

J.P. Morgan

Healthcare Link | Tuesday, October 8, 2024 12:16 AM

Batch Date
10/07/2024

Division
Mindpath H...

Lockbox #
7364453

Batch #
296

Trans Seq #
1



Open 2:30
to 4:00

Mindpath Health - Torrance
3333 Skyway Drive Ste 220
Torrance, CA 90505

Mindpath Health - CA

P.O. Box 736445

Dallas, TX 75373-6445

Batch Date	Division	Lockbox #	Batch #	Trans Seq #
10/07/2024	Mindpath H...	7364453	296	1

Sincerely,

Claim Payment Disputes
Anthem Blue Cross

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

ACAPEC-1545-18



September 9, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 99150685G
Member Name: RIMA AL ZAHRANI
DOB: Jun 5, 1986
Patient account number: 000109653972
Request Number: REQ-GBD-20041191
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health :

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 08/13/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range	Decision	Decision Date	Decision Code
2024143BJ5150	5/20/2024 5/20/2024	Dismissed	9/9/2024	RD13

Decision code explanations

RD13 : Other: We do not accept verbal second-level Claim Payment Appeals. Second-level Claim Payment Appeals must be submitted to us via Web (Availity) or in Writing (PO Box).

As a reminder, you may not bill the member for these services as a result of our denial of payment because:

- Medicaid members must receive prior notification in writing, including a list of the specific service(s) to be rendered and the reason(s) why the service(s) will not be covered, and the amount of financial liability associated with the services to be held liable for payment.
- It is a violation of the Anthem *Participating Provider Agreement* to balance bill members for covered services, even if the member was notified and agreed to pay before services were rendered.

We appreciate your patience. If you have questions about this letter or your claim payment dispute request, call Provider Services at 1-800-407-4627 or in Los Angeles County 1-888-285-7801. Thank you for being part of our provider network.

Batch Date	Division	Lockbox #	Batch #	Trans Seq #
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Sincerely,

Claim Payment Disputes
Anthem Blue Cross

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September 6, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 99150685G
Member Name: RIMA AL ZAHRANI
DOB: Jun 5, 1986
Patient account number: 000109686728
Request Number: REQ-GBD-20041060
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health :

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 08/13/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range	Decision	Decision Date	Decision Code
2024159BB1572	6/5/2024 - 6/5/2024	Dismissed	9/6/2024	RD13

Decision code explanations

RD13 · Other: We do not accept verbal second-level Claim Payment Appeals. Second-level Claim Payment Appeals must be submitted to us via Web (Availity) or in Writing (PO Box).

As a reminder, you may not bill the member for these services as a result of our denial of payment because:

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August 29, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 90829682F
Member Name: MARILYNN R HOLT
DOB: Aug 9, 1992
Patient account number: 000109302426
Request Number: REQ-GBD-19817906
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health :

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 07/29/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range	Decision	Decision Date	Decision Code
2023345DV5985	12/6/2023 12/6/2023	Dismissed	8/29/2024	RD13

Decision code explanations

RD13 · Other: We do not accept verbal second-level Claim Payment Appeals. Second-level Claim Payment Appeals must be submitted to us via Web (Availability) or in Writing (PO Box).

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ACAPEC-1545-18

00032020200

20240830B05 JB66
Env [66] 6 of 8
GBLPLP01 CA01
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20240830 000352

Batch Date	Division	Lockbox #	Batch #	Trans Seq #
10/07/2024	Mindpath H...	7364453	296	1

Sincerely,

Claim Payment Disputes
Anthem Blue Cross

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ACAPEC-1545-18



August 29, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 96789971H
Member Name: AMANDA HO
DOB: Sep 29, 1995
Patient account number: 000109647557
Request Number: REQ-GBD-20124630
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health .

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 08/19/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range	Decision	Decision Date	Decision Code
2024142BF7148	5/17/2024 - 5/17/2024	Dismissed	8/29/2024	RD13

Decision code explanations

RD13 · Other: We do not accept verbal second-level Claim Payment Appeals. Second-level Claim Payment Appeals must be submitted to us via Web (Availity) or in Writing (PO Box).

