

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

1011AI 030107-015757

PROVIDER ID NO

000001048740

TAX ID NO
XXXXX2508

DATE

10/11/23

#BWNCQXF #59199998740/DF1# M001 MONITORING ASSOCIATES LLC 9811 W CHARLESTON BLVD STE 2641 LAS VEGAS NV 89117-7528

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

P. O. BOX 105187 ATLANTA, GA 30348-5187 DATE 10/11/23

PROVIDER NAME MONI TORI NG ASSOCI ATES LLC
9811 W CHARLESTON BLVD STE 2641
LAS VEGAS NV 89117-7528

PROVIDER-NPI IDS 000001048740 - 1174916522

TAX ID NO XXXXX2508

CHECK NUMBER: 9022094573

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	0.00	r> 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

Anthem. 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 MONI TORI NG ASSOCIATES LLC registered trademark of Anthem Insurance Companies, Inc.
PROVI DER 1D NO: 000001048740

CHECK/EFT DT: CHECK/EFT:

10/11/23 9022094573

	INTEREST	04/13/2022 04/13/2022	04/13/2022 04/13/2022	04/13/2022 04/13/2022	04/13/2022 04/13/2022		04/13/2022 04/13/2022	04/13/2022 04/13/2022	04/13/2022 04/13/2022	04/13/2022 04/13/2022		INSURED'S NAME: SZAJKO, ERI C PATIENT ACCOUNT! 0.2531393 SERVICE PROVIDER NAME: UNGAR SARGON, JULI AN NETWORK: OUT OF NETWORK	SERVICE DATE(S)		INTEREST	04/13/2022 04/13/2022	04/13/2022 04/13/2022		04/13/2022 04/13/2022		04/13/2022 04/13/2022	04/13/2022 04/13/2022	04/13/2022 04/13/2022	NETWORK: OUT OF NETWORK	PATIENT ACCOUNT#:	INSURED'S NAME:	SERVICE DATE(S)	ANTHEM BLUE ACCESS PPO
TOTAL NET PAID	TOTAL:		95868 , XU	95868	_		95865	95938	95822			D'S NAME: SZAJKO, ERI C (CCOUNT#: 0. 2531393 DER NAME: UNGAR SARGON, JUL NETWORK: OUT OF NETWORK	SERVICE CODES	TOTAL NET PAID				95868	95865 , XU	95865	95938	95822	95941	NETWORK: OUT OF NETWORK		SZAJKO, ERI C	SERVICE CODES	CESS PPO -
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	16, 846. 00	3, 600. 00	1, 310.00	1, 310.00	1, 502. 00	0	1 502 00	3, 107. 00	1, 755. 00	2, 760. 00)	RE	CHARGE		10, 040. 00-	3, 600. 00-	1, 310. 00-	1, 310. 00-	1, 502. 00-	1, 502. 00-	3, 107. 00-	755.	2, 760. 00-	RE			CHARGE	
	0. 00	0.00	117. 99	0.00	0.00	97. 58	0 00	0. 00 49, 68	0. 00 89. 56	102. 10)	INSURED'S ID CLAIM NUMBER SERVICE PROVIDER ID RELATIONSHIP TO INSURED	ALLOWED		0.00	0.00	0. 00	0.00	0. 00	0.00	0.00	0.00	0. 00	RELATIONSHIP TO INSURED	CLAIM NUMBER	INSURED'S ID	ALLOWED	
	0. 00	0.00	0.00	0.00	0.00		0 00	0. 00	0. 00	0.00	- - -	SU ND	DEDUCTIBLE		0.	0.00	0.00	0.00	0. 00	0.00	0.00	0.00	0.00				DEDUCTIBLE	
	0. 00	0.00	0.00	0.00	0.00		0 00	0. 00	0.00	0.00))	NDFND1849572 2022283EF8487 1376642900 SUBSCRI BER	CO-PAY		0.00	0 0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	SUBSCRI BER	2022283EF8487	NDFND1849572	CO-PAY	
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	0. 00	0. 00	0.		0. 00		0	0. 00	0. 00	9 0		PLAN TYPE: PPO	CONTRACTUAL P					0. 00	0. 00	0. 00			0. 00	PLAN TYPE: PPO			CO-INSURANCE CONTRACTUAL PROVIDER RESP. AMOUNT	
	16, 846. 00		1, 310.00 A				1 502 00 A	3, 107. 00 A	1, 755. 00 A			PATIENT NAME: RECEIVED DATE: EXPL CD: O DRG RCVD:	FFERENCE AMOUNT		10, 040. 00-		310.00-		1, 502. 00- A	502.00-		755. 00-	2, 760.00- A	O DRG RCVD:	RECEIVED DATE	PATIENT NAME	ROVIDER RESP. AMOUNT	
		AJR 234	AJR 234				A JR 234	AJR 234	AJR 234	AJR 234		SZAJKO : N/A	EXPL/ANSI CODE(S)			AUR 234			AJR 234	AJR 234	AJR 234	AJR 234	AJR 234	D: N/A		E: SZAJKO, ERI C	EXPL/ANSI CODE(S)	
	0.00	0.00	0.00	0.00	0.00	(0 00	0.00	0.00	0.00))	, ERI C 10/10/2022	INSURED RESPONSIBILITY AMOUNT			0 0	0.00	0.00	0.00	0.00	0.00	0.00	0.00		10/10/2022	10	INSURED RESPONSIBILITY AMOUNT	
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0. 00	o. o.	0. 00	0. 00	0.00	0. 00		000	0. 00	0. 00) <u>.</u>		FOR INQUIRIES CALL: (833) 835-2717	WHAT WE WILL PAY	0. 00	0.00	9 0	0.00	0.00	0. 00	0. 00	0. 00	0. 00	0. 00		(833) 835-2717	FOR INQUIRIES CALL:	WHAT WE WILL PAY	

