



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 9022332670

1018AI 030122-004731000000

1018AI 030122-004731

PROVIDER ID NO  
**6002720815**

TAX ID NO  
**XXXXX4972**

DATE  
**10/18/23**



**#BWNCQXF**  
**#1989397275///DF2# M001**  
**NEUROMONITORING ASSOCIATE**  
**PO BOX 29650**  
**DEPT 880257**  
**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	NEUROMONITORING ASSOCIATE	
ADDRESS	PO BOX 29650	
	DEPT 880257	
	PHOENIX AZ 85038-9650	
PROVIDER-NPI IDS	6002720815	- 1659765204
TAX ID NO	XXXXX4972	
CHECK NUMBER:	9022332670	

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	<b>0.00</b>
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

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.

® Registered Marks Blue Cross and Blue Shield Association



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.

NEURONOMI TORI NG ASSOCIATE  
PROVIDER ID NO: 6002720815

CHECK/EFT DT: 10/18/23  
CHECK/EFT: 9022332670

ITS HOST PPO NATIONAL -

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: SIMS, LOWE, EVELYN													
PATIENT ACCOUNT #: 0.1933283				INSURED'S ID: ISMT07081366				CLAIM NUMBER: 20232767A0812					
SERVICE PROVIDER NAME: NEURONOMI TORI NG ASSOCIATE				SERVICE PROVIDER ID: 1053860239				RELATIONSHIP TO INSURED:					
NETWORK: OUT OF NETWORK				PLAN TYPE: PPO				DRG RCVD: N/A					

10/26/2020	10/26/2020	95955 , XU	15	5,225.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10/26/2020	10/26/2020	95938 , 59	15	4,163.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10/26/2020	10/26/2020	95938 , XU	15	4,163.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10/26/2020	10/26/2020	95940	15	4,140.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10/26/2020	10/26/2020	95861 , 59	15	3,139.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10/26/2020	10/26/2020	95861 , XU	15	3,139.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10/26/2020	10/26/2020	95937 , 59	15	1,400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10/26/2020	10/26/2020	95885	15	1,204.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10/26/2020	10/26/2020	95908	15	497.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10/26/2020	10/26/2020	95927 , 59	15	475.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL:		27,545.00	0.00	0.00	0.00	0.00	0.00	0.00	10,403.00		17,142.00	0.00
TOTAL NET PAID														
INTEREST														
TOTAL:														

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: ROSS, LAURA													
PATIENT ACCOUNT #: 2083857				INSURED'S ID: FGP920392823				CLAIM NUMBER: 20232720A1765					
SERVICE PROVIDER NAME: NEURONOMI TORI NG ASSOCIATE				SERVICE PROVIDER ID: 1144734575				RELATIONSHIP TO INSURED:					
NETWORK: OUT OF NETWORK								PLAN TYPE: PPO DRG RCVD: N/A					

10/07/2021	10/07/2021	95870 , 59	22	8, 474. 00	0. 00	0. 00	0. 00	0. 00	8, 474. 00	AGT 133	0. 00	0. 00
10/07/2021	10/07/2021	51785	22	2, 623. 00	0. 00	0. 00	0. 00	0. 00	2, 623. 00	AGT 133	0. 00	0. 00
10/07/2021	10/07/2021	95940	22	2, 070. 00	0. 00	0. 00	0. 00	0. 00	2, 070. 00	AGT 133	0. 00	0. 00
INTEREST		TOTAL:		13, 167. 00	0. 00	0. 00	0. 00	0. 00	13, 167. 00		0. 00	0. 00
TOTAL NET PAID												0. 00

TOTAL APPROVED AMOUNT 0.00  
TOTAL INTEREST 0.00  
TOTAL NET AMOUNT DUE: ITS HOST PPO NATIONAL 0.00  
GROSS APPROVED CLAIM AMOUNT 0.00  
TOTAL INTEREST 0.00  
NET AMOUNT DUE 0.00

EXPL CODES

EXPLANATION

015 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.  
777 THE DOCTOR/FACILITY BILLED FOR THIS CARE MORE TIMES THAN OUR GUIDELINES ALLOW.

ITS HOST PPO NATIONAL

164 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.

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.

AGT 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.

45 ADDITIONAL INFORMATION HAS BEEN REQUESTED REGARDING THIS CLAIM. ONCE RECEIVED, THIS CLAIM WILL BE REOPENED AND BENEFITS WILL BE DETERMINED.

119 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.

97 BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED. 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.

133 THE DISPOSITION OF THIS SERVICE LINE IS PENDING FURTHER REVIEW. USAGE: USE OF THIS CODE REQUIRES A REVERSAL AND CORRECTION WHEN THE SERVICE LINE IS FINALIZED.

APPEALS CODE

APPEALS

MA Non-Contracted Medicare Provider Appeal - Medicare Advantage/Medicare Medical Plans

If a claim is partially or fully denied for payment, the non-contracted provider must request an appeal of the denial within 60 calendar days from the remittance notification. When submitting the appeal, a signed Waiver of Liability form must be included. To obtain this form, please go to [https://www.cms.gov/Medicare/Appeals-and-Grievances/MACAG/Downloads/Model-Waiver-of-Liability\\_Feb2019v508.zip](https://www.cms.gov/Medicare/Appeals-and-Grievances/MACAG/Downloads/Model-Waiver-of-Liability_Feb2019v508.zip). The purpose of the Waiver of Liability form is to hold the enrollee harmless regardless of the outcome of the appeal.

With the appeal, the non-contracted provider should include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports the provider's argument for reimbursement. The appeal must be in writing and mailed.

Please mail the appeal to this address:

Grievances and Appeals  
Mailstop: OH0205-A537  
4361 Irwin Simpson Rd.  
Mason, OH 45040-9398

Non-Contracted Medicare Provider Payment Disputes - Medicare Advantage/Medicare Medical Plans  
A payment dispute is when you believe the amount we paid is different than what Original Medicare would have paid. If you disagree with the payment amount, you may file a non-contracted Medicare provider payment dispute in writing within 120 calendar days.



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.

NEUROMONITORING ASSOCIATE  
PROVIDER ID NO: 6002720815

CHECK/EFT DT: 10/18/23  
CHECK/EFT: 9022332670

Your payment dispute should be sent to:  
Provider Payment Disputes  
P.O. Box 61599  
Virginia Beach, VA 23466-1599

