



Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

ANTHEM INSURANCE COMPANIES, INC.  
DBA ANTHEM BLUE CROSS AND BLUE SHIELD  
3075 VANDERCAR WAY  
CINCINNATI, OH 45209

10/18/23 9022333351

1018AI 030107-072309000000

1018AI 030107-072309

PROVIDER ID NO

XXXXXX9794

TAX ID NO

XXXXXX9794

DATE

10/18/23



#BWNCQXF  
#025416770///DF8# M001  
TCM HEALTHCARE LLC  
PO BOX 29650  
DEPT 880396  
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/18/23

P. O. BOX 105187  
ATLANTA, GA 30348-5187

PROVIDER NAME	TCM HEALTHCARE LLC
ADDRESS	PO BOX 29650 DEPT 880396 PHOENIX AZ 85038-9650
PROVIDER-NPI IDS	XXXXXX9794 - 1336746122
TAX ID NO	XXXXXX9794
CHECK NUMBER:	9022333351

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	0.00	IRS WITHHELD	0.00
INTEREST	0.00	STATE WITHHELD	0.00
PENALTY	0.00	AMOUNT PREVIOUSLY OVERPAID	0.00
LEVY/GARNISHMENT	0.00	AMOUNT DISBURSED	0.00
NET AMOUNT DUE	0.00	RECOUPMENT BALANCE	0.00

TO AVOID ANY UNNECESSARY DELAYS IN CLAIMS PROCESSING, PLEASE INCLUDE CURRENT COORDINATION OF BENEFITS (COB) INFORMATION WHEN SUBMITTING CLAIMS TO ANTHEM.

IMPORTANT NOTE: YOU ARE NOT PERMITTED TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION ABOUT INDIVIDUALS THAT YOU ARE NOT CURRENTLY TREATING. THIS APPLIES TO PROTECTED HEALTH INFORMATION ACCESSIBLE IN ANY ANTHEM ONLINE TOOL, OR SENT IN ANY OTHER MEDIUM INCLUDING MAIL, EMAIL, FAX, OR OTHER ELECTRONIC TRANSMISSION.

Health Insurance fraud hurts us all. You can assist us in fighting health insurance fraud by carefully examining the information presented on the other side of this form.

Health Insurance fraud often involves the collection of fees for services never rendered, the payment of claims filed on ineligible patients, and claims filed for services different than those actually received. If after reviewing this Explanation of Benefits, you believe that medical insurance fraud may have occurred, please contact our Special Investigations department at the number below using your toll free hotline. Callers will remain anonymous if they so choose. For anything other than suspected fraud, including questions regarding your coverage or questions about this Explanation of Benefits form, contact your Customer Service unit directly, using the phone number on the front of this form.

SPECIAL INVESTIGATIONS TOLL-FREE HOTLINE 1-877-283-1524

An independent licensee of the Blue Cross and Blue Shield Association

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® Registered Marks Blue Cross and Blue Shield Association



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TOM HEALTHCARE LLC  
PROVIDER ID NO: 853229794

CHECK/EFT DT: 10/18/23  
CHECK/EFT: 9022333351

BLUE ACCESS PPO

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: GRIFFITH, JEFFREY													
PATIENT ACCOUNT #: 0. 3135847				CLAIM NUMBER: 2023277EN5818		FOR INQUIRIES CALL: (833) 578-4439							
SERVICE PROVIDER NAME: TOM HEALTHCARE LLC				SERVICE PROVIDER ID: 1619608866									
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SUBSCRIBER									
				PLAN TYPE: PPO		DRG RCD: N/A							