TOTAL NET AMOUNT DUE:

ANTHEM BLUE ACCESS PPO

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DEDUCTIBLE DEDUCTIBLE TOTAL APPROVED AMOUNT TOTAL INTEREST YZD394M54179 SUBSCRI BER 1376642900 YZD394M54179 SUBSCRI BER 1376642900 2022283EF7398 2022283EF7398 CO-PAY CO-PAY 000000000 000000000 CO-INSURANCE CONTRACTUAL PROVIDER RESP.
AMOUNT CO-INSURANCE CONTRACTUAL PROVIDER RESP.
AMOUNT 0000000000 0000000000 8888888888 888888888 PLAN TYPE: PPO PLAN TYPE: PPO 8, 280. 00 3, 814. 00 1, 071. 00 1, 071. 00 1, 755. 00 3, 107. 00 1, 614. 1, 614. 7, 200. 29, 526. 29, 526 3, 107. 1, 614. 1, 614. 7, 200. 3, 107. 1, 755. 1, 071. 3, 814. 8, 280. RECEIVED DATE: RECEIVED DATE: 1, 071. 00-PATIENT NAME: PATIENT NAME:

SERVICE PROVIDER NAME: UNGAR SARGON, JULIAN

NETWORK: OUT OF NETWORK

RELATIONSHIP TO INSURED:

DRG RCVD:

N/A

EXPL CD

EXPL/ANSI CODE(S)

INSURED RESPONSIBILITY AMOUNT

EXPL/ANSI CODE(S)

WHAT WE WILL PAY

FOR INQUIRIES CALL:

(833) 578-4441

HI CKS, MI CHELE A

10/10/2022

SERVICE PROVIDER ID:

CLAIM NUMBER:

INSURED'S ID:

PATIENT ACCOUNT#: 0.2385544

INSURED'S NAME: HICKS, MICHELE A

SERVICE DATE(S)

SERVICE CODES

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CHARGE

ALLOWED

12/07/2021

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12/07/2021 12/07/2021 12/07/2021 12/07/2021 12/07/2021 12/07/2021

