEL VALLE RODRIGUEZ	KAIDEN					NHCOC004191726		42401100947109285	40223205 / 1831640960		CR
001	11/08/23	11/08/23	90832	TM		1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
							CLAIM TOTAL:		23.28-	.00	23.28-	
ADJUST TCN: 3233340027600014 DATED: 2023-12-04												
00003596700565	DEL VALLE RODRIGUEZ	KAIDEN					NHCOC004191727		42401100947109286	05155819 / 1396409629		CR
001	11/13/23	11/13/23	92508	TM	U2	.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
002	11/15/23	11/15/23	92508	TM	U2	.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
							CLAIM TOTAL:		45.12-	.00	45.12-	
ADJUST TCN: 3233340027600015 DATED: 2023-12-04												
00003596700565	DEL VALLE RODRIGUEZ	KAIDEN					NHCOC004215460		42401100947127184	90257227 / 1750994216		CR
001	11/30/23	11/30/23	97110	TM	GO	2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
							CLAIM TOTAL:		22.32-	.00	22.32-	
ADJUST TCN: 3233480035900013 DATED: 2023-12-18												
00003596700565	DEL VALLE RODRIGUEZ	KAIDEN					NHCOC004215461		42401100947127185	05155819 / 1396409629		CR
001	12/04/23	12/04/23	92508	TM	U2	.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
							CLAIM TOTAL:		22.56-	.00	22.56-	
ADJUST TCN: 3233480035900014 DATED: 2023-12-18												
00003596700565	DEL VALLE RODRIGUEZ	KAIDEN					NHCOC004191724		42401100947209283	90257227 / 1750994216		DE

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 19  
RPT PAGE: 89969

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	11/14/23 11/14/23	97110	TM	GO			2.00	22.32	.00	27.94	40223205 / 1831640960	27.94	DEBIT
							CLAIM TOTAL:	22.32	.00	27.94		27.94	
ADJUST TCN: 32333400276000012 DATED: 2023-12-04													

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN						NHCOC004191725		42401100947209284	40223205 / 1831640960		DE
001	10/11/23 10/11/23	90832	TM				1.00	23.28	.00	31.00		31.00	DEBIT
002	10/13/23 10/13/23	90832	TM				1.00	23.28	.00	31.00		31.00	DEBIT
003	10/20/23 10/20/23	90832	TM				1.00	23.28	.00	31.00		31.00	DEBIT
004	10/27/23 10/27/23	90832	TM				1.00	23.28	.00	31.00		31.00	DEBIT
							CLAIM TOTAL:	93.12	.00	124.00		124.00	
ADJUST TCN: 32333400276000013 DATED: 2023-12-04													

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN						NHCOC004191726		42401100947209285	40223205 / 1831640960		DE
001	11/08/23 11/08/23	90832	TM				1.00	23.28	.00	31.00		31.00	DEBIT
							CLAIM TOTAL:	23.28	.00	31.00		31.00	
ADJUST TCN: 32333400276000014 DATED: 2023-12-04													

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN						NHCOC004191727		42401100947209286	05155819 / 1396409629		DE
001	11/13/23 11/13/23	92508	TM	U2			.50	22.56	.00	23.62		23.62	DEBIT
002	11/15/23 11/15/23	92508	TM	U2			.50	22.56	.00	23.62		23.62	DEBIT
							CLAIM TOTAL:	45.12	.00	47.24		47.24	
ADJUST TCN: 32333400276000015 DATED: 2023-12-04													

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN						NHCOC004215460		42401100947227184	90257227 / 1750994216		DE
001	11/30/23 11/30/23	97110	TM	GO			2.00	22.32	.00	27.94		27.94	DEBIT
							CLAIM TOTAL:	22.32	.00	27.94		27.94	
ADJUST TCN: 32334800359000013 DATED: 2023-12-18													

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN						NHCOC004215461		42401100947227185	05155819 / 1396409629		DE
001	12/04/23 12/04/23	92508	TM	U2			.50	22.56	.00	23.62		23.62	DEBIT
							CLAIM TOTAL:	22.56	.00	23.62		23.62	
ADJUST TCN: 32334800359000014 DATED: 2023-12-18													

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN						NHCOC004140620		42401100948219143	05155819 / 1396409629		DE
001	10/02/23 10/02/23	92508	TM	U3			.50	17.54	.00	18.36		18.36	DEBIT
							CLAIM TOTAL:	17.54	.00	18.36		18.36	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 20  
RPT PAGE: 89970

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	MED REC NUMBER	TCN	SVC PROV / NPI	EOB	
LN	SERVICE DATES	BILLED	ALWD+TAX	TPL	PAYMENT	STATUS

ADJUST TCN: 32329200731000011 DATED: 2023-10-23

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN	NHCOC004157695	42401100948237622	90257227 / 1750994216	DE					
001	10/26/23	10/26/23	97110	TM GO	3.00	33.48	.00	41.91	.00	41.91	DEBIT
002	10/27/23	10/27/23	97110	TM GO	3.00	33.48	.00	41.91	.00	41.91	DEBIT
CLAIM TOTAL:					66.96	.00	83.82	.00	83.82		

ADJUST TCN: 32330900366000014 DATED: 2023-11-13

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN	NHCOC004157696	42401100948237623	40223205 / 1831640960	DE					
001	08/01/23	08/01/23	90832	TM	1.00	23.28	.00	31.00	.00	31.00	DEBIT
002	08/18/23	08/18/23	90832	TM	1.00	23.28	.00	31.00	.00	31.00	DEBIT
003	08/23/23	08/23/23	90832	TM	1.00	23.28	.00	31.00	.00	31.00	DEBIT
004	08/25/23	08/25/23	90832	TM	1.00	23.28	.00	31.00	.00	31.00	DEBIT
005	08/30/23	08/30/23	90832	TM	1.00	23.28	.00	31.00	.00	31.00	DEBIT
CLAIM TOTAL:					116.40	.00	155.00	.00	155.00		

ADJUST TCN: 32330900366000015 DATED: 2023-11-13

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN	NHCOC004157697	42401100948237624	40223205 / 1831640960	DE					
001	09/06/23	09/06/23	90832	TM	1.00	23.28	.00	31.00	.00	31.00	DEBIT
002	09/08/23	09/08/23	90832	TM	1.00	23.28	.00	31.00	.00	31.00	DEBIT
003	09/20/23	09/20/23	90832	TM	1.00	23.28	.00	31.00	.00	31.00	DEBIT
004	09/22/23	09/22/23	90832	TM	1.00	23.28	.00	31.00	.00	31.00	DEBIT
CLAIM TOTAL:					93.12	.00	124.00	.00	124.00		

ADJUST TCN: 32330900366000016 DATED: 2023-11-13

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN	NHCOC004157698	42401100948237625	05155819 / 1396409629	DE					
001	10/18/23	10/18/23	92508	TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
CLAIM TOTAL:					17.54	.00	18.36	.00	18.36		

ADJUST TCN: 32330900366000017 DATED: 2023-11-13

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN	NHCOC004176463	42401100948249252	90257227 / 1750994216	DE					
001	11/02/23	11/02/23	97150	GO TM U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
CLAIM TOTAL:					19.73	.00	25.14	.00	25.14		

ADJUST TCN: 32332000590000018 DATED: 2023-11-20

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN	NHCOC004176464	42401100948249253	05155819 / 1396409629	DE
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 21  
RPT PAGE: 89971

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	10/25/23	10/25/23	92507 TM	.50	30.07	.00	45.66	.00	45.66	DEBIT
002	10/30/23	10/30/23	92508 TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
CLAIM TOTAL:					47.61	.00	64.02	.00	64.02	

ADJUST TCN: 32332000590000019 DATED: 2023-11-20

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN			NHCOC004176465		42401100948249254	05155819 / 1396409629		DE
001	11/06/23	11/06/23	92508 TM U3	.75	26.31	.00	27.54	.00	27.54	DEBIT
CLAIM TOTAL:					26.31	.00	27.54	.00	27.54	

ADJUST TCN: 32332000590000020 DATED: 2023-11-20

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN			NHCOC004078162		42401100949219947	90257227 / 1750994216		DE
001	08/08/23	08/08/23	97110 TM GO	3.00	33.48	.00	41.91	.00	41.91	DEBIT
002	08/17/23	08/17/23	97150 GO TM U3	1.00	17.38	.00	22.14	.00	22.14	DEBIT
CLAIM TOTAL:					50.86	.00	64.05	.00	64.05	

ADJUST TCN: 32323600956000006 DATED: 2023-08-28

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN			NHCOC004089362		42401100949230520	90257227 / 1750994216		DE
001	08/24/23	08/24/23	97110 TM GO	3.00	33.48	.00	41.91	.00	41.91	DEBIT
002	08/31/23	08/31/23	97110 TM GO	3.00	33.48	.00	41.91	.00	41.91	DEBIT
CLAIM TOTAL:					66.96	.00	83.82	.00	83.82	

ADJUST TCN: 32325100999000017 DATED: 2023-09-11

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN			NHCOC004089364		42401100949230521	05155819 / 1396409629		DE
001	08/07/23	08/07/23	92508 TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
002	08/09/23	08/09/23	92508 TM U2	.50	22.56	.00	23.62	.00	23.62	DEBIT
003	08/14/23	08/14/23	92508 TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
004	08/21/23	08/21/23	92508 TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
005	08/23/23	08/23/23	92508 TM U2	.50	22.56	.00	23.62	.00	23.62	DEBIT
CLAIM TOTAL:					97.74	.00	102.32	.00	102.32	

ADJUST TCN: 32325100999000019 DATED: 2023-09-11

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN			NHCOC004106613		42401100949243870	90257227 / 1750994216		DE
001	09/07/23	09/07/23	97110 TM GO	3.00	33.48	.00	41.91	.00	41.91	DEBIT
002	09/14/23	09/14/23	97110 TM GO	3.00	33.48	.00	41.91	.00	41.91	DEBIT
CLAIM TOTAL:					66.96	.00	83.82	.00	83.82	

ADJUST TCN: 32326400714000012 DATED: 2023-09-25

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN			NHCOC004106614		42401100949243871	05155819 / 1396409629		DE
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 22  
RPT PAGE: 89972

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	MED REC NUMBER	TCN	SVC PROV / NPI	EOB						
LN	SERVICE DATES	PROC	PM PM PM PM	ALWD-UNITS	BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS	
001	09/11/23	09/11/23	92508	TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
					CLAIM TOTAL:	17.54	.00	18.36	.00	18.36	
ADJUST TCN: 32326400714000013 DATED: 2023-09-25											

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN		NHCOC004122347		42401100949255410	90257227 / 1750994216		DE		
001	09/21/23	09/21/23	97110	TM GO	3.00	33.48	.00	41.91	.00	41.91	DEBIT
					CLAIM TOTAL:	33.48	.00	41.91	.00	41.91	
ADJUST TCN: 32327900375000017 DATED: 2023-10-09											

00003596700565	DEL VALLE RODRIGUEZ	KAIDEN		NHCOC004122348		42401100949255411	05155819 / 1396409629		DE		
001	08/09/23	08/09/23	92508	TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
002	08/16/23	08/16/23	92508	TM U2	.50	22.56	.00	23.62	.00	23.62	DEBIT
003	08/28/23	08/28/23	92508	TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
004	08/30/23	08/30/23	92508	TM U2	.50	22.56	.00	23.62	.00	23.62	DEBIT
					CLAIM TOTAL:	80.20	.00	83.96	.00	83.96	
ADJUST TCN: 32327900375000018 DATED: 2023-10-09											

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN		NHCOC004140620		42401100948119143	05155819 / 1396409629		CR		
001	10/02/23	10/02/23	92508	TM U3	.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
					CLAIM TOTAL:	17.54-	.00	17.54-	.00	17.54-	
ADJUST TCN: 32329200731000011 DATED: 2023-10-23											

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN		NHCOC004157695		42401100948137622	90257227 / 1750994216		CR		
001	10/26/23	10/26/23	97110	TM GO	3.00-	33.48-	.00	33.48-	.00	33.48-	CREDIT
002	10/27/23	10/27/23	97110	TM GO	3.00-	33.48-	.00	33.48-	.00	33.48-	CREDIT
					CLAIM TOTAL:	66.96-	.00	66.96-	.00	66.96-	
ADJUST TCN: 32330900366000014 DATED: 2023-11-13											

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN		NHCOC004157696		42401100948137623	40223205 / 1831640960		CR		
001	08/01/23	08/01/23	90832	TM	1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
002	08/18/23	08/18/23	90832	TM	1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
003	08/23/23	08/23/23	90832	TM	1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
004	08/25/23	08/25/23	90832	TM	1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
005	08/30/23	08/30/23	90832	TM	1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
					CLAIM TOTAL:	116.40-	.00	116.40-	.00	116.40-	
ADJUST TCN: 32330900366000015 DATED: 2023-11-13											

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN		NHCOC004157697		42401100948137624	40223205 / 1831640960		CR
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 23  
RPT PAGE: 89973

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	MED REC NUMBER	TCN	SVC PROV / NPI	EOB						
LN	SERVICE DATES	PROC	PM PM PM PM	ALWD-UNITS	BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS	
001	09/06/23	09/06/23	90832	TM	1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
002	09/08/23	09/08/23	90832	TM	1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
003	09/20/23	09/20/23	90832	TM	1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
004	09/22/23	09/22/23	90832	TM	1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
CLAIM TOTAL:					93.12-	.00	93.12-	.00	93.12-		

ADJUST TCN: 3233090036600016 DATED: 2023-11-13

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN		NHCOC004157698	42401100948137625	05155819 / 1396409629	CR				
001	10/18/23	10/18/23	92508	TM U3	.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
CLAIM TOTAL:					17.54-	.00	17.54-	.00	17.54-		

ADJUST TCN: 3233090036600017 DATED: 2023-11-13

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN		NHCOC004176463	42401100948149252	90257227 / 1750994216	CR				
001	11/02/23	11/02/23	97150	GO TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:					19.73-	.00	19.73-	.00	19.73-		

ADJUST TCN: 3233200059000018 DATED: 2023-11-20

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN		NHCOC004176464	42401100948149253	05155819 / 1396409629	CR				
001	10/25/23	10/25/23	92507	TM	.50-	30.07-	.00	30.07-	.00	30.07-	CREDIT
002	10/30/23	10/30/23	92508	TM U3	.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
CLAIM TOTAL:					47.61-	.00	47.61-	.00	47.61-		

ADJUST TCN: 3233200059000019 DATED: 2023-11-20

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN		NHCOC004176465	42401100948149254	05155819 / 1396409629	CR				
001	11/06/23	11/06/23	92508	TM U3	.75-	26.31-	.00	26.31-	.00	26.31-	CREDIT
CLAIM TOTAL:					26.31-	.00	26.31-	.00	26.31-		

ADJUST TCN: 3233200059000020 DATED: 2023-11-20

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN		NHCOC004078162	42401100949119947	90257227 / 1750994216	CR				
001	08/08/23	08/08/23	97110	TM GO	3.00-	33.48-	.00	33.48-	.00	33.48-	CREDIT
002	08/17/23	08/17/23	97150	GO TM U3	1.00-	17.38-	.00	17.38-	.00	17.38-	CREDIT
CLAIM TOTAL:					50.86-	.00	50.86-	.00	50.86-		

ADJUST TCN: 3232360095600006 DATED: 2023-08-28

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN		NHCOC004089362	42401100949130520	90257227 / 1750994216	CR				
001	08/24/23	08/24/23	97110	TM GO	3.00-	33.48-	.00	33.48-	.00	33.48-	CREDIT

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 24  
RPT PAGE: 89974

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
002	08/31/23 08/31/23	97110	TM GO	3.00-	33.48-	.00	33.48-	.00	33.48-	CREDIT
				CLAIM TOTAL:	66.96-	.00	66.96-	.00	66.96-	
ADJUST TCN: 32325100999000017 DATED: 2023-09-11										

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN			NHCOC004089364		42401100949130521	05155819 / 1396409629		CR
001	08/07/23 08/07/23	92508	TM U3	.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
002	08/09/23 08/09/23	92508	TM U2	.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
003	08/14/23 08/14/23	92508	TM U3	.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
004	08/21/23 08/21/23	92508	TM U3	.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
005	08/23/23 08/23/23	92508	TM U2	.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
				CLAIM TOTAL:	97.74-	.00	97.74-	.00	97.74-	
ADJUST TCN: 32325100999000019 DATED: 2023-09-11										

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN			NHCOC004106613		42401100949143870	90257227 / 1750994216		CR
001	09/07/23 09/07/23	97110	TM GO	3.00-	33.48-	.00	33.48-	.00	33.48-	CREDIT
002	09/14/23 09/14/23	97110	TM GO	3.00-	33.48-	.00	33.48-	.00	33.48-	CREDIT
				CLAIM TOTAL:	66.96-	.00	66.96-	.00	66.96-	
ADJUST TCN: 32326400714000012 DATED: 2023-09-25										

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN			NHCOC004106614		42401100949143871	05155819 / 1396409629		CR
001	09/11/23 09/11/23	92508	TM U3	.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
				CLAIM TOTAL:	17.54-	.00	17.54-	.00	17.54-	
ADJUST TCN: 32326400714000013 DATED: 2023-09-25										

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN			NHCOC004122347		42401100949155410	90257227 / 1750994216		CR
001	09/21/23 09/21/23	97110	TM GO	3.00-	33.48-	.00	33.48-	.00	33.48-	CREDIT
				CLAIM TOTAL:	33.48-	.00	33.48-	.00	33.48-	
ADJUST TCN: 32327900375000017 DATED: 2023-10-09										

00003596700565	DEL VALLE RODRIQUEZ	KAIDEN			NHCOC004122348		42401100949155411	05155819 / 1396409629		CR
001	08/09/23 08/09/23	92508	TM U3	.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
002	08/16/23 08/16/23	92508	TM U2	.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
003	08/28/23 08/28/23	92508	TM U3	.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
004	08/30/23 08/30/23	92508	TM U2	.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
				CLAIM TOTAL:	80.20-	.00	80.20-	.00	80.20-	
ADJUST TCN: 32327900375000018 DATED: 2023-10-09										

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00003152803123	EASTER	ASHER		D	NHCOC004191720		42401100947109281	90257227 / 1750994216		CR
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 25  
RPT PAGE: 89975

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	EOB STATUS		
001	11/14/23	11/14/23	97150	GO TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
002	11/16/23	11/16/23	97150	GO TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:					39.46-	.00	39.46-	.00	39.46-		

ADJUST TCN: 32333400276000008 DATED: 2023-12-04

00003152803123	EASTER	ASHER	D	NHCOC004215457	42401100947127181	90257227 / 1750994216	CR				
001	11/30/23	11/30/23	97150	GO TM U3	1.00-	17.38-	.00	17.38-	.00	17.38-	CREDIT
CLAIM TOTAL:					17.38-	.00	17.38-	.00	17.38-		

ADJUST TCN: 32334800359000010 DATED: 2023-12-18

00003152803123	EASTER	ASHER	D	NHCOC004191720	42401100947209281	90257227 / 1750994216	DE				
001	11/14/23	11/14/23	97150	GO TM U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
002	11/16/23	11/16/23	97150	GO TM U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
CLAIM TOTAL:					39.46	.00	50.28	.00	50.28		

ADJUST TCN: 32333400276000008 DATED: 2023-12-04

00003152803123	EASTER	ASHER	D	NHCOC004215457	42401100947227181	90257227 / 1750994216	DE				
001	11/30/23	11/30/23	97150	GO TM U3	1.00	17.38	.00	22.14	.00	22.14	DEBIT
CLAIM TOTAL:					17.38	.00	22.14	.00	22.14		

ADJUST TCN: 32334800359000010 DATED: 2023-12-18

00003152803123	EASTER	ASHER	D	NHCOC004157688	42401100948137619	90257227 / 1750994216	CR				
001	10/26/23	10/26/23	97150	GO TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:					19.73-	.00	19.73-	.00	19.73-		

ADJUST TCN: 32330900366000007 DATED: 2023-11-13

00003152803123	EASTER	ASHER	D	NHCOC004176457	42401100948149248	90257227 / 1750994216	CR				
001	10/30/23	10/30/23	97150	GO TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:					19.73-	.00	19.73-	.00	19.73-		

ADJUST TCN: 32332000590000012 DATED: 2023-11-20

00003152803123	EASTER	ASHER	D	NHCOC004157688	42401100948237619	90257227 / 1750994216	DE				
001	10/26/23	10/26/23	97150	GO TM U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
CLAIM TOTAL:					19.73	.00	25.14	.00	25.14		

ADJUST TCN: 32330900366000007 DATED: 2023-11-13

00003152803123	EASTER	ASHER	D	NHCOC004176457	42401100948249248	90257227 / 1750994216	DE
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 26  
RPT PAGE: 89976

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS			
001	10/30/23	10/30/23	97150	GO TM U2	1.00		19.73		.00	25.14	.00	25.14	DEBIT
					CLAIM TOTAL:		19.73		.00	25.14	.00	25.14	

ADJUST TCN: 32332000590000012 DATED: 2023-11-20

00003152803123	EASTER			ASHER	D	NHCOC004071592		42401100949112843	90257227 / 1750994216	CR			
001	08/01/23	08/01/23	97110	TM GO	2.00-		22.32-		.00	22.32-	.00	22.32-	CREDIT
					CLAIM TOTAL:		22.32-		.00	22.32-	.00	22.32-	

ADJUST TCN: 32322100314000002 DATED: 2023-08-14

00003152803123	EASTER			ASHER	D	NHCOC004078158		42401100949119945	90257227 / 1750994216	CR			
001	08/08/23	08/08/23	97150	GO TM U3	1.00-		17.38-		.00	17.38-	.00	17.38-	CREDIT
002	08/17/23	08/17/23	97150	GO TM U2	1.00-		19.73-		.00	19.73-	.00	19.73-	CREDIT
					CLAIM TOTAL:		37.11-		.00	37.11-	.00	37.11-	

ADJUST TCN: 32323600956000002 DATED: 2023-08-28

00003152803123	EASTER			ASHER	D	NHCOC004089351		42401100949130516	90257227 / 1750994216	CR			
001	08/24/23	08/24/23	97110	TM GO	2.00-		22.32-		.00	22.32-	.00	22.32-	CREDIT
002	08/31/23	08/31/23	97110	TM GO	2.00-		22.32-		.00	22.32-	.00	22.32-	CREDIT
					CLAIM TOTAL:		44.64-		.00	44.64-	.00	44.64-	