09/11/2023	09/11/2023	15	4,830.00-	0.00	0.00	0.00	0.00	4,830.00-	4,830.00-	775 97	0.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	4,163.00-	219.28-	219.28-	0.00	0.00	0.00	0.00	0.00	4,163.00-	015 45 038 1	0.00
09/11/2023	09/11/2023	15	5,225.00-	93.33-	93.33-	0.00	0.00	0.00	0.00	0.00	5,225.00-	015 45 038 1	0.00
09/11/2023	09/11/2023	15	3,139.00-	34.85-	34.85-	0.00	0.00	0.00	0.00	0.00	3,139.00-	015 45 038 1	0.00
09/11/2023	09/11/2023	15	3,139.00-	0.00	0.00	0.00	0.00	3,139.00-	3,139.00-	777 119	0.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	2,904.00-	32.73-	32.73-	0.00	0.00	0.00	0.00	0.00	2,904.00-	015 45 038 1	0.00
09/11/2023	09/11/2023	15	2,904.00-	0.00	0.00	0.00	0.00	2,904.00-	2,904.00-	777 119	0.00		0.00
09/11/2023	09/11/2023	15	5,400.00-	0.00	0.00	0.00	0.00	5,400.00-	5,400.00-	933 252	0.00		0.00
09/11/2023	09/11/2023	15	200.00-	200.00-	0.00	0.00	0.00	0.00	200.00-	164 97	0.00		0.00
09/11/2023	09/11/2023	15	36.00-	36.00-	0.00	0.00	0.00	0.00	36.00-	164 97	0.00		0.00
TOTAL:				616.19-	380.19-	0.00	0.00	16,273.00-	16,509.00-		15,431.00-		0.00
TOTAL NET PAID													

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: GRIFFITH, JEFFREY													
PATIENT ACCOUNT #: 0. 3135847				CLAIM NUMBER: 2023277EN5818		FOR INQUIRIES CALL: (833) 578-4439							
SERVICE PROVIDER NAME: TOM HEALTHCARE LLC				SERVICE PROVIDER ID: 1619608866									
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SUBSCRIBER									
				PLAN TYPE: PPO		DRG RCD: N/A							

09/11/2023	09/11/2023	15	4,830.00	0.00	0.00	0.00	0.00	4,830.00	4,830.00	775 97	0.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	4,163.00	219.28	219.28	0.00	0.00	0.00	0.00	0.00	4,163.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	5,225.00	93.33	93.33	0.00	0.00	0.00	0.00	0.00	5,225.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	3,139.00	34.85	34.85	0.00	0.00	0.00	0.00	0.00	3,139.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	3,139.00	0.00	0.00	0.00	0.00	3,139.00	3,139.00	777 119	0.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	2,904.00	32.73	32.73	0.00	0.00	2,904.00	2,904.00	777 119	0.00		0.00
09/11/2023	09/11/2023	15	2,904.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,904.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	5,400.00	0.00	0.00	0.00	0.00	5,400.00	5,400.00	015 45	0.00		0.00
09/11/2023	09/11/2023	15	200.00	200.00	0.00	0.00	0.00	0.00	200.00	164 97	0.00		0.00
09/11/2023	09/11/2023	15	36.00	36.00	0.00	0.00	0.00	0.00	36.00	164 97	0.00		0.00
TOTAL:				380.19	380.19	0.00	0.00	10,873.00	11,109.00		20,831.00		0.00
TOTAL NET PAID													

IN HSA

TOTAL APPROVED AMOUNT  
TOTAL INTEREST  
TOTAL NET AMOUNT DUE: BLUE ACCESS PPO

0.00  
0.00  
0.00

CHECK/EFT DT: 10/18/23  
CHECK/EFT: 9022333351

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OVERDUE RESP. AMOUNT	EXPLANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
PATIENT NAME:	ENGI BOUS, CHRIS TOPHER M	FOR INQUIRIES CALL		
RECEIVED DATE:	09/15/2023	(844) 441-1463		
EXPL CD:				
DRG RCVD:	N/A			

0.00	6,210.00	038 1	015 45	0.00
0.00	3,814.00	038 1	015 45	0.00
0.00	4,516.00	038 1	015 45	0.00
0.00	3,107.00	038 1	015 45	0.00
0.00	2,400.00	038 1	015 45	0.00
2,400.00	777 119			0.00
0.00	1,779.00	038 1	015 45	0.00
1,779.00	777 119			0.00
0.00	5,400.00	038 1	015 45	0.00
200.00	164 97			0.00
48.00	164 97			0.00
4,427.00	27,226.00			0.00