As a reminder, you may not bill the member for these services as a result of our denial of payment because:

- Medicaid members must receive prior notification in writing, including a list of the specific service(s) to be rendered and the reason(s) why the service(s) will not be covered, and the amount of financial liability associated with the services to be held liable for payment.
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ACAPEC-1545-18

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Env [66] 2 of 8
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20240830 000034

Batch Date	Division	Lockbox #	Batch #	Trans Seq #
10/07/2024	Mindpath H...	7364453	296	1

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10/07/2024	Mindpath H...	7364453	296	1



August 29, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 93070338E
Member Name: SAMAN MOMENI
DOB: Nov 12, 1989
Patient account number: 000109680933
Request Number: REQ-GBD-19980529
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health :

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 08/08/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range	Decision	Decision Date	Decision Code
2024158BA6182	6/3/2024 - 6/3/2024	Dismissed	8/29/2024	RD13

Decision code explanations

RD13 : Other- Our records show that a Reconsideration payment dispute was filed on 7/03/2024 (REQ-GBD-19459290). The payment dispute was resolved on 8/16/2024. Providers have the right to file a second-level claim payment appeal when they do not agree with the outcome of their Reconsideration Payment Dispute. We do not accept verbal second-level Claim Payment Appeals. Second-level Claim Payment Appeals must be submitted to us in writing (PO Box) or Availability.

As a reminder, you may not bill the member for these services as a result of our denial of payment because:

- Medicaid members must receive prior notification in writing, including a list of the specific service(s) to be rendered and the reason(s) why the service(s) will not be covered, and the amount of financial liability associated with the services to be held liable for payment.
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ACAPEC-1545-18

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202408300805 JB66
Enr [66] 8 of 8
GBLPLP01 CA01
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20240830 000445

Batch Date	Division	Lockbox #	Batch #	Trans Seq #
10/07/2024	Mindpath H...	7364453	296	1

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ACAPEC-1545-18



August 28, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 99829853C
Member Name: TINA ROBERTS
DOB: Sep 20, 1964
Patient account number: 000109514078
Request Number: REQ-GBD-19713000
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 07/22/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range		Decision	Decision Date	Decision Code
2024080BA0808	3/18/2024	3/18/2024	Dismissed	8/28/2024	RD13

Decision code explanations

RD13 Other: We do not accept verbal second-level Claim Payment Appeals. Second-level Claim Payment Appeals must be submitted to us via Web (Avality) or in Writing (PO Box).

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20240829 000153
GBLPLP01 CA01 IDMA1
20240829005 J997 Env [3,294] 2 of 2

Batch Date	Division	Lockbox #	Batch #	Trans Seq #
10/07/2024	Mindpath H...	7364453	296	1

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August 30, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 94999451F
Member Name: OWEN J ARCHAMBAULT
DOB: Dec 2, 2010
Patient account number: 000109216997
Request Number: REQ-GBD-19940271
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health :

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 08/06/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range		Decision	Decision Date	Decision Code
2023305BB1338	10/24/2023	10/24/2023	Dismissed	8/30/2024	RD13

Decision code explanations

RD13 Other: We do not accept verbal second-level Claim Payment Appeals. Second-level Claim Payment Appeals must be submitted to us via Web (Availity) or in Writing (PO Box).

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20240903B05 JE10
Env 11 739j 4 of 14

Batch Date	Division	Lockbox #	Batch #	Trans Seq #
10/07/2024	Mindpath H...	7364453	296	1

Sincerely,

Claim Payment Disputes
Anthem Blue Cross

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August 30, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 96497207G
Member Name: HUNTER S MILKOVITS
DOB: Jan 24, 2001
Patient account number: 000109161221
Request Number: REQ-GBD-19921362
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health :

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 08/05/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range	Decision	Decision Date	Decision Code
2023272BD7929	9/27/2023 - 9/27/2023	Dismissed	8/30/2024	RD13

Decision code explanations

RD13 : Other: We do not accept verbal second-level Claim Payment Appeals. Second-level Claim Payment Appeals must be submitted to us via Web (Availity) or in Writing (PO Box).

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Env: 11:39 2 of 4

Batch Date	Division	Lockbox #	Batch #	Trans Seq #
10/07/2024	Mindpath H...	7364453	296	1

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August 30, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 93603837F
Member Name: CATHY T TIERI
DOB: Dec 7, 1972
Patient account number: 000109367791
Request Number: REQ-GBD-19961056
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health :

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 08/07/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range	Decision	Decision Date	Decision Code
2024015BA0961	1/10/2024 1/10/2024	Dismissed	8/30/2024	RD13

Decision code explanations

RD13 . Other: We do not accept verbal second-level Claim Payment Appeals. Second-level Claim Payment Appeals must be submitted to us via Web (Availity) or in Writing (PO Box).