ADJUST TCN: 32325100999000006 DATED: 2023-09-11

00003152803123	EASTER			ASHER	D	NHCOC004106605		42401100949143867	90257227 / 1750994216	CR			
001	09/14/23	09/14/23	97150	GO TM U2	1.00-		19.73-		.00	19.73-	.00	19.73-	CREDIT
002	09/07/23	09/07/23	97150	GO TM U3	1.00-		17.38-		.00	17.38-	.00	17.38-	CREDIT
					CLAIM TOTAL:		37.11-		.00	37.11-	.00	37.11-	

ADJUST TCN: 32326400714000004 DATED: 2023-09-25

00003152803123	EASTER			ASHER	D	NHCOC004122337		42401100949155405	90257227 / 1750994216	CR			
001	09/21/23	09/21/23	97150	GO TM U2	1.00-		19.73-		.00	19.73-	.00	19.73-	CREDIT
					CLAIM TOTAL:		19.73-		.00	19.73-	.00	19.73-	

ADJUST TCN: 32327900375000007 DATED: 2023-10-09

00003152803123	EASTER			ASHER	D	NHCOC004071592		42401100949212843	90257227 / 1750994216	DE			
001	08/01/23	08/01/23	97110	TM GO	2.00		22.32		.00	27.94	.00	27.94	DEBIT
					CLAIM TOTAL:		22.32		.00	27.94	.00	27.94	

ADJUST TCN: 32322100314000002 DATED: 2023-08-14

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 27  
RPT PAGE: 89977

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

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RECIPIENT ID RECIPIENT NAME MED REC NUMBER TCN SVC PROV / NPI EOB  
LN SERVICE DATES PROC PM PM PM PM ALWD-UNITS BILLED COPAY PD ALWD+TAX TPL PAYMENT STATUS  
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00003152803123 EASTER ASHER D NHCOC004078158 42401100949219945 90257227 / 1750994216 DE  
001 08/08/23 08/08/23 97150 GO TM U3 1.00 17.38 .00 22.14 .00 22.14 DEBIT  
002 08/17/23 08/17/23 97150 GO TM U2 1.00 19.73 .00 25.14 .00 25.14 DEBIT  
CLAIM TOTAL: 37.11 .00 47.28 .00 47.28  
ADJUST TCN: 32323600956000002 DATED: 2023-08-28

00003152803123 EASTER ASHER D NHCOC004089351 42401100949230516 90257227 / 1750994216 DE  
001 08/24/23 08/24/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
002 08/31/23 08/31/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
CLAIM TOTAL: 44.64 .00 55.88 .00 55.88  
ADJUST TCN: 32325100999000006 DATED: 2023-09-11

00003152803123 EASTER ASHER D NHCOC004106605 42401100949243867 90257227 / 1750994216 DE  
001 09/14/23 09/14/23 97150 GO TM U2 1.00 19.73 .00 25.14 .00 25.14 DEBIT  
002 09/07/23 09/07/23 97150 GO TM U3 1.00 17.38 .00 22.14 .00 22.14 DEBIT  
CLAIM TOTAL: 37.11 .00 47.28 .00 47.28  
ADJUST TCN: 32326400714000004 DATED: 2023-09-25

00003152803123 EASTER ASHER D NHCOC004122337 42401100949255405 90257227 / 1750994216 DE  
001 09/21/23 09/21/23 97150 GO TM U2 1.00 19.73 .00 25.14 .00 25.14 DEBIT  
CLAIM TOTAL: 19.73 .00 25.14 .00 25.14  
ADJUST TCN: 32327900375000007 DATED: 2023-10-09

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00002505742005 GARCIA JAZMIN J NHCOC004191716 42401100947109277 44122756 / 1013185438 CR  
001 11/17/23 11/17/23 97150 GP TM U2 1.00- 19.73- .00 19.73- .00 19.73- CREDIT  
CLAIM TOTAL: 19.73- .00 19.73- .00 19.73-  
ADJUST TCN: 32333400276000004 DATED: 2023-12-04

00002505742005 GARCIA JAZMIN J NHCOC004191717 42401100947109278 90257227 / 1750994216 CR  
001 11/17/23 11/17/23 97150 GO TM U2 1.00- 19.73- .00 19.73- .00 19.73- CREDIT  
CLAIM TOTAL: 19.73- .00 19.73- .00 19.73-  
ADJUST TCN: 32333400276000005 DATED: 2023-12-04

00002505742005 GARCIA JAZMIN J NHCOC004191718 42401100947109279 05155819 / 1396409629 CR

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 28  
RPT PAGE: 89978

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	11/13/23 11/13/23	92508	TM	U3			.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
002	11/15/23 11/15/23	92508	TM	U2			.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
							CLAIM TOTAL:	40.10-	.00	40.10-	.00	40.10-	

ADJUST TCN: 3233340027600006 DATED: 2023-12-04

00002505742005	GARCIA					JAZMIN	J	NHCOC004215451		42401100947127175	44122756 / 1013185438		CR
001	12/01/23 12/01/23	97150	GP	TM	U2		1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
							CLAIM TOTAL:	19.73-	.00	19.73-	.00	19.73-	

ADJUST TCN: 3233480035900004 DATED: 2023-12-18

00002505742005	GARCIA					JAZMIN	J	NHCOC004215452		42401100947127176	90257227 / 1750994216		CR
001	11/27/23 11/27/23	97150	GO	TM	U2		1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
							CLAIM TOTAL:	19.73-	.00	19.73-	.00	19.73-	

ADJUST TCN: 3233480035900005 DATED: 2023-12-18

00002505742005	GARCIA					JAZMIN	J	NHCOC004215453		42401100947127177	90257227 / 1750994216		CR
001	12/07/23 12/07/23	97150	GO	TM	U2		1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
							CLAIM TOTAL:	19.73-	.00	19.73-	.00	19.73-	

ADJUST TCN: 3233480035900006 DATED: 2023-12-18

00002505742005	GARCIA					JAZMIN	J	NHCOC004215454		42401100947127178	05155819 / 1396409629		CR
001	12/04/23 12/04/23	92508	TM	U2			.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
							CLAIM TOTAL:	22.56-	.00	22.56-	.00	22.56-	

ADJUST TCN: 3233480035900007 DATED: 2023-12-18

00002505742005	GARCIA					JAZMIN	J	NHCOC004191716		42401100947209277	44122756 / 1013185438		DE
001	11/17/23 11/17/23	97150	GP	TM	U2		1.00	19.73	.00	25.14	.00	25.14	DEBIT
							CLAIM TOTAL:	19.73	.00	25.14	.00	25.14	

ADJUST TCN: 3233340027600004 DATED: 2023-12-04

00002505742005	GARCIA					JAZMIN	J	NHCOC004191717		42401100947209278	90257227 / 1750994216		DE
001	11/17/23 11/17/23	97150	GO	TM	U2		1.00	19.73	.00	25.14	.00	25.14	DEBIT
							CLAIM TOTAL:	19.73	.00	25.14	.00	25.14	

ADJUST TCN: 3233340027600005 DATED: 2023-12-04

00002505742005	GARCIA					JAZMIN	J	NHCOC004191718		42401100947209279	05155819 / 1396409629		DE
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 29  
RPT PAGE: 89979

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	11/13/23 11/13/23	92508	TM	U3			.50	17.54	.00	18.36	.00	18.36	DEBIT
002	11/15/23 11/15/23	92508	TM	U2			.50	22.56	.00	23.62	.00	23.62	DEBIT
CLAIM TOTAL:								40.10	.00	41.98	.00	41.98	

ADJUST TCN: 32333400276000006 DATED: 2023-12-04

00002505742005	GARCIA					JAZMIN	J	NHCOC004215451		42401100947227175	44122756 / 1013185438		DE
001	12/01/23 12/01/23	97150	GP	TM	U2		1.00	19.73	.00	25.14	.00	25.14	DEBIT
CLAIM TOTAL:								19.73	.00	25.14	.00	25.14	

ADJUST TCN: 32334800359000004 DATED: 2023-12-18

00002505742005	GARCIA					JAZMIN	J	NHCOC004215452		42401100947227176	90257227 / 1750994216		DE
001	11/27/23 11/27/23	97150	GO	TM	U2		1.00	19.73	.00	25.14	.00	25.14	DEBIT
CLAIM TOTAL:								19.73	.00	25.14	.00	25.14	

ADJUST TCN: 32334800359000005 DATED: 2023-12-18

00002505742005	GARCIA					JAZMIN	J	NHCOC004215453		42401100947227177	90257227 / 1750994216		DE
001	12/07/23 12/07/23	97150	GO	TM	U2		1.00	19.73	.00	25.14	.00	25.14	DEBIT
CLAIM TOTAL:								19.73	.00	25.14	.00	25.14	

ADJUST TCN: 32334800359000006 DATED: 2023-12-18

00002505742005	GARCIA					JAZMIN	J	NHCOC004215454		42401100947227178	05155819 / 1396409629		DE
001	12/04/23 12/04/23	92508	TM	U2			.50	22.56	.00	23.62	.00	23.62	DEBIT
CLAIM TOTAL:								22.56	.00	23.62	.00	23.62	

ADJUST TCN: 32334800359000007 DATED: 2023-12-18

00002505742005	GARCIA					JAZMIN	J	NHCOC004157685		42401100948137616	44122756 / 1013185438		CR
001	10/13/23 10/13/23	97150	GP	TM	U2		1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
002	10/20/23 10/20/23	97150	GP	TM	U2		1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
003	10/27/23 10/27/23	97150	GP	TM	U2		1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:								59.19-	.00	59.19-	.00	59.19-	

ADJUST TCN: 32330900366000004 DATED: 2023-11-13

00002505742005	GARCIA					JAZMIN	J	NHCOC004157686		42401100948137617	90257227 / 1750994216		CR
001	10/24/23 10/24/23	97150	GO	TM	U2		1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
002	10/27/23 10/27/23	97110	TM	GO			4.00-	44.64-	.00	44.64-	.00	44.64-	CREDIT
CLAIM TOTAL:								64.37-	.00	64.37-	.00	64.37-	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 30  
RPT PAGE: 89980

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	BILLED	COPAY PD	TCN	SVC PROV / NPI	EOB	
LN	SERVICE DATES										ALWD+TAX	TPL	PAYMENT	STATUS

ADJUST TCN: 32330900366000005 DATED: 2023-11-13

00002505742005	GARCIA						J	NHCOC004176451			42401100948149242	44122756 / 1013185438	CR	
001	11/03/23	11/03/23	97150	GP	TM	U2	1.00-	19.73-	.00		19.73-	.00	19.73-	CREDIT
								CLAIM TOTAL:	19.73-	.00	19.73-	.00	19.73-	

ADJUST TCN: 32332000590000006 DATED: 2023-11-20

00002505742005	GARCIA						J	NHCOC004176452			42401100948149243	90257227 / 1750994216	CR	
001	11/03/23	11/03/23	97110	TM	GO		4.00-	44.64-	.00		44.64-	.00	44.64-	CREDIT
								CLAIM TOTAL:	44.64-	.00	44.64-	.00	44.64-	

ADJUST TCN: 32332000590000007 DATED: 2023-11-20

00002505742005	GARCIA						J	NHCOC004176453			42401100948149244	05155819 / 1396409629	CR	
001	10/23/23	10/23/23	92508	TM	U3		.50-	17.54-	.00		17.54-	.00	17.54-	CREDIT
								CLAIM TOTAL:	17.54-	.00	17.54-	.00	17.54-	

ADJUST TCN: 32332000590000008 DATED: 2023-11-20

00002505742005	GARCIA						J	NHCOC004176454			42401100948149245	05155819 / 1396409629	CR	
001	11/06/23	11/06/23	92508	TM	U3		.50-	17.54-	.00		17.54-	.00	17.54-	CREDIT
002	11/08/23	11/08/23	92508	TM	U3		.50-	17.54-	.00		17.54-	.00	17.54-	CREDIT
								CLAIM TOTAL:	35.08-	.00	35.08-	.00	35.08-	

ADJUST TCN: 32332000590000009 DATED: 2023-11-20

00002505742005	GARCIA						J	NHCOC004157685			42401100948237616	44122756 / 1013185438	DE	
001	10/13/23	10/13/23	97150	GP	TM	U2	1.00	19.73	.00		25.14	.00	25.14	DEBIT
002	10/20/23	10/20/23	97150	GP	TM	U2	1.00	19.73	.00		25.14	.00	25.14	DEBIT
003	10/27/23	10/27/23	97150	GP	TM	U2	1.00	19.73	.00		25.14	.00	25.14	DEBIT
								CLAIM TOTAL:	59.19	.00	75.42	.00	75.42	

ADJUST TCN: 32330900366000004 DATED: 2023-11-13

00002505742005	GARCIA						J	NHCOC004157686			42401100948237617	90257227 / 1750994216	DE	
001	10/24/23	10/24/23	97150	GO	TM	U2	1.00	19.73	.00		25.14	.00	25.14	DEBIT
002	10/27/23	10/27/23	97110	TM	GO		4.00	44.64	.00		55.88	.00	55.88	DEBIT
								CLAIM TOTAL:	64.37	.00	81.02	.00	81.02	

ADJUST TCN: 32330900366000005 DATED: 2023-11-13

00002505742005	GARCIA						J	NHCOC004176451			42401100948249242	44122756 / 1013185438	DE
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 31  
RPT PAGE: 89981

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	11/03/23	11/03/23	97150	GP	TM	U2	1.00	19.73	.00	25.14	90257227 / 1750994216	25.14	DEBIT
							CLAIM TOTAL:	19.73	.00	25.14		25.14	
ADJUST TCN: 32332000590000006 DATED: 2023-11-20													

00002505742005	GARCIA					JAZMIN	J	NHCOC004176452		42401100948249243	90257227 / 1750994216		DE
001	11/03/23	11/03/23	97110	TM	GO		4.00	44.64	.00	55.88		55.88	DEBIT
							CLAIM TOTAL:	44.64	.00	55.88		55.88	
ADJUST TCN: 32332000590000007 DATED: 2023-11-20													

00002505742005	GARCIA					JAZMIN	J	NHCOC004176453		42401100948249244	05155819 / 1396409629		DE
001	10/23/23	10/23/23	92508	TM	U3		.50	17.54	.00	18.36		18.36	DEBIT
							CLAIM TOTAL:	17.54	.00	18.36		18.36	
ADJUST TCN: 32332000590000008 DATED: 2023-11-20													

00002505742005	GARCIA					JAZMIN	J	NHCOC004176454		42401100948249245	05155819 / 1396409629		DE
001	11/06/23	11/06/23	92508	TM	U3		.50	17.54	.00	18.36		18.36	DEBIT
002	11/08/23	11/08/23	92508	TM	U3		.50	17.54	.00	18.36		18.36	DEBIT
							CLAIM TOTAL:	35.08	.00	36.72		36.72	
ADJUST TCN: 32332000590000009 DATED: 2023-11-20													

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00002503707818	HARRIS					AMAR'E	L	NHCOC004215450		42401100947127174	05155819 / 1396409629		CR
001	12/04/23	12/04/23	92508	TM	U4		.50-	15.04-	.00	15.04-		15.04-	CREDIT
							CLAIM TOTAL:	15.04-	.00	15.04-		15.04-	
ADJUST TCN: 32334800359000003 DATED: 2023-12-18													

00002503707818	HARRIS					AMAR'E	L	NHCOC004215450		42401100947227174	05155819 / 1396409629		DE
001	12/04/23	12/04/23	92508	TM	U4		.50	15.04	.00	15.74		15.74	DEBIT
							CLAIM TOTAL:	15.04	.00	15.74		15.74	
ADJUST TCN: 32334800359000003 DATED: 2023-12-18													

00002503707818	HARRIS					AMAR'E	L	NHCOC004140612		42401100948119139	05155819 / 1396409629		CR
001	10/02/23	10/02/23	92508	TM	U4		.50-	15.04-	.00	15.04-		15.04-	CREDIT
							CLAIM TOTAL:	15.04-	.00	15.04-		15.04-	
ADJUST TCN: 32329200731000003 DATED: 2023-10-23													

00002503707818	HARRIS					AMAR'E	L	NHCOC004157684		42401100948137615	05155819 / 1396409629		CR
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 32  
RPT PAGE: 89982

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	10/18/23	10/18/23	92508	TM	U4		.50-	15.04-	.00	15.04-	05155819 / 1396409629	15.04-	CREDIT
002	10/23/23	10/23/23	92507	TM			.25-	15.04-	.00	15.04-	05155819 / 1396409629	15.04-	CREDIT
							CLAIM TOTAL:	30.08-	.00	30.08-		30.08-	

ADJUST TCN: 32330900366000003 DATED: 2023-11-13

00002503707818	HARRIS		AMAR'E	L	NHCOC004176449			42401100948149240		05155819 / 1396409629		CR	
001	10/25/23	10/25/23	92507	TM			.25-	15.04-	.00	15.04-	05155819 / 1396409629	15.04-	CREDIT
							CLAIM TOTAL:	15.04-	.00	15.04-		15.04-	

ADJUST TCN: 32332000590000004 DATED: 2023-11-20

00002503707818	HARRIS		AMAR'E	L	NHCOC004176450			42401100948149241		05155819 / 1396409629		CR	
001	11/06/23	11/06/23	92508	TM	U4		.75-	22.55-	.00	22.55-	05155819 / 1396409629	22.55-	CREDIT
002	11/08/23	11/08/23	92508	TM	U4		.50-	15.04-	.00	15.04-	05155819 / 1396409629	15.04-	CREDIT
							CLAIM TOTAL:	37.59-	.00	37.59-		37.59-	

ADJUST TCN: 32332000590000005 DATED: 2023-11-20

00002503707818	HARRIS		AMAR'E	L	NHCOC004140612			42401100948219139		05155819 / 1396409629		DE	
001	10/02/23	10/02/23	92508	TM	U4		.50	15.04	.00	15.74	05155819 / 1396409629	15.74	DEBIT
							CLAIM TOTAL:	15.04	.00	15.74		15.74	

ADJUST TCN: 32329200731000003 DATED: 2023-10-23

00002503707818	HARRIS		AMAR'E	L	NHCOC004157684			42401100948237615		05155819 / 1396409629		DE	
001	10/18/23	10/18/23	92508	TM	U4		.50	15.04	.00	15.74	05155819 / 1396409629	15.74	DEBIT
002	10/23/23	10/23/23	92507	TM			.25	15.04	.00	22.83	05155819 / 1396409629	22.83	DEBIT
							CLAIM TOTAL:	30.08	.00	38.57		38.57	

ADJUST TCN: 32330900366000003 DATED: 2023-11-13

00002503707818	HARRIS		AMAR'E	L	NHCOC004176449			42401100948249240		05155819 / 1396409629		DE	
001	10/25/23	10/25/23	92507	TM			.25	15.04	.00	22.83	05155819 / 1396409629	22.83	DEBIT
							CLAIM TOTAL:	15.04	.00	22.83		22.83	

ADJUST TCN: 32332000590000004 DATED: 2023-11-20

00002503707818	HARRIS		AMAR'E	L	NHCOC004176450			42401100948249241		05155819 / 1396409629		DE	
001	11/06/23	11/06/23	92508	TM	U4		.75	22.55	.00	23.61	05155819 / 1396409629	23.61	DEBIT
002	11/08/23	11/08/23	92508	TM	U4		.50	15.04	.00	15.74	05155819 / 1396409629	15.74	DEBIT
							CLAIM TOTAL:	37.59	.00	39.35		39.35	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 33  
RPT PAGE: 89983

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB		
LN	SERVICE DATES	PROC	PM	PM	PM		BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS

ADJUST TCN: 32332000590000005 DATED: 2023-11-20

00002503707818	HARRIS					AMAR'E	L	NHCOC004089348	42401100949130513	05155819 / 1396409629		CR	
001	08/02/23	08/02/23	92508	TM	U2		.25-	11.28-	.00	11.28-	.00	11.28-	CREDIT
002	08/02/23	08/02/23	92507	TM			.25-	15.04-	.00	15.04-	.00	15.04-	CREDIT
003	08/09/23	08/09/23	92508	TM	U2		.25-	11.28-	.00	11.28-	.00	11.28-	CREDIT
004	08/09/23	08/09/23	92507	TM			.25-	15.04-	.00	15.04-	.00	15.04-	CREDIT
005	08/14/23	08/14/23	92508	TM	U2		.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
006	08/14/23	08/14/23	92507	TM			.25-	15.04-	.00	15.04-	.00	15.04-	CREDIT
CLAIM TOTAL:								90.24-	.00	90.24-	.00	90.24-	

ADJUST TCN: 32325100999000003 DATED: 2023-09-11

00002503707818	HARRIS					AMAR'E	L	NHCOC004089349	42401100949130514	05155819 / 1396409629		CR	
001	08/16/23	08/16/23	92508	TM	U2		.25-	11.28-	.00	11.28-	.00	11.28-	CREDIT
002	08/21/23	08/21/23	92507	TM			.25-	15.04-	.00	15.04-	.00	15.04-	CREDIT
003	08/23/23	08/23/23	92507	TM			.25-	15.04-	.00	15.04-	.00	15.04-	CREDIT
004	08/28/23	08/28/23	92508	TM	U2		.25-	11.28-	.00	11.28-	.00	11.28-	CREDIT
005	08/30/23	08/30/23	92508	TM	U2		.25-	11.28-	.00	11.28-	.00	11.28-	CREDIT
006	08/30/23	08/30/23	92507	TM			.25-	15.04-	.00	15.04-	.00	15.04-	CREDIT
CLAIM TOTAL:								78.96-	.00	78.96-	.00	78.96-	

ADJUST TCN: 32325100999000004 DATED: 2023-09-11

00002503707818	HARRIS					AMAR'E	L	NHCOC004122335	42401100949155403	05155819 / 1396409629		CR	
001	09/13/23	09/13/23	92508	TM	U2		.25-	11.28-	.00	11.28-	.00	11.28-	CREDIT
002	09/13/23	09/13/23	92508	TM	U3		.25-	8.77-	.00	8.77-	.00	8.77-	CREDIT
003	09/27/23	09/27/23	92508	TM	U3		.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
CLAIM TOTAL:								37.59-	.00	37.59-	.00	37.59-	