0 0 0  
0 0 0

OVERDUE RESP. AMOUNT	EXPLANASI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANASI CODE(S)	WHAT WE WILL PAY
PATIENT NAME: MATHI SON, CRAIG		FOR INQUIRIES CALL		
RECEIVED DATE: 09/27/2023		(833) 434-1219		
EXPL CD:				
DRG. RCVD: N/A				
0.00		4,140.00	255 243	0.00
0.00		4,516.00	255 243	0.00
0.00		3,107.00	255 243	0.00
0.00		3,600.00	255 243	0.00
0.00		70.00	255 243	0.00
0.00		48.00	255 243	0.00
0.00		15,481.00		0.00
				0.00



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TOM HEALTHCARE LLC  
PROVIDER ID NO: 853229794

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PATHWAY X HMO

-

EXPL CODES

EXPLANATION

TOTAL APPROVED AMOUNT	0.00
TOTAL INTEREST	0.00
TOTAL NET AMOUNT DUE: PATHWAY X HMO	0.00
GROSS APPROVED CLAIM AMOUNT	0.00
TOTAL INTEREST	0.00
NET AMOUNT DUE	0.00

775

This was denied because it was covered as part of another service. Review our medical policies, located on our public website, for additional information about this medical procedure. As a reminder, the member is not responsible for the balance unless they chose to receive care from a doctor or facility not in their plan's network.

This was processed, and as an out of network provider, the maximum amount has been paid. The remaining balance can be billed to the member only if it was non-emergent or was not authorized.

This amount was applied to the member's deductible. For the quickest and easiest way to check a member's benefits, from Availability.com use the Patient Registration tab to access Eligibility and Benefits Inquiry. The member is responsible for the unpaid amount.

777

THE DOCTOR/FACILITY BILLED FOR THIS CARE MORE TIMES THAN OUR GUIDELINES ALLOW. THEREFORE, THE MEMBER'S PLAN DOESN'T PAY FOR IT. THE MEMBER MIGHT BE RESPONSIBLE FOR THIS AMOUNT IF THEY CHOSE TO RECEIVE CARE FROM A DOCTOR/FACILITY NOT IN THEIR PLAN'S NETWORK.

933

This was denied because we have not received the requested medical records to process the claim. If the requested information is not provided, a benefit determination will be made based upon the information available to us. For the quickest and easiest way to submit the requested documentation, from Availability.com use the Claims & Payments tab to access Claim Status. Find this claim and use the Send Attachments button to send the requested documentation.

164

This was denied because it was covered as part of another service. Review our medical policies, located on our public website, for additional information about this medical procedure. As a reminder, the member is not responsible for the balance unless they chose to receive care from a doctor or facility not in their plan's network.

YOUR BENEFITS DON'T COVER CARE YOU GET FROM DOCTORS AND FACILITIES THAT AREN'T IN YOUR PLAN.

97

THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. USAGE: REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT, IF PRESENT.

45

CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT. USAGE: THIS ADJUSTMENT AMOUNT CANNOT EQUAL THE TOTAL SERVICE OR CLAIM CHARGE AMOUNT. AND MUST NOT DUPLICATE PROVIDER ADJUSTMENT AMOUNTS (PAYMENTS AND CONTRACTUAL REDUCTIONS) THAT HAVE RESULTED FROM PRIOR PAYER(S) ADJUDICATION. DEDUCTIBLE AMOUNT

1

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119 BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.  
252 AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.  
243 SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.



RECOUPMENT NOTIFICATION

PAGE 2

TOTAL PRIOR RECOUPMENT	0.00
TOTAL CURRENT RECOUPMENT	0.00
TOTAL OUTSTANDING NEGATIVE BAL.	0.00
TOTAL DEFERRED	1,599.09-
OUTSTANDING NEGATIVE BAL WITH DEFER	1,599.09-