ANTHEM BLUE ACCESS PPO

SERVICE PROVIDER NAME: UNGAR SARGON, JULIAN

NETWORK: OUT OF NETWORK

RELATIONSHIP TO INSURED: CLAIM NUMBER: SERVICE PROVIDER ID:

DRG RCVD:

N/A

EXPL CD

EXPL/ANSI CODE(S)

INSURED
RESPONSIBILITY
AMOUNT

EXPL/ANSI CODE(S)

WHAT WE WILL PAY

FOR INQUIRIES CALL:

(833) 578-4441

HI CKS, MI CHELE A

10/10/2022

95941

PATIENT ACCOUNT#: 0.2385544

INSURED'S NAME: HICKS, MICHELE

SERVICE DATE(S)

SERVICE CODES

g

CHARGE

ALLOWED

PROVIDER ID NO: 000001048740 MONITORING ASSOCIATES LLC CHECK/EFT DT:

CHECK/EFT: 10/11/23 9022094573



BLUE ACCESS PPO

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PROVI DER ID NO: 000001048740

CHECK/EFT DT: CHECK/EFT:

10/11/23 9022094573

SERVICE DATE(S)	SERVICE	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CO-INSURANCE CONTRACTUAL PROVIDER RESP.	ROVIDER RESP.	EXPL/ANSI	INSURED RESPONSIBILITY	EXPL/ANSI	WHAT WE WILL PAY
	1 1000)			7241717171717171717171717171717171717171	Ι,	AMOUNT	707 100)
PATIENT ACCOUNT#: 21	2102005 IINGAR SARGON IIIIIAN	Ž		CLAIM NUMBER:	<u>.</u> -	20221660A0795			RECEIVED DATE:		06/15/2022	TOX IN	(877) 285-4602
	NETWORK: OUT OF NETWORK		REU	RELATIONSHIP TO INSURED:				PLAN TYPE: PPO	D): N/A			
10/20/2021 10/20/2021	05041	3	2 760 00-	0	o 8	o B	o 8	o 8	2 760 00- AIR	R 234	0		
10/20/2021	95870 59	22	1, 166, 00-	0 00	0.00	0.00	00 1	00 1	166 00-	IR 234	0 00		0 00
	-	22	500.00-	0.00	0.00	0.00	0.00	0.00	500. 00- AJR	IR 234	0.00		0.00
	TOTAL:		4, 426. 00-	0.00	0.00	0.00	0.00	0. 00	4, 426.00-		0.00		0. 00
NIERESI	TOTAL NET PAID	-	_	_	_	_	_	_	_		_		0.00
SERVICE DATE(S)	SERVICE CODES	P _S	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL PROVIDER RESP	ROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
	STEINSBERGER, TODD 2102005			INSURED'S ID:	. G	GDVAN1980122 2022166QA0795			PATIENT NAME: RECEIVED DATE:		STEI NSBERGER, HEATHER 06/15/2022	FOR INQ	FOR INQUIRIES CALL: (877) 285-4602