ADJUST TCN: 32327900375000005 DATED: 2023-10-09

00002503707818	HARRIS					AMAR'E	L	NHCOC004089348	42401100949230513	05155819 / 1396409629		DE	
001	08/02/23	08/02/23	92508	TM	U2		.25	11.28	.00	11.81	.00	11.81	DEBIT
002	08/02/23	08/02/23	92507	TM			.25	15.04	.00	22.83	.00	22.83	DEBIT
003	08/09/23	08/09/23	92508	TM	U2		.25	11.28	.00	11.81	.00	11.81	DEBIT
004	08/09/23	08/09/23	92507	TM			.25	15.04	.00	22.83	.00	22.83	DEBIT
005	08/14/23	08/14/23	92508	TM	U2		.50	22.56	.00	23.62	.00	23.62	DEBIT
006	08/14/23	08/14/23	92507	TM			.25	15.04	.00	22.83	.00	22.83	DEBIT
CLAIM TOTAL:								90.24	.00	115.73	.00	115.73	

ADJUST TCN: 32325100999000003 DATED: 2023-09-11

00002503707818	HARRIS					AMAR'E	L	NHCOC004089349	42401100949230514	05155819 / 1396409629		DE
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 34  
RPT PAGE: 89984

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	08/16/23	08/16/23 92508	TM U2	.25	11.28	.00	11.81	.00	11.81	DEBIT
002	08/21/23	08/21/23 92507	TM	.25	15.04	.00	22.83	.00	22.83	DEBIT
003	08/23/23	08/23/23 92507	TM	.25	15.04	.00	22.83	.00	22.83	DEBIT
004	08/28/23	08/28/23 92508	TM U2	.25	11.28	.00	11.81	.00	11.81	DEBIT
005	08/30/23	08/30/23 92508	TM U2	.25	11.28	.00	11.81	.00	11.81	DEBIT
006	08/30/23	08/30/23 92507	TM	.25	15.04	.00	22.83	.00	22.83	DEBIT
CLAIM TOTAL:					78.96	.00	103.92	.00	103.92	
ADJUST TCN: 32325100999000004 DATED: 2023-09-11										

00002503707818 HARRIS AMAR'E L NHCOC004122335 42401100949255403 05155819 / 1396409629 DE										
001	09/13/23	09/13/23 92508	TM U2	.25	11.28	.00	11.81	.00	11.81	DEBIT
002	09/13/23	09/13/23 92508	TM U3	.25	8.77	.00	9.18	.00	9.18	DEBIT
003	09/27/23	09/27/23 92508	TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
CLAIM TOTAL:					37.59	.00	39.35	.00	39.35	
ADJUST TCN: 32327900375000005 DATED: 2023-10-09										
*****										

00003863754824 KOESTLER XAVIER JAYDEN A NHCOC004191731 42401100947109290 90257227 / 1750994216 CR										
001	11/14/23	11/14/23 97150	GO TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
002	11/16/23	11/16/23 97150	GO TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:					39.46-	.00	39.46-	.00	39.46-	
ADJUST TCN: 32333400276000019 DATED: 2023-12-04										

00003863754824 KOESTLER XAVIER JAYDEN A NHCOC004191732 42401100947109291 40223205 / 1831640960 CR										
001	10/11/23	10/11/23 90832	TM	1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
002	10/13/23	10/13/23 90853	TM U2	.50-	17.46-	.00	17.46-	.00	17.46-	CREDIT
003	10/20/23	10/20/23 90853	TM U2	.50-	17.46-	.00	17.46-	.00	17.46-	CREDIT
CLAIM TOTAL:					58.20-	.00	58.20-	.00	58.20-	
ADJUST TCN: 32333400276000020 DATED: 2023-12-04										

00003863754824 KOESTLER XAVIER JAYDEN A NHCOC004191733 42401100947109292 40223205 / 1831640960 CR										
001	11/03/23	11/03/23 90832	TM	1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
002	11/08/23	11/08/23 90853	TM U2	.50-	17.46-	.00	17.46-	.00	17.46-	CREDIT
CLAIM TOTAL:					40.74-	.00	40.74-	.00	40.74-	
ADJUST TCN: 32333400276000021 DATED: 2023-12-04										

00003863754824 KOESTLER XAVIER JAYDEN A NHCOC004191734 42401100947109293 05155819 / 1396409629 CR										
001	11/13/23	11/13/23 92508	TM U2	.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 35  
RPT PAGE: 89985

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS	
002	11/15/23	11/15/23	92508	TM U3	.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
CLAIM TOTAL:					40.10-	.00	40.10-	.00	40.10-		
ADJUST TCN: 3233340027600022 DATED: 2023-12-04											

001	11/30/23	11/30/23	97150	GO TM U3	1.00-	17.38-	.00	17.38-	.00	17.38-	CREDIT
CLAIM TOTAL:					17.38-	.00	17.38-	.00	17.38-		
ADJUST TCN: 3233480035900017 DATED: 2023-12-18											

001	11/14/23	11/14/23	97150	GO TM U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
002	11/16/23	11/16/23	97150	GO TM U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
CLAIM TOTAL:					39.46	.00	50.28	.00	50.28		
ADJUST TCN: 3233340027600019 DATED: 2023-12-04											

001	10/11/23	10/11/23	90832	TM	1.00	23.28	.00	31.00	.00	31.00	DEBIT
002	10/13/23	10/13/23	90853	TM U2	.50	17.46	.00	18.28	.00	18.28	DEBIT
003	10/20/23	10/20/23	90853	TM U2	.50	17.46	.00	18.28	.00	18.28	DEBIT
CLAIM TOTAL:					58.20	.00	67.56	.00	67.56		
ADJUST TCN: 3233340027600020 DATED: 2023-12-04											

001	11/03/23	11/03/23	90832	TM	1.00	23.28	.00	31.00	.00	31.00	DEBIT
002	11/08/23	11/08/23	90853	TM U2	.50	17.46	.00	18.28	.00	18.28	DEBIT
CLAIM TOTAL:					40.74	.00	49.28	.00	49.28		
ADJUST TCN: 3233340027600021 DATED: 2023-12-04											

001	11/13/23	11/13/23	92508	TM U2	.50	22.56	.00	23.62	.00	23.62	DEBIT
002	11/15/23	11/15/23	92508	TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
CLAIM TOTAL:					40.10	.00	41.98	.00	41.98		
ADJUST TCN: 3233340027600022 DATED: 2023-12-04											

001	11/30/23	11/30/23	97150	GO TM U3	1.00	17.38	.00	22.14	.00	22.14	DEBIT
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 36  
RPT PAGE: 89986

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
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CLAIM TOTAL: 17.38 .00 22.14 .00 22.14  
ADJUST TCN: 32334800359000017 DATED: 2023-12-18

00003863754824	001	10/17/23	10/17/23	97150	GO	TM	U2	JAYDEN	A	NHCOC004157702	42401100948137629	90257227 / 1750994216	19.73- .00 19.73- CR
	002	10/26/23	10/26/23	97150	GO	TM	U2	JAYDEN	A	NHCOC004157702	42401100948137629	90257227 / 1750994216	19.73- .00 19.73- CREDIT

CLAIM TOTAL: 39.46- .00 39.46- .00 39.46-  
ADJUST TCN: 32330900366000021 DATED: 2023-11-13

00003863754824	001	08/01/23	08/01/23	90832	TM			JAYDEN	A	NHCOC004157703	42401100948137630	40223205 / 1831640960	23.28- .00 23.28- CR
	002	08/18/23	08/18/23	90832	TM			JAYDEN	A	NHCOC004157703	42401100948137630	40223205 / 1831640960	23.28- .00 23.28- CREDIT
	003	08/23/23	08/23/23	90832	TM			JAYDEN	A	NHCOC004157703	42401100948137630	40223205 / 1831640960	23.28- .00 23.28- CREDIT
	004	08/25/23	08/25/23	90832	TM			JAYDEN	A	NHCOC004157703	42401100948137630	40223205 / 1831640960	23.28- .00 23.28- CREDIT
	005	08/30/23	08/30/23	90832	TM			JAYDEN	A	NHCOC004157703	42401100948137630	40223205 / 1831640960	23.28- .00 23.28- CREDIT

CLAIM TOTAL: 116.40- .00 116.40- .00 116.40-  
ADJUST TCN: 32330900366000022 DATED: 2023-11-13

00003863754824	001	09/06/23	09/06/23	90832	TM			JAYDEN	A	NHCOC004157704	42401100948137631	40223205 / 1831640960	23.28- .00 23.28- CR
	002	09/20/23	09/20/23	90853	TM	U2		JAYDEN	A	NHCOC004157704	42401100948137631	40223205 / 1831640960	17.46- .00 17.46- CREDIT
	003	09/22/23	09/22/23	90853	TM	U2		JAYDEN	A	NHCOC004157704	42401100948137631	40223205 / 1831640960	17.46- .00 17.46- CREDIT
	004	09/27/23	09/27/23	90832	TM			JAYDEN	A	NHCOC004157704	42401100948137631	40223205 / 1831640960	23.28- .00 23.28- CREDIT

CLAIM TOTAL: 81.48- .00 81.48- .00 81.48-  
ADJUST TCN: 32330900366000023 DATED: 2023-11-13

00003863754824	001	10/18/23	10/18/23	92508	TM	U2		JAYDEN	A	NHCOC004157705	42401100948137632	05155819 / 1396409629	22.56- .00 22.56- CR
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CLAIM TOTAL: 22.56- .00 22.56- .00 22.56-  
ADJUST TCN: 32330900366000024 DATED: 2023-11-13

00003863754824	001	11/02/23	11/02/23	97110	TM	GO		JAYDEN	A	NHCOC004176467	42401100948149256	90257227 / 1750994216	22.32- .00 22.32- CR
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CLAIM TOTAL: 22.32- .00 22.32- .00 22.32-  
ADJUST TCN: 32332000590000022 DATED: 2023-11-20

00003863754824								JAYDEN	A	NHCOC004157702	42401100948237629	90257227 / 1750994216	DE
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 37  
RPT PAGE: 89987

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	10/17/23	10/17/23	97150	GO	TM	U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
002	10/26/23	10/26/23	97150	GO	TM	U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
CLAIM TOTAL:								39.46	.00	50.28	.00	50.28	

ADJUST TCN: 32330900366000021 DATED: 2023-11-13

00003863754824	001	08/01/23	08/01/23	90832	TM		1.00	23.28	.00	31.00	.00	31.00	DEBIT
	002	08/18/23	08/18/23	90832	TM		1.00	23.28	.00	31.00	.00	31.00	DEBIT
	003	08/23/23	08/23/23	90832	TM		1.00	23.28	.00	31.00	.00	31.00	DEBIT
	004	08/25/23	08/25/23	90832	TM		1.00	23.28	.00	31.00	.00	31.00	DEBIT
	005	08/30/23	08/30/23	90832	TM		1.00	23.28	.00	31.00	.00	31.00	DEBIT
CLAIM TOTAL:								116.40	.00	155.00	.00	155.00	

ADJUST TCN: 32330900366000022 DATED: 2023-11-13

00003863754824	001	09/06/23	09/06/23	90832	TM		1.00	23.28	.00	31.00	.00	31.00	DEBIT
	002	09/20/23	09/20/23	90853	TM	U2	.50	17.46	.00	18.28	.00	18.28	DEBIT
	003	09/22/23	09/22/23	90853	TM	U2	.50	17.46	.00	18.28	.00	18.28	DEBIT
	004	09/27/23	09/27/23	90832	TM		1.00	23.28	.00	31.00	.00	31.00	DEBIT
CLAIM TOTAL:								81.48	.00	98.56	.00	98.56	

ADJUST TCN: 32330900366000023 DATED: 2023-11-13

00003863754824	001	10/18/23	10/18/23	92508	TM	U2	.50	22.56	.00	23.62	.00	23.62	DEBIT
CLAIM TOTAL:								22.56	.00	23.62	.00	23.62	

ADJUST TCN: 32330900366000024 DATED: 2023-11-13

00003863754824	001	11/02/23	11/02/23	97110	TM	GO	2.00	22.32	.00	27.94	.00	27.94	DEBIT
CLAIM TOTAL:								22.32	.00	27.94	.00	27.94	

ADJUST TCN: 32332000590000022 DATED: 2023-11-20

00003863754824	001	08/01/23	08/01/23	97110	TM	GO	2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
CLAIM TOTAL:								22.32-	.00	22.32-	.00	22.32-	

ADJUST TCN: 32322100314000006 DATED: 2023-08-14

00003863754824	00003863754824	001	08/01/23	08/01/23	97110	TM	GO	2.00-	.00	22.32-	.00	22.32-	CREDIT
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 38  
RPT PAGE: 89988

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	BILLED	COPAY PD	TCN	SVC PROV / NPI	EOB	
LN	SERVICE DATES										ALWD+TAX	TPL	PAYMENT	STATUS
001	08/08/23	08/08/23	97150	GO	TM	U3	1.00-		17.38-	.00	17.38-	.00	17.38-	CREDIT
							CLAIM TOTAL:		17.38-	.00	17.38-	.00	17.38-	
ADJUST TCN: 3232360095600008 DATED: 2023-08-28														

00003863754824	001	08/31/23	08/31/23	97150	GO	TM	U2	JAYDEN	A	NHCOC004089367	42401100949130523	90257227 / 1750994216	19.73-	19.73-	CR
							CLAIM TOTAL:		19.73-	.00	19.73-	.00	19.73-	CREDIT	
ADJUST TCN: 32325100999000022 DATED: 2023-09-11															

00003863754824	001	08/02/23	08/02/23	92508	TM	U2	.50-	JAYDEN	A	NHCOC004089369	42401100949130524	05155819 / 1396409629	22.56-	22.56-	CR
	002	08/16/23	08/16/23	92507	TM		.50-						30.07-	30.07-	CREDIT
							CLAIM TOTAL:		52.63-	.00	52.63-	.00	52.63-		
ADJUST TCN: 32325100999000024 DATED: 2023-09-11															

00003863754824	001	09/07/23	09/07/23	97150	GO	TM	U3	JAYDEN	A	NHCOC004106616	42401100949143873	90257227 / 1750994216	17.38-	17.38-	CR
	002	09/14/23	09/14/23	97150	GO	TM	U2						19.73-	19.73-	CREDIT
							CLAIM TOTAL:		37.11-	.00	37.11-	.00	37.11-		
ADJUST TCN: 32326400714000015 DATED: 2023-09-25															

00003863754824	001	09/06/23	09/06/23	92508	TM	U2	.50-	JAYDEN	A	NHCOC004106617	42401100949143874	05155819 / 1396409629	22.56-	22.56-	CR
							CLAIM TOTAL:		22.56-	.00	22.56-	.00	22.56-	CREDIT	
ADJUST TCN: 32326400714000016 DATED: 2023-09-25															

00003863754824	001	09/21/23	09/21/23	97150	GO	TM	U2	JAYDEN	A	NHCOC004122350	42401100949155413	90257227 / 1750994216	19.73-	19.73-	CR
	002	09/28/23	09/28/23	97110	TM	GO	2.00-						22.32-	22.32-	CREDIT
							CLAIM TOTAL:		42.05-	.00	42.05-	.00	42.05-		
ADJUST TCN: 32327900375000020 DATED: 2023-10-09															

00003863754824	001	08/01/23	08/01/23	97110	TM	GO	2.00	JAYDEN	A	NHCOC004071596	42401100949212846	90257227 / 1750994216	27.94	27.94	DE
							CLAIM TOTAL:		22.32	.00	27.94	.00	27.94	DEBIT	
ADJUST TCN: 32322100314000006 DATED: 2023-08-14															



CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 39  
RPT PAGE: 89989

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

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RECIPIENT ID RECIPIENT NAME MED REC NUMBER TCN SVC PROV / NPI EOB  
LN SERVICE DATES PROC PM PM PM PM ALWD-UNITS BILLED COPAY PD ALWD+TAX TPL PAYMENT STATUS  
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00003863754824 KOESTLER XAVIER JAYDEN A NHCOC004078164 42401100949219949 90257227 / 1750994216 DE  
001 08/08/23 08/08/23 97150 GO TM U3 1.00 17.38 .00 22.14 .00 22.14 DEBIT  
CLAIM TOTAL: 17.38 .00 22.14 .00 22.14  
ADJUST TCN: 32323600956000008 DATED: 2023-08-28

00003863754824 KOESTLER XAVIER JAYDEN A NHCOC004089367 42401100949230523 90257227 / 1750994216 DE  
001 08/31/23 08/31/23 97150 GO TM U2 1.00 19.73 .00 25.14 .00 25.14 DEBIT  
CLAIM TOTAL: 19.73 .00 25.14 .00 25.14  
ADJUST TCN: 32325100999000022 DATED: 2023-09-11

00003863754824 KOESTLER XAVIER JAYDEN A NHCOC004089369 42401100949230524 05155819 / 1396409629 DE  
001 08/02/23 08/02/23 92508 TM U2 .50 22.56 .00 23.62 .00 23.62 DEBIT  
002 08/16/23 08/16/23 92507 TM .50 30.07 .00 45.66 .00 45.66 DEBIT  
CLAIM TOTAL: 52.63 .00 69.28 .00 69.28  
ADJUST TCN: 32325100999000024 DATED: 2023-09-11

00003863754824 KOESTLER XAVIER JAYDEN A NHCOC004106616 42401100949243873 90257227 / 1750994216 DE  
001 09/07/23 09/07/23 97150 GO TM U3 1.00 17.38 .00 22.14 .00 22.14 DEBIT  
002 09/14/23 09/14/23 97150 GO TM U2 1.00 19.73 .00 25.14 .00 25.14 DEBIT  
CLAIM TOTAL: 37.11 .00 47.28 .00 47.28  
ADJUST TCN: 32326400714000015 DATED: 2023-09-25

00003863754824 KOESTLER XAVIER JAYDEN A NHCOC004106617 42401100949243874 05155819 / 1396409629 DE  
001 09/06/23 09/06/23 92508 TM U2 .50 22.56 .00 23.62 .00 23.62 DEBIT  
CLAIM TOTAL: 22.56 .00 23.62 .00 23.62  
ADJUST TCN: 32326400714000016 DATED: 2023-09-25

00003863754824 KOESTLER XAVIER JAYDEN A NHCOC004122350 42401100949255413 90257227 / 1750994216 DE  
001 09/21/23 09/21/23 97150 GO TM U2 1.00 19.73 .00 25.14 .00 25.14 DEBIT  
002 09/28/23 09/28/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
CLAIM TOTAL: 42.05 .00 53.08 .00 53.08  
ADJUST TCN: 32327900375000020 DATED: 2023-10-09

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00003815618779 LOVATO LOGAN NHCOC004191728 42401100947109287 90257227 / 1750994216 CR

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 40  
RPT PAGE: 89990

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	11/16/23 11/16/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	40223205 / 1831640960	22.32-	CREDIT
CLAIM TOTAL:								22.32-	.00	22.32-	.00	22.32-	
ADJUST TCN: 32333400276000016 DATED: 2023-12-04													

00003815618779	LOVATO							NHCOC004191729		42401100947109288	40223205 / 1831640960		CR
001	10/11/23 10/11/23	90832	TM				1.00-	23.28-	.00	23.28-		23.28-	CREDIT
002	10/13/23 10/13/23	90832	TM				1.00-	23.28-	.00	23.28-		23.28-	CREDIT
003	10/25/23 10/25/23	90832	TM				1.00-	23.28-	.00	23.28-		23.28-	CREDIT
004	10/27/23 10/27/23	90832	TM				1.00-	23.28-	.00	23.28-		23.28-	CREDIT
CLAIM TOTAL:								93.12-	.00	93.12-	.00	93.12-	
ADJUST TCN: 32333400276000017 DATED: 2023-12-04													

00003815618779	LOVATO							NHCOC004191730		42401100947109289	40223205 / 1831640960		CR
001	11/01/23 11/01/23	90832	TM				1.00-	23.28-	.00	23.28-		23.28-	CREDIT
002	11/03/23 11/03/23	90832	TM				1.00-	23.28-	.00	23.28-		23.28-	CREDIT
003	11/08/23 11/08/23	90832	TM				1.00-	23.28-	.00	23.28-		23.28-	CREDIT
CLAIM TOTAL:								69.84-	.00	69.84-	.00	69.84-	
ADJUST TCN: 32333400276000018 DATED: 2023-12-04													

00003815618779	LOVATO							NHCOC004215462		42401100947127186	90257227 / 1750994216		CR
001	11/27/23 11/27/23	97110	TM	GO			2.00-	22.32-	.00	22.32-		22.32-	CREDIT
002	11/30/23 11/30/23	97110	TM	GO			2.00-	22.32-	.00	22.32-		22.32-	CREDIT
CLAIM TOTAL:								44.64-	.00	44.64-	.00	44.64-	
ADJUST TCN: 32334800359000015 DATED: 2023-12-18													

00003815618779	LOVATO							NHCOC004215463		42401100947127187	90257227 / 1750994216		CR
001	12/05/23 12/05/23	97110	TM	GO			2.00-	22.32-	.00	22.32-		22.32-	CREDIT
002	12/07/23 12/07/23	97110	TM	GO			1.00-	11.16-	.00	11.16-		11.16-	CREDIT
CLAIM TOTAL:								33.48-	.00	33.48-	.00	33.48-	
ADJUST TCN: 32334800359000016 DATED: 2023-12-18													

00003815618779	LOVATO							NHCOC004191728		42401100947209287	90257227 / 1750994216		DE
001	11/16/23 11/16/23	97110	TM	GO			2.00	22.32	.00	27.94		27.94	DEBIT
CLAIM TOTAL:								22.32	.00	27.94	.00	27.94	
ADJUST TCN: 32333400276000016 DATED: 2023-12-04													

00003815618779	LOVATO							NHCOC004191729		42401100947209288	40223205 / 1831640960		DE
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 41  
RPT PAGE: 89991

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	10/11/23	10/11/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
002	10/13/23	10/13/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
003	10/25/23	10/25/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
004	10/27/23	10/27/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
CLAIM TOTAL:								93.12	.00	124.00	.00	124.00	

ADJUST TCN: 32333400276000017 DATED: 2023-12-04

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00003815618779 LOVATO LOGAN NHCOC004191730 42401100947209289 40223205 / 1831640960 DE													
001	11/01/23	11/01/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
002	11/03/23	11/03/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
003	11/08/23	11/08/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
CLAIM TOTAL:								69.84	.00	93.00	.00	93.00	

ADJUST TCN: 32333400276000018 DATED: 2023-12-04

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00003815618779 LOVATO LOGAN NHCOC004215462 42401100947227186 90257227 / 1750994216 DE													
001	11/27/23	11/27/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
002	11/30/23	11/30/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
CLAIM TOTAL:								44.64	.00	55.88	.00	55.88	