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August 30, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 93603837F
Member Name: CATHY T TIERI
DOB. Dec 7, 1972
Patient account number: 000109201764
Request Number: REQ-GBD-19960896
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 08/07/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range	Decision	Decision Date	Decision Code
2023293BB2238	10/17/2023 - 10/17/2023	Dismissed	8/30/2024	RD13

Decision code explanations

RD13 Other: We do not accept verbal second-level Claim Payment Appeals. Second-level Claim Payment Appeals must be submitted to us via Web (Availability) or in Writing (PO Box).

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Env 11 7391 12 of 14

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August 30, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 93603837F
Member Name: CATHY T TIERI
DOB: Dec 7, 1972
Patient account number: 000109156808
Request Number: REQ-GBD-19960496
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health :

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 08/07/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range	Decision	Decision Date	Decision Code
2023272BE0167	9/26/2023 9/26/2023	Dismissed	8/30/2024	RD13

Decision code explanations

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Env: [17:39] 10 of 14

Batch Date	Division	Lockbox #	Batch #	Trans Seq #
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August 30, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 93070338E
Member Name: SAMAN MOMENI
DOB: Nov 12, 1989
Patient account number: 000109669598
Request Number: REQ-GBD-19980597
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health :

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 08/08/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range	Decision	Decision Date	Decision Code
2024151BA3597	5/28/2024 - 5/28/2024	Dismissed	8/30/2024	RD13

Decision code explanations

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- Medicaid members must receive prior notification in writing, including a list of the specific service(s) to be rendered and the reason(s) why the service(s) will not be covered, and the amount of financial liability associated with the services to be held liable for payment.
- It is a violation of the Anthem *Participating Provider Agreement* to balance bill members for covered services, even if the member was notified and agreed to pay before services were rendered.

We appreciate your patience. If you have questions about this letter or your claim payment dispute request, call Provider Services at 1-800-407-4627 or in Los Angeles County 1-888-285-7801. Thank you for being part of our provider network.

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Env 1 of 14

Batch Date	Division	Lockbox #	Batch #	Trans Seq #
10/07/2024	Mindpath H...	7364453	296	1

Sincerely,

Claim Payment Disputes
Anthem Blue Cross

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

Batch Date	Division	Lockbox #	Batch #	Trans Seq #
10/07/2024	Mindpath H...	7364453	296	1



August 30, 2024

Mindpath Health
1200 Quail St
Newport Beach, CA 92660-2707

Member ID number: 96861581E
Member Name: JADYN A BARR
DOB: Jul 13, 2004
Patient account number: 000109112761
Request Number: REQ-GBD-19959321
Dispute Level: Reconsideration

Subject: Claims Payment Reconsideration decision

Dear Mindpath Health

Thank you for taking the time to contact Anthem Blue Cross regarding the above-referenced claim payment dispute. We received your claim payment dispute on 08/07/2024. After thorough review of the information provided, a decision has been reached on the claim(s) associated with your dispute.

We have rendered a/an dismissed decision for the claim(s) associated with the above request.

Details for each claim associated with your dispute are outlined below:

Claim #	Date of Service Range	Decision	Decision Date	Decision Code
2023250BA9970	9/5/2023 9/5/2023	Dismissed	8/30/2024	RD13

Decision code explanations

RD13 Other: We do not accept verbal second-level Claim Payment Appeals. Second-level Claim Payment Appeals must be submitted to us via Web (Availability) or in Writing (PO Box).

As a reminder, you may not bill the member for these services as a result of our denial of payment because:

- Medicaid members must receive prior notification in writing, including a list of the specific service(s) to be rendered and the reason(s) why the service(s) will not be covered, and the amount of financial liability associated with the services to be held liable for payment.
- It is a violation of the Anthem *Participating Provider Agreement* to balance bill members for covered services, even if the member was notified and agreed to pay before services were rendered.

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Env 11 739] 6 of 14

Batch Date	Division	Lockbox #	Batch #	Trans Seq #
10/07/2024	Mindpath H...	7364453	296	1

Sincerely,

Claim Payment Disputes
Anthem Blue Cross

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