SERVICE PROVIDER NAME: UN NETWORK: OU	UNGAR SARGON, JULIAN OUT OF NETWORK	Ñ	REU	SERVICE PROVIDER ID: RELATIONSHIP TO INSURED:	URED: 1376642900	2900		PLAN TYPE: PPO	EXPL CD: DRG RCVD:): N/A			
10/20/2021 10/20/2021	95941	22	2, 760. 00	0.00	0.00	0.00	o o o o o o	0.00	2, 760. 00 AJR	IR 234	0.00		0.00
10/20/2021	95937	22	500. 00	0. 00	0.00	0.00	0. 00	0. 00			0.00		0. 00
INTEREST	I OTAL:		4, 426. 00	0.00	0.00	0.00	0.00	0.00	4, 426.00		0.00		0.00
	TOTAL NET PAID												0. 00
SERVICE DATE(S)	SERVICE CODES	Pos	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL PROVIDER RESP DIFFERENCE AMOUNT	ROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: DA	DAWSON, GI NGER 0. 2520250			INSURED'S ID:	SI	I AN6887320 2022283EH6197			PATIENT NAME:	DAWSON,	GI NGER 0/10/2022	FOR INQ	FOR INQUIRIES CALL: (866) 333-1098
SERVICE PROVIDER NAME: UN	DER NAME: UNGAR SARGON, JULIAN	Ŋ	BELL	SERVICE PROVIDER ID	- 13	2900		DI ANI TYDE: DDO		Z >			,
- O	OT NET WORK		_	ATIONSHIP TO INS	'			75AN -1775, 77		- 1	-		
04/05/2022 04/05/2022	95941	21	5, 520. 00-	0. 00	0.00	0.00	0. 00	0.00	5, 520. 00- AJR	IR 234	0.00		0. 00
04/05/2022 04/05/2022	95939	21	3, 814. 00-	0.00	0.00	0.00	0. 00	0. 00			0.00		0. 00
04/05/2022 04/05/2022	95822	21	1, 755. 00-	0. 00	0.00	0.00	0.00	0. 00	1, 755. 00- AJR	IR 234	0.00		0. 00
04/05/2022		21	3, 107. 00-	0.00	0.00	0.00	0.00	0. 00	3, 107. 00- AJR		0.00		0. 00
04/05/2022	95870 XU	3 7	1, 166, 00-	0.00	0.00	0 0	9 9	9 9	1, 166.00- AJR	R 234	0 0 0		0 0
	95868	21	1, 310. 00-	0.00	0.00	0.00	0.00	0. 00	1, 310. 00- AJR		0.00		0.00
	95868 , XU	21	1, 310. 00-	0.00	0.00	0.00	0. 00	0. 00			0.00		0. 00
04/05/2022 04/05/2022	TOTAL:	27	26, 348. 00-	0.00	0.00	0.00	0.00	o c 0 0	26, 348. 00- AJR	IR 234	0.00		0.00