ADJUST TCN: 32334800359000015 DATED: 2023-12-18

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00003815618779 LOVATO LOGAN NHCOC004215463 42401100947227187 90257227 / 1750994216 DE													
001	12/05/23	12/05/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
002	12/07/23	12/07/23	97110	TM	GO		1.00	11.16	.00	13.97	.00	13.97	DEBIT
CLAIM TOTAL:								33.48	.00	41.91	.00	41.91	

ADJUST TCN: 32334800359000016 DATED: 2023-12-18

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00003815618779 LOVATO LOGAN NHCOC004140621 42401100948119144 90257227 / 1750994216 CR													
001	10/02/23	10/02/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
002	10/12/23	10/12/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
CLAIM TOTAL:								44.64-	.00	44.64-	.00	44.64-	

ADJUST TCN: 32329200731000012 DATED: 2023-10-23

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00003815618779 LOVATO LOGAN NHCOC004157699 42401100948137626 90257227 / 1750994216 CR													
001	10/24/23	10/24/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
002	10/26/23	10/26/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
003	10/27/23	10/27/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
CLAIM TOTAL:								66.96-	.00	66.96-	.00	66.96-	

ADJUST TCN: 32330900366000018 DATED: 2023-11-13

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 42  
RPT PAGE: 89992

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB		
LN	SERVICE DATES							BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS
00003815618779	LOVATO							NHCOC004157700		42401100948137627		40223205 / 1831640960	CR
001	08/01/23	08/01/23	90832	TM			1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
002	08/18/23	08/18/23	90832	TM			1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
003	08/23/23	08/23/23	90832	TM			1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
004	08/25/23	08/25/23	90832	TM			1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
005	08/30/23	08/30/23	90832	TM			1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
								CLAIM TOTAL:		116.40-	.00	116.40-	
ADJUST TCN: 32330900366000019 DATED: 2023-11-13													
00003815618779	LOVATO							NHCOC004157701		42401100948137628		40223205 / 1831640960	CR
001	09/06/23	09/06/23	90832	TM			1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
002	09/08/23	09/08/23	90832	TM			1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
003	09/22/23	09/22/23	90832	TM			1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
004	09/27/23	09/27/23	90832	TM			1.00-	23.28-	.00	23.28-	.00	23.28-	CREDIT
								CLAIM TOTAL:		93.12-	.00	93.12-	
ADJUST TCN: 32330900366000020 DATED: 2023-11-13													
00003815618779	LOVATO							NHCOC004176466		42401100948149255		90257227 / 1750994216	CR
001	11/02/23	11/02/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
								CLAIM TOTAL:		22.32-	.00	22.32-	
ADJUST TCN: 32332000590000021 DATED: 2023-11-20													
00003815618779	LOVATO							NHCOC004140621		42401100948219144		90257227 / 1750994216	DE
001	10/02/23	10/02/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
002	10/12/23	10/12/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
								CLAIM TOTAL:		44.64	.00	55.88	
ADJUST TCN: 32329200731000012 DATED: 2023-10-23													
00003815618779	LOVATO							NHCOC004157699		42401100948237626		90257227 / 1750994216	DE
001	10/24/23	10/24/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
002	10/26/23	10/26/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
003	10/27/23	10/27/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
								CLAIM TOTAL:		66.96	.00	83.82	
ADJUST TCN: 32330900366000018 DATED: 2023-11-13													
00003815618779	LOVATO							NHCOC004157700		42401100948237627		40223205 / 1831640960	DE

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 43  
RPT PAGE: 89993

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	08/01/23	08/01/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
002	08/18/23	08/18/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
003	08/23/23	08/23/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
004	08/25/23	08/25/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
005	08/30/23	08/30/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
CLAIM TOTAL:								116.40	.00	155.00	.00	155.00	

ADJUST TCN: 3233090036600019 DATED: 2023-11-13

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00003815618779 LOVATO LOGAN NHCOC004157701 42401100948237628 40223205 / 1831640960 DE													
001	09/06/23	09/06/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
002	09/08/23	09/08/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
003	09/22/23	09/22/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
004	09/27/23	09/27/23	90832	TM			1.00	23.28	.00	31.00	.00	31.00	DEBIT
CLAIM TOTAL:								93.12	.00	124.00	.00	124.00	

ADJUST TCN: 3233090036600020 DATED: 2023-11-13

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00003815618779 LOVATO LOGAN NHCOC004176466 42401100948249255 90257227 / 1750994216 DE													
001	11/02/23	11/02/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
CLAIM TOTAL:								22.32	.00	27.94	.00	27.94	

ADJUST TCN: 3233200059000021 DATED: 2023-11-20

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00003815618779 LOVATO LOGAN NHCOC004071595 42401100949112845 90257227 / 1750994216 CR													
001	08/01/23	08/01/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
CLAIM TOTAL:								22.32-	.00	22.32-	.00	22.32-	

ADJUST TCN: 3232210031400005 DATED: 2023-08-14

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00003815618779 LOVATO LOGAN NHCOC004078163 42401100949119948 90257227 / 1750994216 CR													
001	08/17/23	08/17/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
CLAIM TOTAL:								22.32-	.00	22.32-	.00	22.32-	

ADJUST TCN: 3232360095600007 DATED: 2023-08-28

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00003815618779 LOVATO LOGAN NHCOC004089365 42401100949130522 90257227 / 1750994216 CR													
001	08/24/23	08/24/23	97110	TM	GO		4.00-	44.64-	.00	44.64-	.00	44.64-	CREDIT
002	08/29/23	08/29/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
003	08/31/23	08/31/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
CLAIM TOTAL:								89.28-	.00	89.28-	.00	89.28-	

ADJUST TCN: 3232510099900020 DATED: 2023-09-11

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00003815618779 LOVATO LOGAN NHCOC004106615 42401100949143872 90257227 / 1750994216 CR													

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 44  
RPT PAGE: 89994

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	09/05/23 09/05/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
002	09/12/23 09/12/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
003	09/14/23 09/14/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
CLAIM TOTAL:								66.96-	.00	66.96-	.00	66.96-	
ADJUST TCN: 32326400714000014 DATED: 2023-09-25													

00003815618779 LOVATO LOGAN NHCOC004122349 42401100949155412 90257227 / 1750994216 CR													
001	09/19/23 09/19/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
002	09/21/23 09/21/23	97110	TM	GO			1.00-	11.16-	.00	11.16-	90257227 / 1750994216	11.16-	CREDIT
003	09/28/23 09/28/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
004	09/29/23 09/29/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
CLAIM TOTAL:								78.12-	.00	78.12-	.00	78.12-	
ADJUST TCN: 32327900375000019 DATED: 2023-10-09													

00003815618779 LOVATO LOGAN NHCOC004071595 42401100949212845 90257227 / 1750994216 DE													
001	08/01/23 08/01/23	97110	TM	GO			2.00	22.32	.00	27.94	90257227 / 1750994216	27.94	DEBIT
CLAIM TOTAL:								22.32	.00	27.94	.00	27.94	
ADJUST TCN: 32322100314000005 DATED: 2023-08-14													

00003815618779 LOVATO LOGAN NHCOC004078163 42401100949219948 90257227 / 1750994216 DE													
001	08/17/23 08/17/23	97110	TM	GO			2.00	22.32	.00	27.94	90257227 / 1750994216	27.94	DEBIT
CLAIM TOTAL:								22.32	.00	27.94	.00	27.94	
ADJUST TCN: 32323600956000007 DATED: 2023-08-28													

00003815618779 LOVATO LOGAN NHCOC004089365 42401100949230522 90257227 / 1750994216 DE													
001	08/24/23 08/24/23	97110	TM	GO			4.00	44.64	.00	55.88	90257227 / 1750994216	55.88	DEBIT
002	08/29/23 08/29/23	97110	TM	GO			2.00	22.32	.00	27.94	90257227 / 1750994216	27.94	DEBIT
003	08/31/23 08/31/23	97110	TM	GO			2.00	22.32	.00	27.94	90257227 / 1750994216	27.94	DEBIT
CLAIM TOTAL:								89.28	.00	111.76	.00	111.76	
ADJUST TCN: 32325100999000020 DATED: 2023-09-11													

00003815618779 LOVATO LOGAN NHCOC004106615 42401100949243872 90257227 / 1750994216 DE													
001	09/05/23 09/05/23	97110	TM	GO			2.00	22.32	.00	27.94	90257227 / 1750994216	27.94	DEBIT
002	09/12/23 09/12/23	97110	TM	GO			2.00	22.32	.00	27.94	90257227 / 1750994216	27.94	DEBIT
003	09/14/23 09/14/23	97110	TM	GO			2.00	22.32	.00	27.94	90257227 / 1750994216	27.94	DEBIT
CLAIM TOTAL:								66.96	.00	83.82	.00	83.82	
ADJUST TCN: 32326400714000014 DATED: 2023-09-25													

00003815618779 LOVATO LOGAN NHCOC004122349 42401100949255412 90257227 / 1750994216 DE

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 45  
RPT PAGE: 89995

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS	
001	09/19/23	09/19/23	97110	TM GO	2.00	22.32	.00	27.94	.00	27.94	DEBIT
002	09/21/23	09/21/23	97110	TM GO	1.00	11.16	.00	13.97	.00	13.97	DEBIT
003	09/28/23	09/28/23	97110	TM GO	2.00	22.32	.00	27.94	.00	27.94	DEBIT
004	09/29/23	09/29/23	97110	TM GO	2.00	22.32	.00	27.94	.00	27.94	DEBIT
CLAIM TOTAL:					78.12	.00	97.79	.00	97.79		

ADJUST TCN: 32327900375000019 DATED: 2023-10-09

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00003871151836	OREM RILEY	BRIDGET	V	NHCOC004191735	42401100947109294	44122756 / 1013185438	CR				
001	11/17/23	11/17/23	97150	GP TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:					19.73-	.00	19.73-	.00	19.73-		

ADJUST TCN: 32333400276000023 DATED: 2023-12-04

00003871151836	OREM RILEY	BRIDGET	V	NHCOC004191736	42401100947109295	90257227 / 1750994216	CR				
001	11/17/23	11/17/23	97150	GO TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:					19.73-	.00	19.73-	.00	19.73-		

ADJUST TCN: 32333400276000024 DATED: 2023-12-04

00003871151836	OREM RILEY	BRIDGET	V	NHCOC004215465	42401100947127189	44122756 / 1013185438	CR				
001	12/01/23	12/01/23	97150	GP TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
002	12/08/23	12/08/23	97110	TM GP	2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
CLAIM TOTAL:					42.05-	.00	42.05-	.00	42.05-		

ADJUST TCN: 32334800359000018 DATED: 2023-12-18

00003871151836	OREM RILEY	BRIDGET	V	NHCOC004215466	42401100947127190	90257227 / 1750994216	CR				
001	11/27/23	11/27/23	97150	GO TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:					19.73-	.00	19.73-	.00	19.73-		

ADJUST TCN: 32334800359000019 DATED: 2023-12-18

00003871151836	OREM RILEY	BRIDGET	V	NHCOC004215467	42401100947127191	90257227 / 1750994216	CR				
001	12/07/23	12/07/23	97150	GO TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:					19.73-	.00	19.73-	.00	19.73-		

ADJUST TCN: 32334800359000020 DATED: 2023-12-18

00003871151836	OREM RILEY	BRIDGET	V	NHCOC004191735	42401100947209294	44122756 / 1013185438	DE				
001	11/17/23	11/17/23	97150	GP TM U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 46  
RPT PAGE: 89996

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
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CLAIM TOTAL: 19.73 .00 25.14 .00 25.14  
ADJUST TCN: 32333400276000023 DATED: 2023-12-04

00003871151836	OREM RILEY												
001	11/17/23	11/17/23	97150	GO	TM	U2	1.00	NHCOC004191736		42401100947209295	90257227 / 1750994216		DE
								19.73	.00	25.14	.00	25.14	DEBIT
								CLAIM TOTAL:		19.73	.00	25.14	

ADJUST TCN: 32333400276000024 DATED: 2023-12-04

00003871151836	OREM RILEY												
001	12/01/23	12/01/23	97150	GP	TM	U2	1.00	NHCOC004215465		42401100947227189	44122756 / 1013185438		DE
002	12/08/23	12/08/23	97110	TM	GP		2.00		.00	25.14	.00	25.14	DEBIT
								19.73	.00	27.94	.00	27.94	DEBIT
								CLAIM TOTAL:		42.05	.00	53.08	

ADJUST TCN: 32334800359000018 DATED: 2023-12-18

00003871151836	OREM RILEY												
001	11/27/23	11/27/23	97150	GO	TM	U2	1.00	NHCOC004215466		42401100947227190	90257227 / 1750994216		DE
								19.73	.00	25.14	.00	25.14	DEBIT
								CLAIM TOTAL:		19.73	.00	25.14	

ADJUST TCN: 32334800359000019 DATED: 2023-12-18

00003871151836	OREM RILEY												
001	12/07/23	12/07/23	97150	GO	TM	U2	1.00	NHCOC004215467		42401100947227191	90257227 / 1750994216		DE
								19.73	.00	25.14	.00	25.14	DEBIT
								CLAIM TOTAL:		19.73	.00	25.14	

ADJUST TCN: 32334800359000020 DATED: 2023-12-18

00003871151836	OREM RILEY												
001	10/13/23	10/13/23	97150	GP	TM	U2	1.00-	NHCOC004140622		42401100948119145	44122756 / 1013185438		CR
								19.73-	.00	19.73-	.00	19.73-	CREDIT
								CLAIM TOTAL:		19.73-	.00	19.73-	

ADJUST TCN: 32329200731000013 DATED: 2023-10-23

00003871151836	OREM RILEY												
001	10/02/23	10/02/23	97110	TM	GO		3.00-	NHCOC004140623		42401100948119146	90257227 / 1750994216		CR
								33.48-	.00	33.48-	.00	33.48-	CREDIT
								CLAIM TOTAL:		33.48-	.00	33.48-	

ADJUST TCN: 32329200731000014 DATED: 2023-10-23

00003871151836	OREM RILEY												
								NHCOC004157706		42401100948137633	44122756 / 1013185438		CR



CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 47  
RPT PAGE: 89997

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS	
001	10/20/23	10/20/23	97150	GP TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
002	10/27/23	10/27/23	97150	GP TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:					39.46-	.00	39.46-	.00	39.46-		

ADJUST TCN: 32330900366000025 DATED: 2023-11-13

00003871151836	OREM RILEY	BRIDGET	V	NHCOC004157707	42401100948137634	90257227 / 1750994216	CR				
001	10/17/23	10/17/23	97110	TM GO	3.00-	33.48-	.00	33.48-	.00	33.48-	CREDIT
002	10/24/23	10/24/23	97150	GO TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:					53.21-	.00	53.21-	.00	53.21-		

ADJUST TCN: 32330900366000026 DATED: 2023-11-13

00003871151836	OREM RILEY	BRIDGET	V	NHCOC004176468	42401100948149257	44122756 / 1013185438	CR				
001	11/03/23	11/03/23	97150	GP TM U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
CLAIM TOTAL:					19.73-	.00	19.73-	.00	19.73-		

ADJUST TCN: 32332000590000023 DATED: 2023-11-20

00003871151836	OREM RILEY	BRIDGET	V	NHCOC004176469	42401100948149258	90257227 / 1750994216	CR				
001	10/30/23	10/30/23	97110	TM GO	3.00-	33.48-	.00	33.48-	.00	33.48-	CREDIT
CLAIM TOTAL:					33.48-	.00	33.48-	.00	33.48-		

ADJUST TCN: 32332000590000024 DATED: 2023-11-20

00003871151836	OREM RILEY	BRIDGET	V	NHCOC004140622	42401100948219145	44122756 / 1013185438	DE				
001	10/13/23	10/13/23	97150	GP TM U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
CLAIM TOTAL:					19.73	.00	25.14	.00	25.14		

ADJUST TCN: 32329200731000013 DATED: 2023-10-23

00003871151836	OREM RILEY	BRIDGET	V	NHCOC004140623	42401100948219146	90257227 / 1750994216	DE				
001	10/02/23	10/02/23	97110	TM GO	3.00	33.48	.00	41.91	.00	41.91	DEBIT
CLAIM TOTAL:					33.48	.00	41.91	.00	41.91		

ADJUST TCN: 32329200731000014 DATED: 2023-10-23

00003871151836	OREM RILEY	BRIDGET	V	NHCOC004157706	42401100948237633	44122756 / 1013185438	DE				
001	10/20/23	10/20/23	97150	GP TM U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
002	10/27/23	10/27/23	97150	GP TM U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
CLAIM TOTAL:					39.46	.00	50.28	.00	50.28		

ADJUST TCN: 32330900366000025 DATED: 2023-11-13

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 48  
RPT PAGE: 89998

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	BILLED	COPAY	PD	TCN	SVC PROV / NPI	EOB	
LN	SERVICE DATES											ALWD+TAX	TPL	PAYMENT	STATUS
00003871151836	OREM RILEY							BRIDGET	V	NHCOC004157707		42401100948237634	90257227 / 1750994216	DE	
001	10/17/23 10/17/23	97110	TM	GO			3.00		33.48		.00	41.91	.00	41.91	DEBIT
002	10/24/23 10/24/23	97150	GO	TM	U2		1.00		19.73		.00	25.14	.00	25.14	DEBIT
								CLAIM TOTAL:	53.21		.00	67.05	.00	67.05	
ADJUST TCN: 32330900366000026 DATED: 2023-11-13															
00003871151836	OREM RILEY							BRIDGET	V	NHCOC004176468		42401100948249257	44122756 / 1013185438	DE	
001	11/03/23 11/03/23	97150	GP	TM	U2		1.00		19.73		.00	25.14	.00	25.14	DEBIT
								CLAIM TOTAL:	19.73		.00	25.14	.00	25.14	
ADJUST TCN: 32332000590000023 DATED: 2023-11-20															
00003871151836	OREM RILEY							BRIDGET	V	NHCOC004176469		42401100948249258	90257227 / 1750994216	DE	
001	10/30/23 10/30/23	97110	TM	GO			3.00		33.48		.00	41.91	.00	41.91	DEBIT
								CLAIM TOTAL:	33.48		.00	41.91	.00	41.91	
ADJUST TCN: 32332000590000024 DATED: 2023-11-20															
00003871151836	OREM RILEY							BRIDGET	V	NHCOC004106618		42401100949143875	44122756 / 1013185438	CR	
001	09/15/23 09/15/23	97110	TM	GP			2.00-		22.32-		.00	22.32-	.00	22.32-	CREDIT
								CLAIM TOTAL:	22.32-		.00	22.32-	.00	22.32-	
ADJUST TCN: 32326400714000017 DATED: 2023-09-25															
00003871151836	OREM RILEY							BRIDGET	V	NHCOC004106619		42401100949143876	44122756 / 1013185438	CR	
001	08/11/23 08/11/23	97164	TM				1.00-		12.33-		.00	12.33-	.00	12.33-	CREDIT
								CLAIM TOTAL:	12.33-		.00	12.33-	.00	12.33-	
ADJUST TCN: 32326400714000018 DATED: 2023-09-25															
00003871151836	OREM RILEY							BRIDGET	V	NHCOC004106620		42401100949143877	44122756 / 1013185438	CR	
001	09/08/23 09/08/23	97110	TM	GP			2.00-		22.32-		.00	22.32-	.00	22.32-	CREDIT
								CLAIM TOTAL:	22.32-		.00	22.32-	.00	22.32-	
ADJUST TCN: 32326400714000019 DATED: 2023-09-25															
00003871151836	OREM RILEY							BRIDGET	V	NHCOC004106621		42401100949143878	90257227 / 1750994216	CR	
001	08/30/23 08/30/23	97168	TM				1.00-		44.92-		.00	44.92-	.00	44.92-	CREDIT

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 49  
RPT PAGE: 89999

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
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CLAIM TOTAL: 44.92- .00 44.92- .00 44.92-  
ADJUST TCN: 32326400714000020 DATED: 2023-09-25

00003871151836	OREM RILEY												
001	09/12/23	09/12/23	97110	TM	GO		3.00-	NHCOC004106622		42401100949143879	90257227 / 1750994216		CR
								33.48-	.00	33.48-	.00	33.48-	CREDIT
								CLAIM TOTAL:		33.48-	.00	33.48-	

ADJUST TCN: 32326400714000021 DATED: 2023-09-25

00003871151836	OREM RILEY												
001	08/14/23	08/14/23	92523	TM			1.00-	NHCOC004106623		42401100949143880	05155819 / 1396409629		CR
								186.14-	.00	186.14-	.00	186.14-	CREDIT
002	08/23/23	08/23/23	92522	TM			1.00-		.00	89.75-	.00	89.75-	CREDIT
								CLAIM TOTAL:		275.89-	.00	275.89-	

ADJUST TCN: 32326400714000022 DATED: 2023-09-25

00003871151836	OREM RILEY												
001	09/22/23	09/22/23	97110	TM	GP		2.00-	NHCOC004122351		42401100949155414	44122756 / 1013185438		CR
								22.32-	.00	22.32-	.00	22.32-	CREDIT
002	09/29/23	09/29/23	97110	TM	GP		2.00-		.00	22.32-	.00	22.32-	CREDIT
								CLAIM TOTAL:		44.64-	.00	44.64-	

ADJUST TCN: 32327900375000021 DATED: 2023-10-09

00003871151836	OREM RILEY												
001	09/19/23	09/19/23	97110	TM	GO		3.00-	NHCOC004122352		42401100949155415	90257227 / 1750994216		CR
								33.48-	.00	33.48-	.00	33.48-	CREDIT
002	09/26/23	09/26/23	97110	TM	GO		3.00-		.00	33.48-	.00	33.48-	CREDIT
								CLAIM TOTAL:		66.96-	.00	66.96-	

ADJUST TCN: 32327900375000022 DATED: 2023-10-09

00003871151836	OREM RILEY												
001	09/15/23	09/15/23	97110	TM	GP		2.00	NHCOC004106618		42401100949243875	44122756 / 1013185438		DE
								22.32	.00	27.94	.00	27.94	DEBIT
								CLAIM TOTAL:		22.32	.00	27.94	

ADJUST TCN: 32326400714000017 DATED: 2023-09-25

00003871151836	OREM RILEY												
001	08/11/23	08/11/23	97164	TM			1.00	NHCOC004106619		42401100949243876	44122756 / 1013185438		DE
								12.33	.00	80.55	.00	80.55	DEBIT
								CLAIM TOTAL:		12.33	.00	80.55	

ADJUST TCN: 32326400714000018 DATED: 2023-09-25

00003871151836	OREM RILEY												
								NHCOC004106620		42401100949243877	44122756 / 1013185438		DE

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 50  
RPT PAGE: 90000

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS			
001	09/08/23	09/08/23	97110	TM GP	2.00		22.32		.00	27.94	.00	27.94	DEBIT
					CLAIM TOTAL:		22.32		.00	27.94	.00	27.94	
ADJUST TCN: 32326400714000019 DATED: 2023-09-25													

00003871151836	OREM RILEY			BRIDGET	V	NHCOC004106621		42401100949243878		90257227 / 1750994216			DE
001	08/30/23	08/30/23	97168	TM	1.00		44.92		.00	80.19	.00	80.19	DEBIT
					CLAIM TOTAL:		44.92		.00	80.19	.00	80.19	
ADJUST TCN: 32326400714000020 DATED: 2023-09-25													

00003871151836	OREM RILEY			BRIDGET	V	NHCOC004106622		42401100949243879		90257227 / 1750994216			DE
001	09/12/23	09/12/23	97110	TM GO	3.00		33.48		.00	41.91	.00	41.91	DEBIT
					CLAIM TOTAL:		33.48		.00	41.91	.00	41.91	
ADJUST TCN: 32326400714000021 DATED: 2023-09-25													

00003871151836	OREM RILEY			BRIDGET	V	NHCOC004106623		42401100949243880		05155819 / 1396409629			DE
001	08/14/23	08/14/23	92523	TM	1.00		186.14		.00	276.51	.00	276.51	DEBIT
002	08/23/23	08/23/23	92522	TM	1.00		89.75		.00	135.23	.00	135.23	DEBIT
					CLAIM TOTAL:		275.89		.00	411.74	.00	411.74	
ADJUST TCN: 32326400714000022 DATED: 2023-09-25													

00003871151836	OREM RILEY			BRIDGET	V	NHCOC004122351		42401100949255414		44122756 / 1013185438			DE
001	09/22/23	09/22/23	97110	TM GP	2.00		22.32		.00	27.94	.00	27.94	DEBIT
002	09/29/23	09/29/23	97110	TM GP	2.00		22.32		.00	27.94	.00	27.94	DEBIT
					CLAIM TOTAL:		44.64		.00	55.88	.00	55.88	
ADJUST TCN: 32327900375000021 DATED: 2023-10-09													

00003871151836	OREM RILEY			BRIDGET	V	NHCOC004122352		42401100949255415		90257227 / 1750994216			DE
001	09/19/23	09/19/23	97110	TM GO	3.00		33.48		.00	41.91	.00	41.91	DEBIT
002	09/26/23	09/26/23	97110	TM GO	3.00		33.48		.00	41.91	.00	41.91	DEBIT
					CLAIM TOTAL:		66.96		.00	83.82	.00	83.82	
ADJUST TCN: 32327900375000022 DATED: 2023-10-09													

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00003357395317	PADILLA			ASHE	R	NHCOC004215459		42401100947127183		90257227 / 1750994216			CR
001	11/30/23	11/30/23	97150	GO TM U3	1.00-		17.38-		.00	17.38-	.00	17.38-	CREDIT
					CLAIM TOTAL:		17.38-		.00	17.38-	.00	17.38-	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 51  
RPT PAGE: 90001

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB		
LN	SERVICE DATES	PROC	PM	PM	PM		BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS

ADJUST TCN: 32334800359000012 DATED: 2023-12-18

00003357395317	PADILLA		ASHE		R	NHCOC004215459		42401100947227183	90257227 / 1750994216	DE			
001	11/30/23	11/30/23	97150	GO	TM	U3	1.00	17.38	.00	22.14	.00	22.14	DEBIT
								17.38	.00	22.14	.00	22.14	

ADJUST TCN: 32334800359000012 DATED: 2023-12-18

00003357395317	PADILLA		ASHE		R	NHCOC004140617		42401100948119142	90257227 / 1750994216	CR			
001	10/02/23	10/02/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
002	10/12/23	10/12/23	97110	TM	GO		2.00-	22.32-	.00	22.32-	.00	22.32-	CREDIT
								44.64-	.00	44.64-	.00	44.64-	

ADJUST TCN: 32329200731000008 DATED: 2023-10-23

00003357395317	PADILLA		ASHE		R	NHCOC004157690		42401100948137621	90257227 / 1750994216	CR			
001	10/17/23	10/17/23	97150	GO	TM	U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
002	10/26/23	10/26/23	97150	GO	TM	U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
								39.46-	.00	39.46-	.00	39.46-	

ADJUST TCN: 32330900366000009 DATED: 2023-11-13

00003357395317	PADILLA		ASHE		R	NHCOC004176460		42401100948149251	90257227 / 1750994216	CR			
001	10/30/23	10/30/23	97150	GO	TM	U2	1.00-	19.73-	.00	19.73-	.00	19.73-	CREDIT
								19.73-	.00	19.73-	.00	19.73-	

ADJUST TCN: 32332000590000015 DATED: 2023-11-20

00003357395317	PADILLA		ASHE		R	NHCOC004140617		42401100948219142	90257227 / 1750994216	DE			
001	10/02/23	10/02/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
002	10/12/23	10/12/23	97110	TM	GO		2.00	22.32	.00	27.94	.00	27.94	DEBIT
								44.64	.00	55.88	.00	55.88	

ADJUST TCN: 32329200731000008 DATED: 2023-10-23

00003357395317	PADILLA		ASHE		R	NHCOC004157690		42401100948237621	90257227 / 1750994216	DE			
001	10/17/23	10/17/23	97150	GO	TM	U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
002	10/26/23	10/26/23	97150	GO	TM	U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
								39.46	.00	50.28	.00	50.28	

ADJUST TCN: 32330900366000009 DATED: 2023-11-13

00003357395317	PADILLA		ASHE		R	NHCOC004176460		42401100948249251	90257227 / 1750994216	DE
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 52  
RPT PAGE: 90002

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	10/30/23 10/30/23	97150	GO	TM	U2		1.00	19.73	.00	25.14	90257227 / 1750994216	25.14	DEBIT
							CLAIM TOTAL:	19.73	.00	25.14		25.14	
ADJUST TCN: 32332000590000015 DATED: 2023-11-20													

001	08/03/23 08/03/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
							CLAIM TOTAL:	22.32-	.00	22.32-		22.32-	
ADJUST TCN: 32322100314000003 DATED: 2023-08-14													

001	08/08/23 08/08/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
002	08/17/23 08/17/23	97150	GO	TM	U2		1.00-	19.73-	.00	19.73-	90257227 / 1750994216	19.73-	CREDIT
							CLAIM TOTAL:	42.05-	.00	42.05-		42.05-	
ADJUST TCN: 32323600956000003 DATED: 2023-08-28													

001	08/31/23 08/31/23	97150	GO	TM	U2		1.00-	19.73-	.00	19.73-	90257227 / 1750994216	19.73-	CREDIT
							CLAIM TOTAL:	19.73-	.00	19.73-		19.73-	
ADJUST TCN: 32325100999000009 DATED: 2023-09-11													

001	09/07/23 09/07/23	97150	GO	TM	U3		1.00-	17.38-	.00	17.38-	90257227 / 1750994216	17.38-	CREDIT
002	09/12/23 09/12/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
							CLAIM TOTAL:	39.70-	.00	39.70-		39.70-	
ADJUST TCN: 32326400714000007 DATED: 2023-09-25													

001	09/19/23 09/19/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
002	09/28/23 09/28/23	97110	TM	GO			2.00-	22.32-	.00	22.32-	90257227 / 1750994216	22.32-	CREDIT
							CLAIM TOTAL:	44.64-	.00	44.64-		44.64-	
ADJUST TCN: 32327900375000012 DATED: 2023-10-09													

001	08/03/23 08/03/23	97110	TM	GO			2.00	22.32	.00	27.94	90257227 / 1750994216	27.94	DEBIT
							CLAIM TOTAL:	22.32	.00	27.94		27.94	
ADJUST TCN: 32322100314000003 DATED: 2023-08-14													

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 53  
RPT PAGE: 90003

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

-----  
RECIPIENT ID RECIPIENT NAME MED REC NUMBER TCN SVC PROV / NPI EOB  
LN SERVICE DATES PROC PM PM PM PM ALWD-UNITS BILLED COPAY PD ALWD+TAX TPL PAYMENT STATUS  
-----

00003357395317 PADILLA ASHE R NHCOC004078159 42401100949219946 90257227 / 1750994216 DE  
001 08/08/23 08/08/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
002 08/17/23 08/17/23 97150 GO TM U2 1.00 19.73 .00 25.14 .00 25.14 DEBIT  
CLAIM TOTAL: 42.05 .00 53.08 .00 53.08  
ADJUST TCN: 3232360095600003 DATED: 2023-08-28

00003357395317 PADILLA ASHE R NHCOC004089354 42401100949230519 90257227 / 1750994216 DE  
001 08/31/23 08/31/23 97150 GO TM U2 1.00 19.73 .00 25.14 .00 25.14 DEBIT  
CLAIM TOTAL: 19.73 .00 25.14 .00 25.14  
ADJUST TCN: 32325100999000009 DATED: 2023-09-11

00003357395317 PADILLA ASHE R NHCOC004106608 42401100949243869 90257227 / 1750994216 DE  
001 09/07/23 09/07/23 97150 GO TM U3 1.00 17.38 .00 22.14 .00 22.14 DEBIT  
002 09/12/23 09/12/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
CLAIM TOTAL: 39.70 .00 50.08 .00 50.08  
ADJUST TCN: 32326400714000007 DATED: 2023-09-25

00003357395317 PADILLA ASHE R NHCOC004122342 42401100949255409 90257227 / 1750994216 DE  
001 09/19/23 09/19/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
002 09/28/23 09/28/23 97110 TM GO 2.00 22.32 .00 27.94 .00 27.94 DEBIT  
CLAIM TOTAL: 44.64 .00 55.88 .00 55.88  
ADJUST TCN: 32327900375000012 DATED: 2023-10-09

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00002503606980 PAILKAR NOAH A NHCOC004122334 42401100949155402 05155819 / 1396409629 CR  
001 09/25/23 09/25/23 92523 TM 1.00- 186.14- .00 186.14- .00 186.14- CREDIT  
CLAIM TOTAL: 186.14- .00 186.14- .00 186.14-  
ADJUST TCN: 32327900375000004 DATED: 2023-10-09

00002503606980 PAILKAR NOAH A NHCOC004122334 42401100949255402 05155819 / 1396409629 DE  
001 09/25/23 09/25/23 92523 TM 1.00 186.14 .00 276.51 .00 276.51 DEBIT  
CLAIM TOTAL: 186.14 .00 276.51 .00 276.51  
ADJUST TCN: 32327900375000004 DATED: 2023-10-09

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00003257653225 PETTIS RUBI ROSE V NHCOC004106606 42401100946100697 05155819 / 1396409629 CR

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 54  
RPT PAGE: 90004

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS	
001	09/11/23	09/11/23	92507	TM	.25-	15.04-	.00	.00	.00	.00	CREDIT
					CLAIM TOTAL:		15.04-	.00	.00	.00	
ADJUST TCN: 32326400714000005 DATED: 2023-10-09											

00003257653225	PETTIS			RUBI ROSE	V	NHCOC004122339		42401100946101274	05155819 / 1396409629	CR	
001	09/13/23	09/13/23	92507	TM	.25-	15.04-	.00	.00	.00	.00	CREDIT
002	09/20/23	09/20/23	92508	TM U2	.25-	11.28-	.00	.00	.00	.00	CREDIT
					CLAIM TOTAL:		26.32-	.00	.00	.00	
ADJUST TCN: 32327900375000009 DATED: 2023-10-16											

00003257653225	PETTIS			RUBI ROSE	V	NHCOC004140615		42401100946102195	05155819 / 1396409629	CR	
001	10/02/23	10/02/23	92508	TM U4	.25-	7.52-	.00	.00	.00	.00	CREDIT
					CLAIM TOTAL:		7.52-	.00	.00	.00	
ADJUST TCN: 32329200731000006 DATED: 2023-10-30											

00003257653225	PETTIS			RUBI ROSE	V	NHCOC004106606		42401100946200697	05155819 / 1396409629	DE	
001	09/11/23	09/11/23	92507	TM	.25	15.04	.00	22.83	.00	22.83	DEBIT
					CLAIM TOTAL:		15.04	.00	.00	22.83	
ADJUST TCN: 32326400714000005 DATED: 2023-10-09											

00003257653225	PETTIS			RUBI ROSE	V	NHCOC004122339		42401100946201274	05155819 / 1396409629	DE	
001	09/13/23	09/13/23	92507	TM	.25	15.04	.00	22.83	.00	22.83	DEBIT
002	09/20/23	09/20/23	92508	TM U2	.25	11.28	.00	11.81	.00	11.81	DEBIT
					CLAIM TOTAL:		26.32	.00	.00	34.64	
ADJUST TCN: 32327900375000009 DATED: 2023-10-16											

00003257653225	PETTIS			RUBI ROSE	V	NHCOC004140615		42401100946202195	05155819 / 1396409629	DE	
001	10/02/23	10/02/23	92508	TM U4	.25	7.52	.00	7.87	.00	7.87	DEBIT
					CLAIM TOTAL:		7.52	.00	.00	7.87	
ADJUST TCN: 32329200731000006 DATED: 2023-10-30											

00003257653225	PETTIS			RUBI ROSE	V	NHCOC004089352		42401100949130517	05155819 / 1396409629	CR	
001	08/02/23	08/02/23	92507	TM	.25-	15.04-	.00	15.04-	.00	15.04-	CREDIT
002	08/07/23	08/07/23	92507	TM	.25-	15.04-	.00	15.04-	.00	15.04-	CREDIT
003	08/09/23	08/09/23	92507	TM	.25-	15.04-	.00	15.04-	.00	15.04-	CREDIT
004	08/14/23	08/14/23	92507	TM	.25-	15.04-	.00	15.04-	.00	15.04-	CREDIT



CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 55  
RPT PAGE: 90005

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
005	08/23/23	08/23/23	92508	TM	U2		.25-	11.28-	.00	11.28-	05155819 / 1396409629	11.28-	CREDIT
							CLAIM TOTAL:	71.44-	.00	71.44-		71.44-	
ADJUST TCN: 32325100999000007 DATED: 2023-09-11													

001	08/16/23	08/16/23	92507	TM			.25-	15.04-	.00	15.04-	05155819 / 1396409629	15.04-	CREDIT
							CLAIM TOTAL:	15.04-	.00	15.04-		15.04-	
ADJUST TCN: 32327900375000008 DATED: 2023-10-09													

001	08/02/23	08/02/23	92507	TM			.25	15.04	.00	22.83	05155819 / 1396409629	22.83	DEBIT
002	08/07/23	08/07/23	92507	TM			.25	15.04	.00	22.83		22.83	DEBIT
003	08/09/23	08/09/23	92507	TM			.25	15.04	.00	22.83		22.83	DEBIT
004	08/14/23	08/14/23	92507	TM			.25	15.04	.00	22.83		22.83	DEBIT
005	08/23/23	08/23/23	92508	TM	U2		.25	11.28	.00	11.81		11.81	DEBIT
							CLAIM TOTAL:	71.44	.00	103.13		103.13	
ADJUST TCN: 32325100999000007 DATED: 2023-09-11													

001	08/16/23	08/16/23	92507	TM			.25	15.04	.00	22.83	05155819 / 1396409629	22.83	DEBIT
							CLAIM TOTAL:	15.04	.00	22.83		22.83	
ADJUST TCN: 32327900375000008 DATED: 2023-10-09													

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001	12/04/23	12/04/23	92508	TM	U2		.50-	22.56-	.00	22.56-	05155819 / 1396409629	22.56-	CREDIT
							CLAIM TOTAL:	22.56-	.00	22.56-		22.56-	
ADJUST TCN: 32334800359000011 DATED: 2023-12-18													

001	12/04/23	12/04/23	92508	TM	U2		.50	22.56	.00	23.62	05155819 / 1396409629	23.62	DEBIT
							CLAIM TOTAL:	22.56	.00	23.62		23.62	
ADJUST TCN: 32334800359000011 DATED: 2023-12-18													

001	10/02/23	10/02/23	92508	TM	U3		.50-	17.54-	.00	17.54-	05155819 / 1396409629	17.54-	CREDIT
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 56  
RPT PAGE: 90006

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
002	10/11/23 10/11/23	92508	TM	U2			.50-	22.56-	.00	22.56-	05155819 / 1396409629	22.56-	CREDIT
							CLAIM TOTAL:	40.10-	.00	40.10-		40.10-	
ADJUST TCN: 32329200731000007 DATED: 2023-10-23													

00003307918270 REED								NHCOC004157689		42401100948137620	05155819 / 1396409629		CR
001	10/18/23 10/18/23	92508	TM	U2			.50-	22.56-	.00	22.56-		22.56-	CREDIT
002	10/23/23 10/23/23	92508	TM	U2			.50-	22.56-	.00	22.56-		22.56-	CREDIT
							CLAIM TOTAL:	45.12-	.00	45.12-		45.12-	
ADJUST TCN: 32330900366000008 DATED: 2023-11-13													

00003307918270 REED								NHCOC004176458		42401100948149249	05155819 / 1396409629		CR
001	10/30/23 10/30/23	92508	TM	U3			.50-	17.54-	.00	17.54-		17.54-	CREDIT
							CLAIM TOTAL:	17.54-	.00	17.54-		17.54-	
ADJUST TCN: 32332000590000013 DATED: 2023-11-20													

00003307918270 REED								NHCOC004176459		42401100948149250	05155819 / 1396409629		CR
001	11/08/23 11/08/23	92508	TM	U3			.50-	17.54-	.00	17.54-		17.54-	CREDIT
							CLAIM TOTAL:	17.54-	.00	17.54-		17.54-	
ADJUST TCN: 32332000590000014 DATED: 2023-11-20													

00003307918270 REED								NHCOC004140616		42401100948219141	05155819 / 1396409629		DE
001	10/02/23 10/02/23	92508	TM	U3			.50	17.54	.00	18.36		18.36	DEBIT
002	10/11/23 10/11/23	92508	TM	U2			.50	22.56	.00	23.62		23.62	DEBIT
							CLAIM TOTAL:	40.10	.00	41.98		41.98	
ADJUST TCN: 32329200731000007 DATED: 2023-10-23													

00003307918270 REED								NHCOC004157689		42401100948237620	05155819 / 1396409629		DE
001	10/18/23 10/18/23	92508	TM	U2			.50	22.56	.00	23.62		23.62	DEBIT
002	10/23/23 10/23/23	92508	TM	U2			.50	22.56	.00	23.62		23.62	DEBIT
							CLAIM TOTAL:	45.12	.00	47.24		47.24	
ADJUST TCN: 32330900366000008 DATED: 2023-11-13													

00003307918270 REED								NHCOC004176458		42401100948249249	05155819 / 1396409629		DE
001	10/30/23 10/30/23	92508	TM	U3			.50	17.54	.00	18.36		18.36	DEBIT
							CLAIM TOTAL:	17.54	.00	18.36		18.36	
ADJUST TCN: 32332000590000013 DATED: 2023-11-20													

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 57  
RPT PAGE: 90007

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL PAYMENT	EOB STATUS	
00003307918270	REED							TROIAN		NHCOC004176459	42401100948249250	05155819 / 1396409629	DE
001	11/08/23	11/08/23	92508	TM	U3		.50	17.54	.00	18.36	.00	18.36	DEBIT
								CLAIM TOTAL:		17.54	.00	18.36	
								ADJUST TCN: 32332000590000014		DATED: 2023-11-20			
00003307918270	REED							TROIAN		NHCOC004089353	42401100949130518	05155819 / 1396409629	CR
001	08/02/23	08/02/23	92508	TM	U2		.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
002	08/09/23	08/09/23	92508	TM	U2		.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
003	08/14/23	08/14/23	92508	TM	U3		.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
004	08/21/23	08/21/23	92508	TM	U3		.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
005	08/23/23	08/23/23	92508	TM	U2		.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
								CLAIM TOTAL:		102.76-	.00	102.76-	
								ADJUST TCN: 32325100999000008		DATED: 2023-09-11			
00003307918270	REED							TROIAN		NHCOC004106607	42401100949143868	05155819 / 1396409629	CR
001	09/06/23	09/06/23	92508	TM	U2		.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
002	09/11/23	09/11/23	92508	TM	U3		.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
								CLAIM TOTAL:		40.10-	.00	40.10-	
								ADJUST TCN: 32326400714000006		DATED: 2023-09-25			
00003307918270	REED							TROIAN		NHCOC004122340	42401100949155407	05155819 / 1396409629	CR
001	08/16/23	08/16/23	92508	TM	U2		.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
002	08/28/23	08/28/23	92508	TM	U3		.50-	17.54-	.00	17.54-	.00	17.54-	CREDIT
003	08/30/23	08/30/23	92508	TM	U2		.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
								CLAIM TOTAL:		62.66-	.00	62.66-	
								ADJUST TCN: 32327900375000010		DATED: 2023-10-09			
00003307918270	REED							TROIAN		NHCOC004122341	42401100949155408	05155819 / 1396409629	CR
001	09/27/23	09/27/23	92508	TM	U2		.50-	22.56-	.00	22.56-	.00	22.56-	CREDIT
								CLAIM TOTAL:		22.56-	.00	22.56-	
								ADJUST TCN: 32327900375000011		DATED: 2023-10-09			
00003307918270	REED							TROIAN		NHCOC004089353	42401100949230518	05155819 / 1396409629	DE
001	08/02/23	08/02/23	92508	TM	U2		.50	22.56	.00	23.62	.00	23.62	DEBIT
002	08/09/23	08/09/23	92508	TM	U2		.50	22.56	.00	23.62	.00	23.62	DEBIT

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 58  
RPT PAGE: 90008

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS	
003	08/14/23	08/14/23	92508	TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
004	08/21/23	08/21/23	92508	TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
005	08/23/23	08/23/23	92508	TM U2	.50	22.56	.00	23.62	.00	23.62	DEBIT
CLAIM TOTAL:					102.76	.00	107.58	.00	107.58		