MONITORING ASSOCIATES LLC PROVIDER ID NO: 000001048740

SERVICE PROVIDER NAME: UNGAR SARGON, JULI AN

NETWORK: OUT OF NETWORK

RELATIONSHIP TO INSURED: SERVICE PROVIDER ID:

SUBSCRI BER 1376642900 2022283EH6197 SUI AN6887320

PLAN TYPE: PPO

DRG RCVD: EXPL CD:

N/A

RECEIVED DATE: PATIENT NAME:

10/10/2022 DAWSON, GI NGER

INSURED'S ID: CLAIM NUMBER:

INSURED'S NAME: DAWSON, GINGER PATIENT ACCOUNT#: 0.2520250

SERVICE DATE(S)

SERVICE CODES

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CHARGE

ALLOWED

DEDUCTIBLE

CO-PAY

CO-INSURANCE CONTRACTUAL PROVIDER RESP.
AMOUNT

EXPL/ANSI CODE(S)

INSURED RESPONSIBILITY AMOUNT

EXPL/ANSI CODE(S)

WHAT WE WILL PAY

FOR INQUIRIES CALL: (866) 333-1098

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INTEREST

CHECK/EFT DT: CHECK/EFT: 10/11/23 9022094573

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	INSURED'S NAME: D PATIENT ACCOUNT#: 2 SERVICE PROVIDER NAME: U NETWORK: C	SERVICE DATE(S)	CA GENERIC HLTH SAVINGS		INTERFST	04/05/2022 04/05/2022	04/05/2022 04/05/2022	04/05/2022 04/05/2022	04/05/2022 04/05/2022	04/05/2022 04/05/2022	04/05/2022 04/05/2022	04/05/2022 04/05/2022	04/05/2022 04/05/2022	04/05/2022 04/05/2022	NSURED'S NAME: DAWSON, GINGER PATIENT ACCOUNT#: 0.2520250 SERVICE PROVIDER NAME: UNGAR SARGON, NETWORK: OUT OF NETWOR	SERVICE DATE(S)	
	D'S NAME: DUFFEE,STAR CCOUNT#: 2313791 DER NAME: UNGAR SARGON, JULIAN NETWORK: OUT OF NETWORK	SERVICE CODES	SAVI NGS -	TOTAL NET PAID	TOTAL:		95868 XU	95868	95870 , XU	95870 , XU	95938	95822	95939	95941	DAWSON, GI NGER 0. 2520250 UNGAR SARGON, JULI AN OUT OF NETWORK	SERVICE CODES	TOTAL NET PAID
2	AN	P _S			_	21	21	21	21	21	21	21	21	21	AN	Pos	
	RE	CHARGE			26, 348. 00	7, 200. 00	1, 310, 00	1, 310. 00	1, 166. 00	1, 166. 00	3, 107. 00	1, 755. 00	3, 814. 00	5, 520. 00	R.	CHARGE	
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}	HDY932W00890 2023059QA3348 1376642900 SUBSCRI BER	CO-PAY	APPROVED AMOUNT INTEREST NET AMOUNT DUE:		0. 00	0.00	0.00	0.00	0. 00	0. 00	0.00	0.00	0.00	0. 00	SUI AN6887320 2022283EH6197 1376642900 SUBSCRI BER	CO-PAY	
		CO-INSURANCE CONTR	: BLUE ACCESS PPO		0. 00	0.00	0.00	0.00	0. 00	0.00	0. 00	0.00	0. 00	0. 00		CO-INSURANCE	
	PLAN TYPE: PPO	CONTRACTUAL F	S PPO		0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	PLAN TYPE: PPO	CO-INSURANCE CONTRACTUAL PROVIDER RESP	
	PATIENT NAME: RECEIVED DATE: EXPL CD: DRG RCVD:	RACTUAL PROVIDER RESP. AMOUNT			26, 348. 00	200. 00	1, 310, 00	1, 310. 00	1, 166. 00	1, 166. 00	3, 107. 00	1, 755.00	3, 814.00	5, 520. 00	PATIENT NAME: RECEIVED DATE: EXPL CD: O DRG RCVD:	ROVIDER RESP. AMOUNT	
	DUFFEE : N/A	EXPL/ANSI CODE(S)					AJR 234	: N/A	EXPL/ANSI CODE(S)								
	; STAR 02/28/2023 APPEALS CODE: ASO	INSURED RESPONSIBILITY AMOUNT			0.00	0.00	0.00	0.00	0.00	0.00	0. 00	0.00	0. 00	0. 00	0/10/2022	INSURED RESPONSIBILITY AMOUNT	
		EXPL/ANSI CODE(S)													FOR INC	EXPL/ANSI CODE(S)	
,	FOR INQUIRIES CALL: (866) 940-6580	WHAT WE WILL PAY	o o o o o o o	0.00	0 0 00	0.00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	FOR INQUIRIES CALL: (866) 333-1098	WHAT WE WILL PAY	0. 00

04/19/2022 04/19/2022 04/19/2022 04/19/2022 04/19/2022 04/19/2022 04/19/2022 04/19/2022 04/19/2022 04/19/2022 04/19/2022 04/19/2022 04/19/2022 04/19/2022

95941 95822 95938 95861 95861 95999 TOTAL:

5, 520. 1, 755. 3, 107. 1, 614. 1, 614. 7, 200. 20, 810.

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INTEREST



Anthem. 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 MONI TORI NG ASSOCIATES LLC registered trademark of Anthem Insurance Companies, Inc.