ADJUST TCN: 32325100999000008 DATED: 2023-09-11

00003307918270	REED	TROIAN	NHCOC004106607	42401100949243868	05155819 / 1396409629	DE					
001	09/06/23	09/06/23	92508	TM U2	.50	22.56	.00	23.62	.00	23.62	DEBIT
002	09/11/23	09/11/23	92508	TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
CLAIM TOTAL:					40.10	.00	41.98	.00	41.98		

ADJUST TCN: 32326400714000006 DATED: 2023-09-25

00003307918270	REED	TROIAN	NHCOC004122340	42401100949255407	05155819 / 1396409629	DE					
001	08/16/23	08/16/23	92508	TM U2	.50	22.56	.00	23.62	.00	23.62	DEBIT
002	08/28/23	08/28/23	92508	TM U3	.50	17.54	.00	18.36	.00	18.36	DEBIT
003	08/30/23	08/30/23	92508	TM U2	.50	22.56	.00	23.62	.00	23.62	DEBIT
CLAIM TOTAL:					62.66	.00	65.60	.00	65.60		

ADJUST TCN: 32327900375000010 DATED: 2023-10-09

00003307918270	REED	TROIAN	NHCOC004122341	42401100949255408	05155819 / 1396409629	DE					
001	09/27/23	09/27/23	92508	TM U2	.50	22.56	.00	23.62	.00	23.62	DEBIT
CLAIM TOTAL:					22.56	.00	23.62	.00	23.62		

ADJUST TCN: 32327900375000011 DATED: 2023-10-09

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00002503229258	STEVENS	EZRA	NHCOC004191713	42401100947109274	90257227 / 1750994216	CR					
001	11/14/23	11/14/23	97110	TM GO	4.00-	44.64-	.00	44.64-	.00	44.64-	CREDIT
002	11/17/23	11/17/23	97110	TM GO	4.00-	44.64-	.00	44.64-	.00	44.64-	CREDIT
CLAIM TOTAL:					89.28-	.00	89.28-	.00	89.28-		

ADJUST TCN: 32333400276000001 DATED: 2023-12-04

00002503229258	STEVENS	EZRA	NHCOC004191714	42401100947109275	05155819 / 1396409629	CR					
001	10/30/23	10/30/23	92508	TM U4	.75-	22.55-	.00	22.55-	.00	22.55-	CREDIT
CLAIM TOTAL:					22.55-	.00	22.55-	.00	22.55-		

ADJUST TCN: 32333400276000002 DATED: 2023-12-04

00002503229258	STEVENS	EZRA	NHCOC004191715	42401100947109276	05155819 / 1396409629	CR
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 59  
RPT PAGE: 90009

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	11/13/23 11/13/23	92508	TM	U3			.50-	17.54-	.00	17.54-	90257227 / 1750994216	17.54-	CREDIT
002	11/15/23 11/15/23	92508	TM	U3			.50-	17.54-	.00	17.54-	90257227 / 1750994216	17.54-	CREDIT
							CLAIM TOTAL:	35.08-	.00	35.08-		35.08-	

ADJUST TCN: 3233340027600003 DATED: 2023-12-04

00002503229258	STEVENS							EZRA	N	NHCOC004215448	42401100947127172	90257227 / 1750994216	CR
001	11/27/23 11/27/23	97110	TM	GO			4.00-	44.64-	.00	44.64-	90257227 / 1750994216	44.64-	CREDIT
							CLAIM TOTAL:	44.64-	.00	44.64-		44.64-	

ADJUST TCN: 3233480035900001 DATED: 2023-12-18

00002503229258	STEVENS							EZRA	N	NHCOC004215449	42401100947127173	05155819 / 1396409629	CR
001	12/04/23 12/04/23	92508	TM	U4			.50-	15.04-	.00	15.04-	05155819 / 1396409629	15.04-	CREDIT
							CLAIM TOTAL:	15.04-	.00	15.04-		15.04-	

ADJUST TCN: 3233480035900002 DATED: 2023-12-18

00002503229258	STEVENS							EZRA	N	NHCOC004191713	42401100947209274	90257227 / 1750994216	DE
001	11/14/23 11/14/23	97110	TM	GO			4.00	44.64	.00	55.88	90257227 / 1750994216	55.88	DEBIT
002	11/17/23 11/17/23	97110	TM	GO			4.00	44.64	.00	55.88	90257227 / 1750994216	55.88	DEBIT
							CLAIM TOTAL:	89.28	.00	111.76		111.76	

ADJUST TCN: 3233340027600001 DATED: 2023-12-04

00002503229258	STEVENS							EZRA	N	NHCOC004191714	42401100947209275	05155819 / 1396409629	DE
001	10/30/23 10/30/23	92508	TM	U4			.75	22.55	.00	23.61	05155819 / 1396409629	23.61	DEBIT
							CLAIM TOTAL:	22.55	.00	23.61		23.61	

ADJUST TCN: 3233340027600002 DATED: 2023-12-04

00002503229258	STEVENS							EZRA	N	NHCOC004191715	42401100947209276	05155819 / 1396409629	DE
001	11/13/23 11/13/23	92508	TM	U3			.50	17.54	.00	18.36	05155819 / 1396409629	18.36	DEBIT
002	11/15/23 11/15/23	92508	TM	U3			.50	17.54	.00	18.36	05155819 / 1396409629	18.36	DEBIT
							CLAIM TOTAL:	35.08	.00	36.72		36.72	

ADJUST TCN: 3233340027600003 DATED: 2023-12-04

00002503229258	STEVENS							EZRA	N	NHCOC004215448	42401100947227172	90257227 / 1750994216	DE
001	11/27/23 11/27/23	97110	TM	GO			4.00	44.64	.00	55.88	90257227 / 1750994216	55.88	DEBIT
							CLAIM TOTAL:	44.64	.00	55.88		55.88	

ADJUST TCN: 3233480035900001 DATED: 2023-12-18

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 60  
RPT PAGE: 90010

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

-----  
RECIPIENT ID RECIPIENT NAME MED REC NUMBER TCN SVC PROV / NPI EOB  
LN SERVICE DATES PROC PM PM PM PM ALWD-UNITS BILLED COPAY PD ALWD+TAX TPL PAYMENT STATUS  
-----

00002503229258 STEVENS EZRA N NHCOC004215449 42401100947227173 05155819 / 1396409629 DE  
001 12/04/23 12/04/23 92508 TM U4 .50 15.04 .00 15.74 .00 15.74 DEBIT  
CLAIM TOTAL: 15.04 .00 15.74 .00 15.74  
ADJUST TCN: 32334800359000002 DATED: 2023-12-18

00002503229258 STEVENS EZRA N NHCOC004140610 42401100948119137 90257227 / 1750994216 CR  
001 10/02/23 10/02/23 97150 GO TM U2 1.00- 19.73- .00 19.73- .00 19.73- CREDIT  
002 10/12/23 10/12/23 97150 GO TM U2 1.00- 19.73- .00 19.73- .00 19.73- CREDIT  
CLAIM TOTAL: 39.46- .00 39.46- .00 39.46-  
ADJUST TCN: 32329200731000001 DATED: 2023-10-23

00002503229258 STEVENS EZRA N NHCOC004140611 42401100948119138 05155819 / 1396409629 CR  
001 10/02/23 10/02/23 92508 TM U4 .50- 15.04- .00 15.04- .00 15.04- CREDIT  
002 10/11/23 10/11/23 92508 TM U2 .50- 22.56- .00 22.56- .00 22.56- CREDIT  
CLAIM TOTAL: 37.60- .00 37.60- .00 37.60-  
ADJUST TCN: 32329200731000002 DATED: 2023-10-23

00002503229258 STEVENS EZRA N NHCOC004157682 42401100948137613 90257227 / 1750994216 CR  
001 10/17/23 10/17/23 97150 GO TM U3 1.00- 17.38- .00 17.38- .00 17.38- CREDIT  
002 10/20/23 10/20/23 97110 TM GO 4.00- 44.64- .00 44.64- .00 44.64- CREDIT  
003 10/24/23 10/24/23 97110 TM GO 4.00- 44.64- .00 44.64- .00 44.64- CREDIT  
CLAIM TOTAL: 106.66- .00 106.66- .00 106.66-  
ADJUST TCN: 32330900366000001 DATED: 2023-11-13

00002503229258 STEVENS EZRA N NHCOC004157683 42401100948137614 05155819 / 1396409629 CR  
001 10/18/23 10/18/23 92508 TM U4 .50- 15.04- .00 15.04- .00 15.04- CREDIT  
002 10/23/23 10/23/23 92508 TM U4 .50- 15.04- .00 15.04- .00 15.04- CREDIT  
CLAIM TOTAL: 30.08- .00 30.08- .00 30.08-  
ADJUST TCN: 32330900366000002 DATED: 2023-11-13

00002503229258 STEVENS EZRA N NHCOC004176446 42401100948149237 90257227 / 1750994216 CR  
001 10/30/23 10/30/23 97110 TM GO 4.00- 44.64- .00 44.64- .00 44.64- CREDIT  
CLAIM TOTAL: 44.64- .00 44.64- .00 44.64-  
ADJUST TCN: 32332000590000001 DATED: 2023-11-20

00002503229258 STEVENS EZRA N NHCOC004176447 42401100948149238 05155819 / 1396409629 CR

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 61  
RPT PAGE: 90011

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS	
001	10/25/23	10/25/23	92508	TM U4	.50-	15.04-	.00	15.04-	.00	15.04-	CREDIT
CLAIM TOTAL:					15.04-	.00	15.04-	.00	15.04-		
ADJUST TCN: 3233200059000002 DATED: 2023-11-20											

00002503229258	STEVENS		EZRA	N	NHCOC004176448		42401100948149239	05155819 / 1396409629		CR	
001	11/06/23	11/06/23	92508	TM U4	.75-	22.55-	.00	22.55-	.00	22.55-	CREDIT
CLAIM TOTAL:					22.55-	.00	22.55-	.00	22.55-		
ADJUST TCN: 3233200059000003 DATED: 2023-11-20											

00002503229258	STEVENS		EZRA	N	NHCOC004140610		42401100948219137	90257227 / 1750994216		DE	
001	10/02/23	10/02/23	97150	GO TM U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
002	10/12/23	10/12/23	97150	GO TM U2	1.00	19.73	.00	25.14	.00	25.14	DEBIT
CLAIM TOTAL:					39.46	.00	50.28	.00	50.28		
ADJUST TCN: 32329200731000001 DATED: 2023-10-23											

00002503229258	STEVENS		EZRA	N	NHCOC004140611		42401100948219138	05155819 / 1396409629		DE	
001	10/02/23	10/02/23	92508	TM U4	.50	15.04	.00	15.74	.00	15.74	DEBIT
002	10/11/23	10/11/23	92508	TM U2	.50	22.56	.00	23.62	.00	23.62	DEBIT
CLAIM TOTAL:					37.60	.00	39.36	.00	39.36		
ADJUST TCN: 32329200731000002 DATED: 2023-10-23											

00002503229258	STEVENS		EZRA	N	NHCOC004157682		42401100948237613	90257227 / 1750994216		DE	
001	10/17/23	10/17/23	97150	GO TM U3	1.00	17.38	.00	22.14	.00	22.14	DEBIT
002	10/20/23	10/20/23	97110	TM GO	4.00	44.64	.00	55.88	.00	55.88	DEBIT
003	10/24/23	10/24/23	97110	TM GO	4.00	44.64	.00	55.88	.00	55.88	DEBIT
CLAIM TOTAL:					106.66	.00	133.90	.00	133.90		
ADJUST TCN: 32330900366000001 DATED: 2023-11-13											

00002503229258	STEVENS		EZRA	N	NHCOC004157683		42401100948237614	05155819 / 1396409629		DE	
001	10/18/23	10/18/23	92508	TM U4	.50	15.04	.00	15.74	.00	15.74	DEBIT
002	10/23/23	10/23/23	92508	TM U4	.50	15.04	.00	15.74	.00	15.74	DEBIT
CLAIM TOTAL:					30.08	.00	31.48	.00	31.48		
ADJUST TCN: 32330900366000002 DATED: 2023-11-13											

00002503229258	STEVENS		EZRA	N	NHCOC004176446		42401100948249237	90257227 / 1750994216		DE	
001	10/30/23	10/30/23	97110	TM GO	4.00	44.64	.00	55.88	.00	55.88	DEBIT

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 62  
RPT PAGE: 90012

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	BILLED	COPAY	PD	TCN	ALWD+TAX	SVC PROV / NPI	TPL	PAYMENT	EOB	STATUS
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CLAIM TOTAL: 44.64 .00 55.88 .00 55.88  
ADJUST TCN: 32332000590000001 DATED: 2023-11-20

00002503229258	STEVENS							EZRA	N	NHCOC004176447		42401100948249238		05155819 / 1396409629				DE	
001	10/25/23	10/25/23	92508	TM	U4		.50		15.04		.00		15.74		.00	15.74		DEBIT	
								CLAIM TOTAL:	15.04		.00		15.74		.00	15.74			

ADJUST TCN: 32332000590000002 DATED: 2023-11-20

00002503229258	STEVENS							EZRA	N	NHCOC004176448		42401100948249239		05155819 / 1396409629				DE	
001	11/06/23	11/06/23	92508	TM	U4		.75		22.55		.00		23.61		.00	23.61		DEBIT	
								CLAIM TOTAL:	22.55		.00		23.61		.00	23.61			

ADJUST TCN: 32332000590000003 DATED: 2023-11-20

00002503229258	STEVENS							EZRA	N	NHCOC004071591		42401100949112842		90257227 / 1750994216				CR	
001	08/03/23	08/03/23	97110	TM	GO		4.00-		44.64-		.00		44.64-		.00	44.64-		CREDIT	
								CLAIM TOTAL:	44.64-		.00		44.64-		.00	44.64-			

ADJUST TCN: 32322100314000001 DATED: 2023-08-14

00002503229258	STEVENS							EZRA	N	NHCOC004089346		42401100949130511		90257227 / 1750994216				CR	
001	08/24/23	08/24/23	97150	GO	TM	U3	1.00-		17.38-		.00		17.38-		.00	17.38-		CREDIT	
002	08/31/23	08/31/23	97150	GO	TM	U3	1.00-		17.38-		.00		17.38-		.00	17.38-		CREDIT	
								CLAIM TOTAL:	34.76-		.00		34.76-		.00	34.76-			

ADJUST TCN: 32325100999000001 DATED: 2023-09-11

00002503229258	STEVENS							EZRA	N	NHCOC004089347		42401100949130512		05155819 / 1396409629				CR	
001	08/16/23	08/16/23	92508	TM	U3		.50-		17.54-		.00		17.54-		.00	17.54-		CREDIT	
002	08/21/23	08/21/23	92508	TM	U3		.50-		17.54-		.00		17.54-		.00	17.54-		CREDIT	
								CLAIM TOTAL:	35.08-		.00		35.08-		.00	35.08-			

ADJUST TCN: 32325100999000002 DATED: 2023-09-11

00002503229258	STEVENS							EZRA	N	NHCOC004106602		42401100949143864		90257227 / 1750994216				CR	
001	09/07/23	09/07/23	97150	GO	TM	U2	1.00-		19.73-		.00		19.73-		.00	19.73-		CREDIT	
002	09/14/23	09/14/23	97150	GO	TM	U3	1.00-		17.38-		.00		17.38-		.00	17.38-		CREDIT	
								CLAIM TOTAL:	37.11-		.00		37.11-		.00	37.11-			

ADJUST TCN: 32326400714000001 DATED: 2023-09-25

00002503229258	STEVENS							EZRA	N	NHCOC004106603		42401100949143865		05155819 / 1396409629				CR
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 63  
RPT PAGE: 90013

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	09/11/23 09/11/23	92508	TM	U3			.50-	17.54-	.00	17.54-	90257227 / 1750994216	17.54-	CREDIT
CLAIM TOTAL:								17.54-	.00	17.54-	.00	17.54-	
ADJUST TCN: 3232640071400002 DATED: 2023-09-25													

001	09/21/23 09/21/23	97150	GO	TM	U2		1.00-	19.73-	.00	19.73-	90257227 / 1750994216	19.73-	CREDIT
002	09/26/23 09/26/23	97150	GO	TM	U2		1.00-	19.73-	.00	19.73-		19.73-	CREDIT
003	09/29/23 09/29/23	97110	TM	GO			4.00-	44.64-	.00	44.64-		44.64-	CREDIT
CLAIM TOTAL:								84.10-	.00	84.10-	.00	84.10-	
ADJUST TCN: 3232790037500001 DATED: 2023-10-09													

001	08/02/23 08/02/23	92507	TM				.50-	30.07-	.00	30.07-	05155819 / 1396409629	30.07-	CREDIT
002	08/09/23 08/09/23	92508	TM	U3			.50-	17.54-	.00	17.54-		17.54-	CREDIT
003	08/28/23 08/28/23	92508	TM	U3			.50-	17.54-	.00	17.54-		17.54-	CREDIT
004	08/28/23 08/28/23	92508	TM	U4			.50-	15.04-	.00	15.04-		15.04-	CREDIT
005	08/30/23 08/30/23	92508	TM	U3			.50-	17.54-	.00	17.54-		17.54-	CREDIT
CLAIM TOTAL:								97.73-	.00	97.73-	.00	97.73-	
ADJUST TCN: 3232790037500002 DATED: 2023-10-09													

001	09/13/23 09/13/23	92508	TM	U3			.50-	17.54-	.00	17.54-	05155819 / 1396409629	17.54-	CREDIT
002	09/20/23 09/20/23	92508	TM	U3			.50-	17.54-	.00	17.54-		17.54-	CREDIT
CLAIM TOTAL:								35.08-	.00	35.08-	.00	35.08-	
ADJUST TCN: 3232790037500003 DATED: 2023-10-09													

001	08/03/23 08/03/23	97110	TM	GO			4.00	44.64	.00	55.88	90257227 / 1750994216	55.88	DEBIT
CLAIM TOTAL:								44.64	.00	55.88	.00	55.88	
ADJUST TCN: 3232210031400001 DATED: 2023-08-14													

001	08/24/23 08/24/23	97150	GO	TM	U3		1.00	17.38	.00	22.14	90257227 / 1750994216	22.14	DEBIT
002	08/31/23 08/31/23	97150	GO	TM	U3		1.00	17.38	.00	22.14		22.14	DEBIT
CLAIM TOTAL:								34.76	.00	44.28	.00	44.28	
ADJUST TCN: 3232510099900001 DATED: 2023-09-11													

00002503229258 STEVENS		EZRA					N	NHCOC004089347		42401100949230512	05155819 / 1396409629		DE
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
PAGE: 64  
RPT PAGE: 90014

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUSTMENT

LN	RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	BILLED	COPAY PD	TCN	ALWD+TAX	SVC PROV / NPI	TPL	PAYMENT	EOB STATUS
001	08/16/23	08/16/23	92508	TM	U3			.50	17.54		.00	18.36		.00	18.36		DEBIT
002	08/21/23	08/21/23	92508	TM	U3			.50	17.54		.00	18.36		.00	18.36		DEBIT
CLAIM TOTAL:									35.08		.00	36.72		.00	36.72		

ADJUST TCN: 32325100999000002 DATED: 2023-09-11

00002503229258	STEVENS								EZRA	N	NHCOC004106602		42401100949243864	90257227 / 1750994216			DE
001	09/07/23	09/07/23	97150	GO	TM	U2		1.00	19.73		.00	25.14		.00	25.14		DEBIT
002	09/14/23	09/14/23	97150	GO	TM	U3		1.00	17.38		.00	22.14		.00	22.14		DEBIT
CLAIM TOTAL:									37.11		.00	47.28		.00	47.28		

ADJUST TCN: 32326400714000001 DATED: 2023-09-25

00002503229258	STEVENS								EZRA	N	NHCOC004106603		42401100949243865	05155819 / 1396409629			DE
001	09/11/23	09/11/23	92508	TM	U3			.50	17.54		.00	18.36		.00	18.36		DEBIT
CLAIM TOTAL:									17.54		.00	18.36		.00	18.36		

ADJUST TCN: 32326400714000002 DATED: 2023-09-25

00002503229258	STEVENS								EZRA	N	NHCOC004122331		42401100949255399	90257227 / 1750994216			DE
001	09/21/23	09/21/23	97150	GO	TM	U2		1.00	19.73		.00	25.14		.00	25.14		DEBIT
002	09/26/23	09/26/23	97150	GO	TM	U2		1.00	19.73		.00	25.14		.00	25.14		DEBIT
003	09/29/23	09/29/23	97110	TM	GO			4.00	44.64		.00	55.88		.00	55.88		DEBIT
CLAIM TOTAL:									84.10		.00	106.16		.00	106.16		

ADJUST TCN: 32327900375000001 DATED: 2023-10-09

00002503229258	STEVENS								EZRA	N	NHCOC004122332		42401100949255400	05155819 / 1396409629			DE
001	08/02/23	08/02/23	92507	TM				.50	30.07		.00	45.66		.00	45.66		DEBIT
002	08/09/23	08/09/23	92508	TM	U3			.50	17.54		.00	18.36		.00	18.36		DEBIT
003	08/28/23	08/28/23	92508	TM	U3			.50	17.54		.00	18.36		.00	18.36		DEBIT
004	08/28/23	08/28/23	92508	TM	U4			.50	15.04		.00	15.74		.00	15.74		DEBIT
005	08/30/23	08/30/23	92508	TM	U3			.50	17.54		.00	18.36		.00	18.36		DEBIT
CLAIM TOTAL:									97.73		.00	116.48		.00	116.48		

ADJUST TCN: 32327900375000002 DATED: 2023-10-09

00002503229258	STEVENS								EZRA	N	NHCOC004122333		42401100949255401	05155819 / 1396409629			DE
001	09/13/23	09/13/23	92508	TM	U3			.50	17.54		.00	18.36		.00	18.36		DEBIT
002	09/20/23	09/20/23	92508	TM	U3			.50	17.54		.00	18.36		.00	18.36		DEBIT
CLAIM TOTAL:									35.08		.00	36.72		.00	36.72		

ADJUST TCN: 32327900375000003 DATED: 2023-10-09

\*\*\*\*\*

ADJUSTMENT TOTALS: 686 CLAIM LINES .00 .00 2,085.07 .00 2,085.07

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE  
REMITTANCE SUMMARY

DATE: 2024-02-12  
REMITTANCE: 4570413  
REMIT SEQ: 151  
LAST REMITTANCE NO: 4567749  
LAST REMIT DATE: 02/05/24  
RPT PAGE: 90015