PROVIDER ID NO: 000001048740

CHECK/EFT DT: 10/11/23 9022094573

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FOR INQUIRIES CALL: (866) 940-6580	ASO FOR INQ	/2022 APPEALS CODE:	DUFFEE, STAR 10/10 N/A	PATIENT NAME: RECEIVED DATE: EXPL CD: DRG RCVD:	PLAN TYPE: PPO		HDY932W00890 2022283EG8735 1376642900 SUBSCRI BER	13 H	INSURED'S ID: CLAIM NUMBER: SERVICE PROVIDER ID: RELATIONSHIP TO INSURED:	P.E.	.I AN	DUFFEE, STAR 0. 2534085 UNGAR SARGON, JULIAN OUT OF NETWORK	INSURED'S NAME: PATIENT ACCOUNT#: SERVICE PROVIDER NAME: NETWORK:
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	,	CONTRACTUAL PROVIDER RESP DIFFERENCE AMOUNT	CO-INSURANCE CI	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
												TOTAL NET PAID	
0.00		0.00		27, 290. 00-	- G	0.00	0.00	0.00	0.00	27, 290. 00-		I OTAL:	INTEREST
0.00		0.00			8 8	0. 00	0.00	0. 00	0. 00	5, 400. 00-	21	95999	
0. 00		0.00		614.00-	0. 00	0. 00	0.00	0.00	0.00	1, 614. 00-	21		
0.00		0.00	234	3, 107, 00- AJR	0 0	0 0	0.00	0.00	0.00	1, 614, 00-	21	2 95861	04/15/2022 04/15/2022
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-		-	N/A	DRG RCVD:	7 7 7 7 7 C	-	SUBSCRI BER		ARCA TO NUMBER TO INCORRE	- 2	-	OT NETWORK	Z 40 7.
FOR INQUIRIES CALL: (866) 940-6580	ASO FOR INQ	/2022 APPEALS CODE:	FFEE	PATIENT NAME: RECEIVED DATE: EXPL CD:			HDY932W00890 2022283EG8735 1376642900	: : 13	INSURED'S ID: CLAIM NUMBER: SERVICE PROVIDER ID:	9 1	I AN	DUFFEE, STAR 0. 2534085 UNGAR SARGON, JULI AN	
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	PROVIDER RESP. AMOUNT	CONTRACTUAL PRODIFFERENCE	CO-INSURANCE (CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
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0 0 0		0.00	4	20, 810. 00 AJR	0.00	o c 0 0	0.00	0.00	0.00	20, 810. 00		TOTAL:	04/17/2022 04/19/2022
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0. 00		0. 00	234	1, 614. 00 AJR	0. 00	0. 00	0.00	0.00	0.00	1, 614. 00	21	95861	04/19/2022 04/19/2022
0. 00		0. 00	234	3, 107. 00 AJR	0. 00	0. 00	0. 00	0. 00	0. 00 49. 68	3, 107. 00	21	2 95938	04/19/2022 04/19/2022
· ·									89. 56		<u> </u>		07/17/2022 07/17/2022
 8		9	2022	755 00	3	S ——	9	3	204. 20	755 00	<u>,</u>	05000	04/19/2022 04/19/2022
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	300	ATTERES CODE.	N/A	DRG RCVD:	PLAN TYPE: PPO		SUBSCRI BER		RELATIONSHIP TO INSURED:	REL	1 2	OUT OF NETWORK	NETWORK:
FOR INQUIRIES CALL: (866) 940-6580		/2023	DUFFEE, STAR 02/28	PATIENT NAME: RECEIVED DATE:			HDY932W00890 2023059QA3348	; ; ∃	INSURED'S ID:		2		
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)		CONTRACTUAL PROVIDER RESP DIFFERENCE AMOUNT	CO-INSURANCE (CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
0. 00												TOTAL NET PAID	
(866) 940-6580	AS0 (866)	APPEALS CODE:	02/28/2023 N/A	PATIENT NAME: RECEIVED DATE: EXPL CD: DRG RCVD:	PLAN TYPE: PPO		HDY932W00890 2023059QA3348 1376642900 SUBSCRI BER		CLAIM NUMBER: CLAIM NUMBER: SERVICE PROVIDER ID: RELATIONSHIP TO INSURED:		.I AN	2313791 UNGAR SARGON, JULIAN OUT OF NETWORK	INSURED'S NAME: PATIENT ACCOUNT#: SERVICE PROVIDER NAME: NETWORK:
		AMOUNI											- 1
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY	EXPL/ANSI CODE(S)		CONTRACTUAL PROVIDER RESP. DIFFERENCE AMOUNT	CO-INSURANCE CO	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
		74573	FT: 9022094573	CHECK/EFT:									