ALBUQUERQUE NM 87108-2856  
PROV NUMBER: 91800838 NPI: 1013495365

CLAIM TRANSACTIONS:

	CLAIMS	AMOUNT	ACCOUNT	PRIOR BALANCE	CYCLE INCREASE	CYCLE DECREASE	NET CYCLE	FORWARD BALANCE
ORIGINALS	26	889.68	RECEIVABLES	.00	.00	.00	.00	.00
DEBIT ADJUSTMENTS	183	10,038.81						
CREDIT ADJUSTMENTS	183	7,953.74-			CYCLE INCREASE	NET CYCLE		
VOIDED	0	.00	PAYOUT (FINANCIAL TRANSACTION)					
NET APPROVED	392	2,974.75	MANUAL		.00	.00		
PENDED	0		SYSTEM		.00	.00		
DENIED	0							

NET CLAIM TRANSACTIONS: 2,974.75  
PAYOUTS: .00  
RECEIVABLE RECOUPMENT: (-) .00

REMITTANCE CYCLE TOTAL: 2,974.75  
\* EFT NUMBER 091000011072565 WAS ISSUED FOR \$ 2,974.75 WITH THIS REMITTANCE  
YEAR-TO-DATE TOTAL PAID \$ 4,039.34  
YEAR-TO-DATE COUNT: 422

"A provider has a right to request a formal hearing if: a provider application or renewal of an application is denied; the provider's participation is suspended or terminated; the provider disagrees with a decision by MAD or its designee with respect to the imposition of a sanction or other remedy, with the exception of the withholding of Medicaid payments by MAD when the action is directed by the state's Medicaid fraud control unit; or, the provider believes the requirements for timely filing of a claim as stated in 8.302.2 NMAC, Billing for Medicaid Services, were met but a decision has been made by MAD that the timely filing requirements were not met. See NMAC 8.352.3, Provider Hearings, at: <http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx>

91800838\*\*\*1013495365\*\*\*\*\* NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM\*\*\*\*\*DATE: 2024-02-26  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

PROV NUMBER: 91800838 NPI: 1013495365

91800838 / 1013495365  
CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

ALBUQUERQUE NM 87108-2856

PLEASE SEND INQUIRIES TO CONDUENT  
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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-26  
REMITTANCE: 4575190  
REMIT SEQ: 152  
PAGE: 2  
RPT PAGE: 24131

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB			
LN	SERVICE DATES							BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS	
00003931388899	BLACK							ROCCO	V	NHCOC004293674		32405400261000025	90257227 / 1750994216	PA
001	02/06/24 02/06/24	97110	TM	GO			2.00	22.32	.00	22.32	.00	22.32	PAID	
002	02/08/24 02/08/24	97110	TM	GO			2.00	22.32	.00	22.32	.00	22.32	PAID	
							CLAIM TOTAL:	44.64	.00	44.64	.00	44.64		
00003931388899	BLACK							ROCCO	V	NHCOC004293675		32405400261000026	05155819 / 1396409629	PA
001	01/17/24 01/17/24	92507	TM				.50	30.07	.00	30.07	.00	30.07	PAID	
002	01/24/24 01/24/24	92507	TM				.50	30.07	.00	30.07	.00	30.07	PAID	
							CLAIM TOTAL:	60.14	.00	60.14	.00	60.14		
00003931388899	BLACK							ROCCO	V	NHCOC004293676		32405400261000027	05155819 / 1396409629	PA
001	02/12/24 02/12/24	92507	TM				.50	30.07	.00	30.07	.00	30.07	PAID	
							CLAIM TOTAL:	30.07	.00	30.07	.00	30.07		
00003088204039	CARRASCO-MCQUITTY							JOAQUIN	R	NHCOC004293663		32405400261000014	90257227 / 1750994216	PA
001	02/06/24 02/06/24	97110	TM	GO			2.00	22.32	.00	22.32	.00	22.32	PAID	
							CLAIM TOTAL:	22.32	.00	22.32	.00	22.32		
00003596700565	DEL VALLE RODRIGUEZ							KAIDEN		NHCOC004293667		32405400261000018	90257227 / 1750994216	PA
001	02/08/24 02/08/24	97150	GO	TM	U3		1.00	17.38	.00	17.38	.00	17.38	PAID	
							CLAIM TOTAL:	17.38	.00	17.38	.00	17.38		
00003596700565	DEL VALLE RODRIGUEZ							KAIDEN		NHCOC004293668		32405400261000019	05155819 / 1396409629	PA
001	01/17/24 01/17/24	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID	
002	01/31/24 01/31/24	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID	
							CLAIM TOTAL:	45.12	.00	45.12	.00	45.12		
00003596700565	DEL VALLE RODRIGUEZ							KAIDEN		NHCOC004293669		32405400261000020	05155819 / 1396409629	PA
001	02/12/24 02/12/24	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID	
							CLAIM TOTAL:	17.54	.00	17.54	.00	17.54		
00002505742005	GARCIA							JAZMIN	J	NHCOC004293659		32405400261000010	44122756 / 1013185438	PA

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-26  
REMITTANCE: 4575190  
REMIT SEQ: 152  
PAGE: 3  
RPT PAGE: 24132

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB	
LN	SERVICE DATES							BILLED	ALWD+TAX	TPL	PAYMENT	STATUS
001	02/09/24	02/09/24	97150	GP	TM	U2	1.00	19.73	19.73	.00	19.73	PAID
							CLAIM TOTAL:	19.73	19.73	.00	19.73	
00002505742005	GARCIA					JAZMIN	J	NHCOC004293660	32405400261000011	90257227 / 1750994216	PA	
001	02/08/24	02/08/24	97110	TM	GO		4.00	44.64	44.64	.00	44.64	PAID
							CLAIM TOTAL:	44.64	44.64	.00	44.64	
00002505742005	GARCIA					JAZMIN	J	NHCOC004293661	32405400261000012	05155819 / 1396409629	PA	
001	01/17/24	01/17/24	92508	TM	U2		.50	22.56	22.56	.00	22.56	PAID
002	01/24/24	01/24/24	92508	TM	U2		.50	22.56	22.56	.00	22.56	PAID
							CLAIM TOTAL:	45.12	45.12	.00	45.12	
00002505742005	GARCIA					JAZMIN	J	NHCOC004293662	32405400261000013	05155819 / 1396409629	PA	
001	02/05/24	02/05/24	92508	TM	U2		.50	22.56	22.56	.00	22.56	PAID
							CLAIM TOTAL:	22.56	22.56	.00	22.56	
00002503707818	HARRIS					AMAR'E	L	NHCOC004293653	32405400261000004	05155819 / 1396409629	PA	
001	01/24/24	01/24/24	92508	TM	U2		.50	22.56	22.56	.00	22.56	PAID
							CLAIM TOTAL:	22.56	22.56	.00	22.56	
00002503707818	HARRIS					AMAR'E	L	NHCOC004293654	32405400261000005	05155819 / 1396409629	PA	
001	02/07/24	02/07/24	92508	TM	U2		.50	22.56	22.56	.00	22.56	PAID
002	02/12/24	02/12/24	92508	TM	U3		.50	17.54	17.54	.00	17.54	PAID
							CLAIM TOTAL:	40.10	40.10	.00	40.10	
00003863754824	KOESTLER XAVIER					JAYDEN	A	NHCOC004293671	32405400261000022	90257227 / 1750994216	PA	
001	02/08/24	02/08/24	97110	TM	GO		2.00	22.32	22.32	.00	22.32	PAID
							CLAIM TOTAL:	22.32	22.32	.00	22.32	
00003815618779	LOVATO					LOGAN		NHCOC004293670	32405400261000021	90257227 / 1750994216	PA	
001	02/06/24	02/06/24	97110	TM	GO		2.00	22.32	22.32	.00	22.32	PAID
002	02/08/24	02/08/24	97150	GO	TM	U3	1.00	17.38	17.38	.00	17.38	PAID
003	02/13/24	02/13/24	97110	TM	GO		2.00	22.32	22.32	.00	22.32	PAID
							CLAIM TOTAL:	62.02	62.02	.00	62.02	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-26  
REMITTANCE: 4575190  
REMIT SEQ: 152  
PAGE: 4  
RPT PAGE: 24133

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00002505541375	LUDWICK							EDGAR	R	NHCOC004293658	32405400261000009	05155819 / 1396409629	PA
001	01/17/24 01/17/24	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID
002	01/24/24 01/24/24	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID
003	01/31/24 01/31/24	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID
							CLAIM TOTAL:	52.62	.00	52.62	.00	52.62	
00002503903268	MUNOZ							OLIVER	M	NHCOC004293655	32405400261000006	90257227 / 1750994216	PA
001	02/06/24 02/06/24	97110	TM	GO			3.00	33.48	.00	33.48	.00	33.48	PAID
							CLAIM TOTAL:	33.48	.00	33.48	.00	33.48	
00002503903268	MUNOZ							OLIVER	M	NHCOC004293656	32405400261000007	05155819 / 1396409629	PA
001	02/05/24 02/05/24	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID
002	02/12/24 02/12/24	92508	TM	U4			.50	15.04	.00	15.04	.00	15.04	PAID
							CLAIM TOTAL:	32.58	.00	32.58	.00	32.58	
00003871151836	OREM RILEY							BRIDGET	V	NHCOC004293672	32405400261000023	44122756 / 1013185438	PA
001	02/09/24 02/09/24	97150	GP	TM	U2		1.00	19.73	.00	19.73	.00	19.73	PAID
							CLAIM TOTAL:	19.73	.00	19.73	.00	19.73	
00003871151836	OREM RILEY							BRIDGET	V	NHCOC004293673	32405400261000024	90257227 / 1750994216	PA
001	02/08/24 02/08/24	97110	TM	GO			4.00	44.64	.00	44.64	.00	44.64	PAID
							CLAIM TOTAL:	44.64	.00	44.64	.00	44.64	
00003257653225	PETTIS							RUBI ROSE	V	NHCOC004293664	32405400261000015	05155819 / 1396409629	PA
001	02/12/24 02/12/24	92523	TM				1.00	186.14	.00	186.14	.00	186.14	PAID
							CLAIM TOTAL:	186.14	.00	186.14	.00	186.14	
00003307918270	REED							TROIAN		NHCOC004293665	32405400261000016	05155819 / 1396409629	PA
001	01/17/24 01/17/24	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
002	01/31/24 01/31/24	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	45.12	.00	45.12	.00	45.12	
00003307918270	REED							TROIAN		NHCOC004293666	32405400261000017	05155819 / 1396409629	PA

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-02-26  
REMITTANCE: 4575190  
REMIT SEQ: 152  
PAGE: 5  
RPT PAGE: 24134

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB	
LN	SERVICE DATES							BILLED	ALWD+TAX	TPL	PAYMENT	STATUS
001	02/12/24 02/12/24	92508	TM	U3			.50	17.54	17.54	.00	17.54	PAID
							CLAIM TOTAL:	17.54	17.54	.00	17.54	
00002504159155	STEVENS											
001	02/05/24 02/05/24	92508	TM	U2			.50	22.56	22.56	.00	22.56	PAID
							CLAIM TOTAL:	22.56	22.56	.00	22.56	
00002503229258	STEVENS											
001	02/06/24 02/06/24	97110	TM	GO			4.00	44.64	44.64	.00	44.64	PAID
							CLAIM TOTAL:	44.64	44.64	.00	44.64	
00002503229258	STEVENS											
001	01/17/24 01/17/24	92508	TM	U3			.50	17.54	17.54	.00	17.54	PAID
							CLAIM TOTAL:	17.54	17.54	.00	17.54	
00002503229258	STEVENS											
001	02/05/24 02/05/24	92508	TM	U3			.50	17.54	17.54	.00	17.54	PAID
002	02/12/24 02/12/24	92508	TM	U4			.50	15.04	15.04	.00	15.04	PAID
							CLAIM TOTAL:	32.58	32.58	.00	32.58	
ADJUDICATED TOTALS:		39 CLAIM LINES						1,065.43	1,065.43	.00	1,065.43	



CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE  
REMITTANCE SUMMARY

DATE: 2024-02-26  
REMITTANCE: 4575190  
REMIT SEQ: 152  
LAST REMITTANCE NO: 4570413  
LAST REMIT DATE: 02/12/24  
RPT PAGE: 24135

ALBUQUERQUE NM 87108-2856  
PROV NUMBER: 91800838 NPI: 1013495365

CLAIM TRANSACTIONS:

	CLAIMS	AMOUNT	FINANCIAL TRANSACTIONS:				NET CYCLE	FORWARD BALANCE
			ACCOUNT	PRIOR BALANCE	CYCLE INCREASE	CYCLE DECREASE		
ORIGINALS	27	1,065.43	RECEIVABLES	.00	.00	.00	.00	
DEBIT ADJUSTMENTS	0	.00						
CREDIT ADJUSTMENTS	0	.00			CYCLE INCREASE	NET CYCLE		
VOIDED	0	.00	PAYOUT (FINANCIAL TRANSACTION)					
NET APPROVED	27	1,065.43	MANUAL		.00	.00		
PENDED	0		SYSTEM		.00	.00		
DENIED	0							

NET CLAIM TRANSACTIONS: 1,065.43  
PAYOUTS: .00  
RECEIVABLE RECOUPMENT: (-) .00

REMITTANCE CYCLE TOTAL: 1,065.43  
\* EFT NUMBER 091000011075342 WAS ISSUED FOR \$ 1,065.43 WITH THIS REMITTANCE  
YEAR-TO-DATE TOTAL PAID \$ 5,104.77  
YEAR-TO-DATE COUNT: 449

"A provider has a right to request a formal hearing if: a provider application or renewal of an application is denied; the provider's participation is suspended or terminated; the provider disagrees with a decision by MAD or its designee with respect to the imposition of a sanction or other remedy, with the exception of the withholding of Medicaid payments by MAD when the action is directed by the state's Medicaid fraud control unit; or, the provider believes the requirements for timely filing of a claim as stated in 8.302.2 NMAC, Billing for Medicaid Services, were met but a decision has been made by MAD that the timely filing requirements were not met. See NMAC 8.352.3, Provider Hearings, at: <http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx>

91800838\*\*\*1013495365\*\*\*\*\* NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM\*\*\*\*\*DATE: 2023-12-29

HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

PROV NUMBER: 91800838 NPI: 1013495365

91800838 / 1013495365  
CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

ALBUQUERQUE NM 87108-2856

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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2023-12-29  
REMITTANCE: 4554898  
REMIT SEQ: 146  
PAGE: 2  
RPT PAGE: 20051

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB		
LN	SERVICE DATES							BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS
00003931388899	BLACK							ROCCO	V	NHCOC004231945	32336300351000023	90257227 / 1750994216	PA
001	12/12/23 12/12/23	97110	TM	GO			2.00	22.32	.00	22.32	.00	22.32	PAID
002	12/14/23 12/14/23	97110	TM	GO			2.00	22.32	.00	22.32	.00	22.32	PAID
003	12/21/23 12/21/23	97110	TM	GO			2.00	22.32	.00	22.32	.00	22.32	PAID
							CLAIM TOTAL:	66.96	.00	66.96	.00	66.96	
00003931388899	BLACK							ROCCO	V	NHCOC004231946	32336300351000024	05155819 / 1396409629	PA
001	11/27/23 11/27/23	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	22.56	.00	22.56	.00	22.56	
00003088204039	CARRASCO-MCQUITTY							JOAQUIN	R	NHCOC004231931	32336300351000009	90257227 / 1750994216	PA
001	12/12/23 12/12/23	97110	TM	GO			2.00	22.32	.00	22.32	.00	22.32	PAID
002	12/19/23 12/19/23	97150	GO	TM	U2		1.00	19.73	.00	19.73	.00	19.73	PAID
							CLAIM TOTAL:	42.05	.00	42.05	.00	42.05	
00003596700565	DEL VALLE RODRIGUEZ							KAIDEN		NHCOC004231936	32336300351000014	90257227 / 1750994216	PA
001	12/12/23 12/12/23	97150	GO	TM	U3		1.00	17.38	.00	17.38	.00	17.38	PAID
							CLAIM TOTAL:	17.38	.00	17.38	.00	17.38	
00003596700565	DEL VALLE RODRIGUEZ							KAIDEN		NHCOC004231937	32336300351000015	05155819 / 1396409629	PA
001	11/01/23 11/01/23	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
002	11/27/23 11/27/23	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	45.12	.00	45.12	.00	45.12	
00003596700565	DEL VALLE RODRIGUEZ							KAIDEN		NHCOC004231938	32336300351000016	05155819 / 1396409629	PA
001	12/11/23 12/11/23	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
002	12/13/23 12/13/23	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID
							CLAIM TOTAL:	40.10	.00	40.10	.00	40.10	
00003152803123	EASTER							ASHER	D	NHCOC004231932	32336300351000010	90257227 / 1750994216	PA
001	12/14/23 12/14/23	97150	GO	TM	U2		1.00	19.73	.00	19.73	.00	19.73	PAID
002	12/19/23 12/19/23	97150	GO	TM	U3		1.00	17.38	.00	17.38	.00	17.38	PAID
							CLAIM TOTAL:	37.11	.00	37.11	.00	37.11	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2023-12-29  
REMITTANCE: 4554898  
REMIT SEQ: 146  
PAGE: 3  
RPT PAGE: 20052

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00002505742005	GARCIA												
001	12/21/23 12/21/23	97150	GO	TM	U2		JAZMIN 1.00	J NHCOC004231929 19.73	.00	32336300351000007 19.73	90257227 / 1750994216 .00	1750994216 19.73	PA PAID
							CLAIM TOTAL:	19.73	.00	19.73	.00	19.73	
00002505742005	GARCIA												
001	11/01/23 11/01/23	92508	TM	U3			JAZMIN .50	J NHCOC004231930 17.54	.00	32336300351000008 17.54	05155819 / 1396409629 .00	1396409629 17.54	PA PAID
002	11/27/23 11/27/23	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	40.10	.00	40.10	.00	40.10	
00002503707818	HARRIS												
001	11/01/23 11/01/23	92507	TM				AMAR'E .25	L NHCOC004231926 15.04	.00	32336300351000004 15.04	05155819 / 1396409629 .00	1396409629 15.04	PA PAID
002	11/27/23 11/27/23	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID
003	11/29/23 11/29/23	92508	TM	U2			.25	11.28	.00	11.28	.00	11.28	PAID
							CLAIM TOTAL:	43.86	.00	43.86	.00	43.86	
00002503707818	HARRIS												
001	12/11/23 12/11/23	92508	TM	U3			AMAR'E .50	L NHCOC004231927 17.54	.00	32336300351000005 17.54	05155819 / 1396409629 .00	1396409629 17.54	PA PAID
002	12/13/23 12/13/23	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID
							CLAIM TOTAL:	35.08	.00	35.08	.00	35.08	
00003863754824	KOESTLER XAVIER												
001	12/14/23 12/14/23	97150	GO	TM	U2		JAYDEN 1.00	A NHCOC004231940 19.73	.00	32336300351000018 19.73	90257227 / 1750994216 .00	1750994216 19.73	PA PAID
002	12/19/23 12/19/23	97150	GO	TM	U3		1.00	17.38	.00	17.38	.00	17.38	PAID
							CLAIM TOTAL:	37.11	.00	37.11	.00	37.11	
00003863754824	KOESTLER XAVIER												
001	11/27/23 11/27/23	92508	TM	U2			JAYDEN .50	A NHCOC004231941 22.56	.00	32336300351000019 22.56	05155819 / 1396409629 .00	1396409629 22.56	PA PAID
							CLAIM TOTAL:	22.56	.00	22.56	.00	22.56	
00003863754824	KOESTLER XAVIER												
001	12/13/23 12/13/23	92508	TM	U3			JAYDEN .50	A NHCOC004231942 17.54	.00	32336300351000020 17.54	05155819 / 1396409629 .00	1396409629 17.54	PA PAID
							CLAIM TOTAL:	17.54	.00	17.54	.00	17.54	
00003815618779	LOVATO												
							LOGAN	NHCOC004231939		32336300351000017	90257227 / 1750994216		PA

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2023-12-29  
REMITTANCE: 4554898  
REMIT SEQ: 146  
PAGE: 4  
RPT PAGE: 20053

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID LN	SERVICE DATES	RECIPIENT NAME PROC	PM PM PM PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	EOB STATUS
001	12/12/23	12/12/23	97150	GO TM U3	1.00	17.38	.00	17.38	PAID
002	12/12/23	12/12/23	97110	TM GO	1.00	11.16	.00	11.16	PAID
003	12/14/23	12/14/23	97110	TM GO	2.00	22.32	.00	22.32	PAID
CLAIM TOTAL:					50.86	.00	50.86	.00	50.86
00002505541375	LUDWICK	EDGAR	R	NHCOC004231928	32336300351000006	05155819 / 1396409629	PA		
001	12/11/23	12/11/23	92508	TM U3	.50	17.54	.00	17.54	PAID
CLAIM TOTAL:					17.54	.00	17.54	.00	17.54
00003871151836	OREM RILEY	BRIDGET	V	NHCOC004231943	32336300351000021	44122756 / 1013185438	PA		
001	12/15/23	12/15/23	97110	TM GP	2.00	22.32	.00	22.32	PAID
CLAIM TOTAL:					22.32	.00	22.32	.00	22.32
00003871151836	OREM RILEY	BRIDGET	V	NHCOC004231944	32336300351000022	90257227 / 1750994216	PA		
001	12/14/23	12/14/23	97110	TM GO	3.00	33.48	.00	33.48	PAID
002	12/21/23	12/21/23	97150	GO TM U2	1.00	19.73	.00	19.73	PAID
CLAIM TOTAL:					53.21	.00	53.21	.00	53.21
00003357395317	PADILLA	ASHE	R	NHCOC004231935	32336300351000013	90257227 / 1750994216	PA		
001	12/19/23	12/19/23	97150	GO TM U3	1.00	17.38	.00	17.38	PAID
CLAIM TOTAL:					17.38	.00	17.38	.00	17.38
00003307918270	REED	TROIAN		NHCOC004231933	32336300351000011	05155819 / 1396409629	PA		
001	11/01/23	11/01/23	92508	TM U2	.50	22.56	.00	22.56	PAID
002	11/27/23	11/27/23	92508	TM U2	.50	22.56	.00	22.56	PAID
CLAIM TOTAL:					45.12	.00	45.12	.00	45.12
00003307918270	REED	TROIAN		NHCOC004231934	32336300351000012	05155819 / 1396409629	PA		
001	12/11/23	12/11/23	92508	TM U2	.50	22.56	.00	22.56	PAID
CLAIM TOTAL:					22.56	.00	22.56	.00	22.56
00002503229258	STEVENS	EZRA	N	NHCOC004231923	32336300351000001	90257227 / 1750994216	PA		
001	12/12/23	12/12/23	97110	TM GO	4.00	44.64	.00	44.64	PAID
002	12/19/23	12/19/23	97150	GO TM U3	1.00	17.38	.00	17.38	PAID