MONITORING ASSOCIATES LLC

PROVIDER ID NO: 000001048740 CHECK/EFT DT: CHECK/EFT: 10/11/23 9022094573

SERVICE DATE(S)	SERVICE CODES	Pos	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP.	CONTRACTUAL F	ROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: DUFFEE, STAR PATIENT ACCOUNT#: 0. 2534085	FFEE, STAR 2534085			INSURED'S ID: CLAIM NUMBER:	INSURED'S ID: HDY932W0089C AIM NUMBER: 2022283EG873	HDY932W00890 2022283EG8735			PATIENT NAME: DUFFEE, STA RECEIVED DATE: 10/10/2022	PATIENT NAME: DUFFEE, STAR RECEIVED DATE: 10/10/2022	NR 2	FOR INC	FOR INQUIRIES CALL: (866) 940-6580
SERVICE PROVIDER NAME: UNGAR SARGON, JULI AN NETWORK: OUT OF NETWORK	DER NAME: UNGAR SARGON, JULI NETWORK: OUT OF NETWORK	AN	REL	SERVICE PROVIDER ID: 1376642900 RELATIONSHIP TO INSURED: SUBSCRI BER	RID: 1376642900 RED: SUBSCRI BER	42900 RI BER		PLAN TYPE: PPO	EXPL CD: O DRG RCVD: N/A	N/A	APPEALS CODE: ASO	ASO	
04/15/2022 04/15/2022	NX ' 19856	21	1, 614. 00	0.00	0.00	0.00	0.00	0. 00	1, 614. 00 AJR 234	R 234	0.00		0. 00
04/15/2022 04/15/2022 95999	95999	21	5, 400. 00	0.00	0.00	0.00	0.00	0. 00	5, 400. 00 AJR 234	R 234	0.00		0. 00
	TOTAL:		27, 290. 00	0. 00	0.00	0. 00	0.00	0. 00	27, 290. 00		0. 00		0.00
- NEXECT	TOTAL NET PAID	-	_	_	_		_	_	_		_		0.00
	i												0

	TOTAL APPROVED AMOUNT (8
	TOTAL INTEREST (8
	TOTAL NET AMOUNT DUE: CA GENERIC HLTH SAVINGS	0.00
	GROSS APPROVED CLAIM AMOUNT	00
		0.00
		8
LANATION		

EXPL CODES **EXPLA**

₽R WE DENIED THIS CLAIM BECAUSE WE COVERED THE CARE AS PART OF ANOTHER SERVICE. THE MEMBER IS NOT RESPONSIBLE FOR THIS AMOUNT UNLESS THEY CHOSE TO RECEIVE CARE FROM A DOCTOR OR FACILITY NOT IN THEIR PLAN'S NETWORK.

THIS PROCEDURE IS NOT PAID SEPARATELY.

APPEALS CODE

234

ASO Provider dispute resolution mechanism for Providers:

member's identification card. and whether this is a single dispute or a substantially similar multiple claims dispute. Disputes involving a claim, or billing or overpayment must also include the service "From/To" date. Further instructions and forms are available via Anthem Blue Cross website at www.anthem.com/ca or call the customer service number referenced of the may request binding arbitration as specified in your provider contract. See your contract for more detailed information, or contact the Customer Service Department at If you are a contracting provider with Anthem Blue Cross you are required to follow dispute resolution process in your contract. If you have a dispute with Anthem Blue Cross regarding your contract, you may ask for a "meet and confer" unless your contract specifies otherwise. If the "meet and confer" does not resolve the issue, you CA 90060-0007. The written notice must include the provider name, tax identification number, patient name, health plan identification number, description of the dispute, the telephone number shown on the member's ID card. If you disagree with an Anthem Blue Cross claim or billing determination, or Anthem Blue Cross request for reimbursement of an overpayment, or if you have a contract dispute, you may submit a provider dispute by mailing a written notice to us at P.O. Box 60007, Los Angeles,

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.