CORAL COMMUNITY CHARTER  
 4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
 HUMAN SERVICES DEPARTMENT  
 NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2023-12-29  
 REMITTANCE: 4554898  
 REMIT SEQ: 146  
 PAGE: 5  
 RPT PAGE: 20054

ALBUQUERQUE NM 87108-2856  
 PROVIDER NO: 91800838  
 CLAIM TYPE P - PRACTITIONER  
 ADJUDICATED

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB		
LN	SERVICE DATES							BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS
CLAIM TOTAL:							62.02	.00	62.02	.00	62.02		
00002503229258	STEVENS		EZRA		N	NHCOC004231924		32336300351000002	05155819 / 1396409629	PA			
001	11/27/23 11/27/23	92508	TM U2		.50	22.56	.00	22.56	.00	22.56	PAID		
CLAIM TOTAL:							22.56	.00	22.56	.00	22.56		
00002503229258	STEVENS		EZRA		N	NHCOC004231925		32336300351000003	05155819 / 1396409629	PA			
001	12/11/23 12/11/23	92508	TM U3		.50	17.54	.00	17.54	.00	17.54	PAID		
002	12/13/23 12/13/23	92508	TM U3		.50	17.54	.00	17.54	.00	17.54	PAID		
CLAIM TOTAL:							35.08	.00	35.08	.00	35.08		
ADJUDICATED TOTALS:	41 CLAIM LINES				835.91	.00	835.91	.00	835.91				

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE  
REMITTANCE SUMMARY

DATE: 2023-12-29  
REMITTANCE: 4554898  
REMIT SEQ: 146  
LAST REMITTANCE NO: 4550195  
LAST REMIT DATE: 12/18/23  
RPT PAGE: 20055

ALBUQUERQUE NM 87108-2856  
PROV NUMBER: 91800838 NPI: 1013495365

CLAIM TRANSACTIONS:

	CLAIMS	AMOUNT	ACCOUNT	PRIOR BALANCE	CYCLE INCREASE	CYCLE DECREASE	NET CYCLE	FORWARD BALANCE
ORIGINALS	24	835.91	RECEIVABLES	.00	.00	.00	.00	.00
DEBIT ADJUSTMENTS	0	.00						
CREDIT ADJUSTMENTS	0	.00			CYCLE INCREASE	NET CYCLE		
VOIDED	0	.00	PAYOUT (FINANCIAL TRANSACTION)					
NET APPROVED	24	835.91	MANUAL		.00	.00		
PENDED	0		SYSTEM		.00	.00		
DENIED	0							

NET CLAIM TRANSACTIONS: 835.91  
PAYOUTS: .00  
RECEIVABLE RECOUPMENT: (-) .00

REMITTANCE CYCLE TOTAL: 835.91  
\* EFT NUMBER 091000011064318 WAS ISSUED FOR \$ 835.91 WITH THIS REMITTANCE  
YEAR-TO-DATE TOTAL PAID \$ 12,396.53  
YEAR-TO-DATE COUNT: 448

"A provider has a right to request a formal hearing if: a provider application or renewal of an application is denied; the provider's participation is suspended or terminated; the provider disagrees with a decision by MAD or its designee with respect to the imposition of a sanction or other remedy, with the exception of the withholding of Medicaid payments by MAD when the action is directed by the state's Medicaid fraud control unit; or, the provider believes the requirements for timely filing of a claim as stated in 8.302.2 NMAC, Billing for Medicaid Services, were met but a decision has been made by MAD that the timely filing requirements were not met. See NMAC 8.352.3, Provider Hearings, at: <http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx>

91800838\*\*\*1013495365\*\*\*\*\* NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM\*\*\*\*\*DATE: 2024-01-15

HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

PROV NUMBER: 91800838 NPI: 1013495365

91800838 / 1013495365  
CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

ALBUQUERQUE NM 87108-2856

PLEASE SEND INQUIRIES TO CONDUENT  
P.O. BOX 27478  
ALBUQUERQUE, NM 87125-7478

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CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-01-15  
REMITTANCE: 4559724  
REMIT SEQ: 147  
PAGE: 2  
RPT PAGE: 21498

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
00003931388899	BLACK							ROCCO	V	NHCOC004237571	32401200827000011	05155819 / 1396409629	PA
001	11/01/23 11/01/23	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
002	11/29/23 11/29/23	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	45.12	.00	45.12	.00	45.12	
00003931388899	BLACK							ROCCO	V	NHCOC004237572	32401200827000012	05155819 / 1396409629	PA
001	12/20/23 12/20/23	92507	TM				.50	30.07	.00	30.07	.00	30.07	PAID
							CLAIM TOTAL:	30.07	.00	30.07	.00	30.07	
00003596700565	DEL VALLE RODRIGUEZ							KAIDEN		NHCOC004237570	32401200827000010	05155819 / 1396409629	PA
001	11/29/23 11/29/23	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	22.56	.00	22.56	.00	22.56	
00002505742005	GARCIA							JAZMIN	J	NHCOC004237565	32401200827000005	05155819 / 1396409629	PA
001	10/30/23 10/30/23	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	22.56	.00	22.56	.00	22.56	
00002505742005	GARCIA							JAZMIN	J	NHCOC004237566	32401200827000006	05155819 / 1396409629	PA
001	11/29/23 11/29/23	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID
							CLAIM TOTAL:	17.54	.00	17.54	.00	17.54	
00002505742005	GARCIA							JAZMIN	J	NHCOC004237567	32401200827000007	05155819 / 1396409629	PA
001	12/18/23 12/18/23	92507	TM				.50	30.07	.00	30.07	.00	30.07	PAID
002	12/20/23 12/20/23	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID
							CLAIM TOTAL:	47.61	.00	47.61	.00	47.61	
00002505541375	LUDWICK							EDGAR	R	NHCOC004237563	32401200827000003	05155819 / 1396409629	PA
001	11/29/23 11/29/23	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID
							CLAIM TOTAL:	17.54	.00	17.54	.00	17.54	
00002505541375	LUDWICK							EDGAR	R	NHCOC004237564	32401200827000004	05155819 / 1396409629	PA

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-01-15  
REMITTANCE: 4559724  
REMIT SEQ: 147  
PAGE: 3  
RPT PAGE: 21499

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID LN	RECIPIENT NAME SERVICE DATES	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER BILLED	COPAY PD	TCN ALWD+TAX	SVC PROV / NPI TPL	PAYMENT	EOB STATUS
001	12/18/23 12/18/23	92508	TM	U3			.50	17.54	.00	17.54	.00	17.54	PAID
							CLAIM TOTAL:	17.54	.00	17.54	.00	17.54	
00003307918270	REED												
001	11/29/23 11/29/23	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	22.56	.00	22.56	.00	22.56	
00003307918270	REED												
001	12/18/23 12/18/23	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	22.56	.00	22.56	.00	22.56	
00002503229258	STEVENS												
001	11/01/23 11/01/23	92508	TM	U4			.50	15.04	.00	15.04	.00	15.04	PAID
002	11/29/23 11/29/23	92508	TM	U4			.50	15.04	.00	15.04	.00	15.04	PAID
							CLAIM TOTAL:	30.08	.00	30.08	.00	30.08	
00002503229258	STEVENS												
001	12/18/23 12/18/23	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	22.56	.00	22.56	.00	22.56	
ADJUDICATED	TOTALS:						15 CLAIM LINES	318.30	.00	318.30	.00	318.30	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE  
REMITTANCE SUMMARY

DATE: 2024-01-15  
REMITTANCE: 4559724  
REMIT SEQ: 147  
LAST REMITTANCE NO: 4554898  
LAST REMIT DATE: 12/29/23  
RPT PAGE: 21500

ALBUQUERQUE NM 87108-2856  
PROV NUMBER: 91800838 NPI: 1013495365

CLAIM TRANSACTIONS:

	CLAIMS	AMOUNT	ACCOUNT	PRIOR BALANCE	CYCLE INCREASE	CYCLE DECREASE	NET CYCLE	FORWARD BALANCE
ORIGINALS	12	318.30	RECEIVABLES	.00	.00	.00	.00	.00
DEBIT ADJUSTMENTS	0	.00						
CREDIT ADJUSTMENTS	0	.00			CYCLE INCREASE	NET CYCLE		
VOIDED	0	.00	PAYOUT (FINANCIAL TRANSACTION)					
NET APPROVED	12	318.30	MANUAL		.00	.00		
PENDED	0		SYSTEM		.00	.00		
DENIED	0							

NET CLAIM TRANSACTIONS: 318.30  
PAYOUTS: .00  
RECEIVABLE RECOUPMENT: (-) .00

REMITTANCE CYCLE TOTAL: 318.30  
\* EFT NUMBER 091000011066909 WAS ISSUED FOR \$ 318.30 WITH THIS REMITTANCE  
YEAR-TO-DATE TOTAL PAID \$ 318.30  
YEAR-TO-DATE COUNT: 12

"A provider has a right to request a formal hearing if: a provider application or renewal of an application is denied; the provider's participation is suspended or terminated; the provider disagrees with a decision by MAD or its designee with respect to the imposition of a sanction or other remedy, with the exception of the withholding of Medicaid payments by MAD when the action is directed by the state's Medicaid fraud control unit; or, the provider believes the requirements for timely filing of a claim as stated in 8.302.2 NMAC, Billing for Medicaid Services, were met but a decision has been made by MAD that the timely filing requirements were not met. See NMAC 8.352.3, Provider Hearings, at: <http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx>

91800838\*\*\*1013495365\*\*\*\*\* NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM\*\*\*\*\*DATE: 2024-01-29

HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

PROV NUMBER: 91800838 NPI: 1013495365

91800838 / 1013495365  
CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

ALBUQUERQUE NM 87108-2856

PLEASE SEND INQUIRIES TO CONDUENT  
P.O. BOX 27478  
ALBUQUERQUE, NM 87125-7478

A handwritten signature in black ink, consisting of stylized, overlapping loops and curves, likely representing the initials 'JB'.

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-01-29  
REMITTANCE: 4565027  
REMIT SEQ: 149  
PAGE: 2  
RPT PAGE: 22623

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB		
LN	SERVICE DATES							BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS
00003931388899	BLACK							ROCCO V	NHCOC004255806	32402500284000017	90257227 / 1750994216	PA	
001	01/11/24 01/11/24	97110	TM	GO			2.00	22.32	.00	22.32	.00	22.32	PAID
002	01/18/24 01/18/24	97110	TM	GO			2.00	22.32	.00	22.32	.00	22.32	PAID
							CLAIM TOTAL:	44.64	.00	44.64	.00	44.64	
00003931388899	BLACK							ROCCO V	NHCOC004255807	32402500284000018	05155819 / 1396409629	PA	
001	01/10/24 01/10/24	92507	TM				.50	30.07	.00	30.07	.00	30.07	PAID
							CLAIM TOTAL:	30.07	.00	30.07	.00	30.07	
00003088204039	CARRASCO-MCQUITTY							JOAQUIN R	NHCOC004255797	32402500284000008	90257227 / 1750994216	PA	
001	01/09/24 01/09/24	97110	TM	GO			2.00	22.32	.00	22.32	.00	22.32	PAID
002	01/16/24 01/16/24	97110	TM	GO			2.00	22.32	.00	22.32	.00	22.32	PAID
							CLAIM TOTAL:	44.64	.00	44.64	.00	44.64	
00003596700565	DEL VALLE RODRIGUEZ							KAIDEN	NHCOC004255800	32402500284000011	90257227 / 1750994216	PA	
001	01/11/24 01/11/24	97150	GO	TM	U2		1.00	19.73	.00	19.73	.00	19.73	PAID
002	01/18/24 01/18/24	97150	GO	TM	U2		1.00	19.73	.00	19.73	.00	19.73	PAID
							CLAIM TOTAL:	39.46	.00	39.46	.00	39.46	
00003596700565	DEL VALLE RODRIGUEZ							KAIDEN	NHCOC004255801	32402500284000012	05155819 / 1396409629	PA	
001	01/10/24 01/10/24	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	22.56	.00	22.56	.00	22.56	
00003152803123	EASTER							ASHER D	NHCOC004255798	32402500284000009	90257227 / 1750994216	PA	
001	01/11/24 01/11/24	97150	GO	TM	U2		1.00	19.73	.00	19.73	.00	19.73	PAID
002	01/18/24 01/18/24	97150	GO	TM	U2		1.00	19.73	.00	19.73	.00	19.73	PAID
							CLAIM TOTAL:	39.46	.00	39.46	.00	39.46	
00002505742005	GARCIA							JAZMIN J	NHCOC004255794	32402500284000005	44122756 / 1013185438	PA	
001	01/19/24 01/19/24	97150	GP	TM	U2		1.00	19.73	.00	19.73	.00	19.73	PAID
							CLAIM TOTAL:	19.73	.00	19.73	.00	19.73	
00002505742005	GARCIA							JAZMIN J	NHCOC004255795	32402500284000006	90257227 / 1750994216	PA	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-01-29  
REMITTANCE: 4565027  
REMIT SEQ: 149  
PAGE: 3  
RPT PAGE: 22624

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB		
LN	SERVICE DATES							BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS
001	01/11/24	01/11/24	97150	GO	TM	U2	1.00	19.73	.00	19.73	.00	19.73	PAID
002	01/18/24	01/18/24	97150	GO	TM	U2	1.00	19.73	.00	19.73	.00	19.73	PAID
							CLAIM TOTAL:	39.46	.00	39.46	.00	39.46	
00002505742005	GARCIA						JAZMIN	J	NHCOC004255796	32402500284000007	05155819 / 1396409629		PA
001	01/08/24	01/08/24	92508	TM	U2			.50	22.56	.00	.00	22.56	PAID
002	01/10/24	01/10/24	92508	TM	U3			.50	17.54	.00	.00	17.54	PAID
							CLAIM TOTAL:	40.10	.00	40.10	.00	40.10	
00002503707818	HARRIS						AMAR'E	L	NHCOC004255792	32402500284000003	05155819 / 1396409629		PA
001	01/10/24	01/10/24	92508	TM	U2			.50	22.56	.00	.00	22.56	PAID
							CLAIM TOTAL:	22.56	.00	22.56	.00	22.56	
00003863754824	KOESTLER XAVIER						JAYDEN	A	NHCOC004255803	32402500284000014	90257227 / 1750994216		PA
001	01/11/24	01/11/24	97150	GO	TM	U2		1.00	19.73	.00	.00	19.73	PAID
002	01/18/24	01/18/24	97150	GO	TM	U2		1.00	19.73	.00	.00	19.73	PAID
							CLAIM TOTAL:	39.46	.00	39.46	.00	39.46	
00003815618779	LOVATO						LOGAN		NHCOC004255802	32402500284000013	90257227 / 1750994216		PA
001	01/18/24	01/18/24	97150	GO	TM	U2		1.00	19.73	.00	.00	19.73	PAID
002	01/09/24	01/09/24	97110	TM	GO			2.00	22.32	.00	.00	22.32	PAID
003	01/11/24	01/11/24	97150	GO	TM	U2		1.00	19.73	.00	.00	19.73	PAID
004	01/16/24	01/16/24	97110	TM	GO			2.00	22.32	.00	.00	22.32	PAID
							CLAIM TOTAL:	84.10	.00	84.10	.00	84.10	
00003871151836	OREM RILEY						BRIDGET	V	NHCOC004255804	32402500284000015	44122756 / 1013185438		PA
001	01/19/24	01/19/24	97150	GP	TM	U2		1.00	19.73	.00	.00	19.73	PAID
							CLAIM TOTAL:	19.73	.00	19.73	.00	19.73	
00003871151836	OREM RILEY						BRIDGET	V	NHCOC004255805	32402500284000016	90257227 / 1750994216		PA
001	01/11/24	01/11/24	97150	GO	TM	U2		1.00	19.73	.00	.00	19.73	PAID
002	01/18/24	01/18/24	97150	GO	TM	U2		1.00	19.73	.00	.00	19.73	PAID
							CLAIM TOTAL:	39.46	.00	39.46	.00	39.46	
00003307918270	REED						TROIAN		NHCOC004255799	32402500284000010	05155819 / 1396409629		PA

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE

DATE: 2024-01-29  
REMITTANCE: 4565027  
REMIT SEQ: 149  
PAGE: 4  
RPT PAGE: 22625

ALBUQUERQUE NM 87108-2856  
PROVIDER NO: 91800838  
CLAIM TYPE P - PRACTITIONER  
ADJUDICATED

RECIPIENT ID	RECIPIENT NAME	PROC	PM	PM	PM	PM	ALWD-UNITS	MED REC NUMBER	TCN	SVC PROV / NPI	EOB		
LN	SERVICE DATES							BILLED	COPAY PD	ALWD+TAX	TPL	PAYMENT	STATUS
001	01/08/24 01/08/24	92507	TM				.50	30.07	.00	30.07	.00	30.07	PAID
002	01/10/24 01/10/24	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	52.63	.00	52.63	.00	52.63	
00002504159155	STEVENS												
001	01/08/24 01/08/24	92508	TM	U2			.50	22.56	.00	22.56	.00	22.56	PAID
							CLAIM TOTAL:	22.56	.00	22.56	.00	22.56	
00002503229258	STEVENS												
001	01/09/24 01/09/24	97110	TM	GO			4.00	44.64	.00	44.64	.00	44.64	PAID
002	01/16/24 01/16/24	97110	TM	GO			4.00	44.64	.00	44.64	.00	44.64	PAID
							CLAIM TOTAL:	89.28	.00	89.28	.00	89.28	
00002503229258	STEVENS												
001	01/08/24 01/08/24	92508	TM	U2			.75	33.84	.00	33.84	.00	33.84	PAID
002	01/10/24 01/10/24	92508	TM	U4			.75	22.55	.00	22.55	.00	22.55	PAID
							CLAIM TOTAL:	56.39	.00	56.39	.00	56.39	
ADJUDICATED	TOTALS:						32 CLAIM LINES	746.29	.00	746.29	.00	746.29	

CORAL COMMUNITY CHARTER  
4401 SILVER AVE SE

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM  
HUMAN SERVICES DEPARTMENT  
NMMC6000-RC054: REMITTANCE ADVICE  
REMITTANCE SUMMARY

DATE: 2024-01-29  
REMITTANCE: 4565027  
REMIT SEQ: 149  
LAST REMITTANCE NO: 4562385  
LAST REMIT DATE: 01/22/24  
RPT PAGE: 22626

ALBUQUERQUE NM 87108-2856  
PROV NUMBER: 91800838 NPI: 1013495365

CLAIM TRANSACTIONS:

	CLAIMS	AMOUNT	FINANCIAL TRANSACTIONS:				NET CYCLE	FORWARD BALANCE
			ACCOUNT	PRIOR BALANCE	CYCLE INCREASE	CYCLE DECREASE		
ORIGINALS	18	746.29	RECEIVABLES	.00	.00	.00	.00	.00
DEBIT ADJUSTMENTS	0	.00						
CREDIT ADJUSTMENTS	0	.00			CYCLE INCREASE	NET CYCLE		
VOIDED	0	.00	PAYOUT (FINANCIAL TRANSACTION)					
NET APPROVED	18	746.29	MANUAL		.00	.00		
PENDED	0		SYSTEM		.00	.00		
DENIED	0							

NET CLAIM TRANSACTIONS: 746.29  
PAYOUTS: .00  
RECEIVABLE RECOUPMENT: (-) .00

REMITTANCE CYCLE TOTAL: 746.29  
\* EFT NUMBER 091000011069512 WAS ISSUED FOR \$ 746.29 WITH THIS REMITTANCE  
YEAR-TO-DATE TOTAL PAID \$ 1,064.59  
YEAR-TO-DATE COUNT: 30

"A provider has a right to request a formal hearing if: a provider application or renewal of an application is denied; the provider's participation is suspended or terminated; the provider disagrees with a decision by MAD or its designee with respect to the imposition of a sanction or other remedy, with the exception of the withholding of Medicaid payments by MAD when the action is directed by the state's Medicaid fraud control unit; or, the provider believes the requirements for timely filing of a claim as stated in 8.302.2 NMAC, Billing for Medicaid Services, were met but a decision has been made by MAD that the timely filing requirements were not met. See NMAC 8.352.3, Provider Hearings, at: <http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx>





STATE OF NEW MEXICO  
 HUMAN SERVICES DEPARTMENT  
 1474 Rodeo Road  
 Santa Fe, NM 87504

ACH Remittance Advice

**State of New Mexico**  
 Department of Finance & Administration

CORAL COMMUNITY CHARTER  
 CORAL COMMUNITY CHARTER SCHOOL  
 4401 SILVER AVE SE  
 ALBUQUERQUE, NM 87108-0000  
 United States

Date	Payment Amount	Reference
Dec/26/2023	\$2,744.60	3001542908

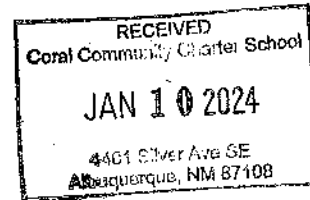
DFI ID:107002192 Bank Account: \*\*\*\*\*9017

**NON-NEGOTIABLE**

If you would like to receive electronic ACH remittance advices via email, please contact DFA Vendor Relations at vendor.relations@dfa.nm.gov

Business Unit : 63000 Payment Date: 12/26/2023 Reference: 3001542908

Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discounts	Late Charges	Paid Amount
20231104 MITS 3RD QTR	Nov/04/2023	00225452	2,744.60	0.00	0.00	2,744.60
<i>INVOICE# 20231104 MITS 3RD QTR (JULY- SEPT)</i>						



Supplier Number	Name	Bank Charge	Transfer Cost Cd		
0000095930	CORAL COMMUNITY CHARTER	\$0.00			
Reference	Date	Total Gross Amt	Total Discounts	Total Late Charges	Total Paid Amt
3001542908	Dec/26/2023	\$2,744.60	\$0.00	\$0.00	\$2,744.60