RECOUPMENT NOTIFICATION

/IDER: MONITORING ASSOCIATES LLC

PROVIDER: MONI
PAYEE ID: 0000
NEG BAL REF #:
DATE: 10/1

10/11/23 0.00

THIS IS A DETAILED NOTIFICATION OF THE RECOUPMENT PROCESSED BY ANTHEM FOR OVERPAYMENTS MADE TO YOUR ACCOUNT AS INDICATED ON THE ENCLOSED REMITTANCE ADVICE.

THE 'NEGATIVE BALANCE DEFERRED' SECTION SHOWS DEFERRED (FUTURE) RECOUPMENTS WHERE REFUNDS ARE DUE. THESE ARE NOT REFLECTED ON THIS REMITTANCE ADVICE.
A SEPERATE LETTER HAS BEEN SENT WITH FURTHER DETAILS AND OVERPAYMENT RECOVERY WILL COMMEMCE FOLLOWING EXISTING PROCESSES IF A REFUND IS NOT RECEIVED.
IF YOU HAVE QUESTIONS REGARDING A RECOUPMENT, PLEASE CONTACT PROVIDER SERVICE AT NUMBER NOTED ON REMITTANCE ADVICE. THE "ORIGINAL NEGATIVE CLAIM NUMBER" COLUMN CONTAINS THE ORIGINAL CLAIM ID THAT CREATED THE NEGATIVE BALANCE. THE CORRESPONDING PRIOR AND CURRENT RECOUPMENT SECTIONS BELOW SHOW THE RECOUPMENT DETAILS FOR EACH ORIGINAL NEGATIVE CLAIM LISTED IN THE NEGATIVE BALANCE HISTORY.

REMIT.	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/	DATE OF	CLAIM NUMBER/ DATE OF ORIGINAL NEGATIVE	CLAIM AMOUNT	CREDITS ADJ CD	ADJCD	CHARGE	RECOVERY
DATE				REFUND ID	SERVICE	SERVICE CLAIM NUMBER		RECOVERED		AMT	LETTER ID
1000	NECOTIVE DALANCE III CTORY										

NEGATI VE BALANCE HI STORY:

PRI OR RECOUPMENT:

CURRENT RECOUPMENT:

DATE	REMIT. PATIENT NAME
	PATIENT ACCT
	SUBSCRIBER ID
REFUND ID	CLAIM NUMBER/
SERVICE	DATE OF
SERVICE CLAIM NUMBER	CLAIM NUMBER/ DATE OF ORIGINAL NEGATIVE
RECOUP DATE	CLAIM AMOUNT EXPECTED ADJ CD
111	ADJ CD
AMT	CHARGE RECOVER
LETTER I	-

NEGATI VE BALANCE DEFERRED:

20212230A186896 05/19/21 20212230A186896 45.82- 12/31/99 2021152EP429896 03/31/21 2021152EP429896 242.49- 12/31/99		GEORGANNA O. 20903//	
6 2022034DT243898 06/04/21 2022034DT243898 98.77- 12/31/99 14,699.00 15126680	363N99926 2022034DT243898 06/04/2: 359N54867 20212230A186896 05/19/2: 007N72156 20211525B428866 03/31/2:	SHELLAH 0. 2171874 PAULETTE 1945879 GEORGANIA 0. 2000277	10/10/23 KEEFER 10/10/23 REI LLY 10/10/23 STEWART

RECOUPMENT NOTIFICATION

TOTAL PRI OR RECOUPMENT
TOTAL CURRENT RECOUPMENT
TOTAL OUTSTANDI NG NEGATI VE BAL
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