



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

10/25/23 9022576891

1025AI 030122-005439000000

1025AI 030122-005439

PROVIDER ID NO
6003035176

TAX ID NO
XXXXX2508

DATE
10/25/23



#BWNCQXF
#8429396966///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.

DATE **10/25/23**

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

PROVIDER NAME	MONITORING ASSOCIATES LLC	
ADDRESS	9811 W CHARLESTON BLVD STE 2641 LAS VEGAS NV 89117-7528	
PROVIDER-NPI IDS	6003035176	- 1174916522
TAX ID NO	XXXXX2508	
CHECK NUMBER:	9022576891	

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

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.

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 6003035176
CHECK/EFT DT: 10/25/23
CHECK/EFT: 9022576891

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: FRONCZAK, PAUL													
PATIENT ACCOUNT #: 0.2620990				INSURED'S ID: EL1848331128				CLAIM NUMBER: 20232837A0916				FOR INQUIRIES CALL: (866) 594-0521	
SERVICE PROVIDER NAME: UNGAR SARGON, JULIAN				SERVICE PROVIDER ID: 1376642900				RELATIONSHIP TO INSURED:				PATIENT NAME: FRONCZAK, PAUL	
NETWORK: OUT OF NETWORK				CO-INSURANCE				CONTRACTUAL DIFFERENCE				RECEIVED DATE: 10/10/2023	
				CO-INSURANCE				DIFFERENCE				EXPL CD: N/A	
				CO-INSURANCE				DIFFERENCE				APPEALS CODE: MA	
				CO-INSURANCE				DIFFERENCE					
06/30/2022	06/30/2022	21	2,760.00	0.00	0.00	0.00	0.00	0.00	2,760.00	009 252	0.00		0.00
06/30/2022	06/30/2022	21	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	009 252	0.00		0.00
06/30/2022	06/30/2022	21	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	009 252	0.00		0.00
06/30/2022	06/30/2022	21	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	009 252	0.00		0.00
TOTAL:				0.00	0.00	0.00	0.00	0.00	11,388.00		0.00		0.00
INTEREST													
TOTAL NET PAID													

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: KASPER, DIANE													
PATIENT ACCOUNT #: 0.2652287				INSURED'S ID: XOF850676023				CLAIM NUMBER: 20232837A0917				FOR INQUIRIES CALL: (866) 594-0521	
SERVICE PROVIDER NAME: UNGAR SARGON, JULIAN				SERVICE PROVIDER ID: 1376642900				RELATIONSHIP TO INSURED:				PATIENT NAME: KASPER, DIANE	
NETWORK: OUT OF NETWORK				CO-INSURANCE				CONTRACTUAL DIFFERENCE				RECEIVED DATE: 10/10/2023	
				CO-INSURANCE				DIFFERENCE				EXPL CD: N/A	
				CO-INSURANCE				DIFFERENCE				APPEALS CODE: MA	
				CO-INSURANCE				DIFFERENCE					
07/28/2022	07/28/2022	22	2,760.00	0.00	0.00	0.00	0.00	0.00	2,760.00	009 252	0.00		0.00
07/28/2022	07/28/2022	22	1,071.00	0.00	0.00	0.00	0.00	0.00	1,071.00	009 252	0.00		0.00
07/28/2022	07/28/2022	22	1,071.00	0.00	0.00	0.00	0.00	0.00	1,071.00	009 252	0.00		0.00
07/28/2022	07/28/2022	22	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	009 252	0.00		0.00
07/28/2022	07/28/2022	22	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	009 252	0.00		0.00
07/28/2022	07/28/2022	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	009 252	0.00		0.00
07/28/2022	07/28/2022	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	009 252	0.00		0.00
07/28/2022	07/28/2022	22	1,800.00	0.00	0.00	0.00	0.00	0.00	1,800.00	009 252	0.00		0.00
07/28/2022	07/28/2022	22	1,800.00	0.00	0.00	0.00	0.00	0.00	1,800.00	009 252	0.00		0.00
TOTAL:				0.00	0.00	0.00	0.00	0.00	14,792.00		0.00		0.00
INTEREST													
TOTAL NET PAID													

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED/OPA	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: CARTER, ORPUN													
PATIENT ACCOUNT #: 0.2603066				INSURED'S ID: FG921168341				CLAIM NUMBER: 20232837A0861				FOR INQUIRIES CALL: (866) 594-0521	
SERVICE PROVIDER NAME: UNGAR SARGON, JULIAN				SERVICE PROVIDER ID: 1376642900				RELATIONSHIP TO INSURED:				PATIENT NAME: CARTER, ORPUN	
NETWORK: OUT OF NETWORK				CO-INSURANCE				CONTRACTUAL DIFFERENCE				RECEIVED DATE: 10/10/2023	
				CO-INSURANCE				DIFFERENCE				EXPL CD: AUL AUU	
				CO-INSURANCE				DIFFERENCE				APPEALS CODE: MA	
				CO-INSURANCE				DIFFERENCE					
06/15/2022	06/15/2022	21	2,760.00	0.00	0.00	0.00	0.00	0.00	2,760.00	AGT 133	0.00		0.00
06/15/2022	06/15/2022	21	1,071.00	0.00	0.00	0.00	0.00	0.00	1,071.00	AGT 133	0.00		0.00
06/15/2022	06/15/2022	21	1,071.00	0.00	0.00	0.00	0.00	0.00	1,071.00	AGT 133	0.00		0.00
06/15/2022	06/15/2022	21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	AGT 133	0.00		0.00
06/15/2022	06/15/2022	21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	AGT 133	0.00		0.00
TOTAL:				0.00	0.00	0.00	0.00	0.00	89.56		0.00		0.00
INTEREST													
TOTAL NET PAID													

06/15/2022	06/15/2022	21	2,760.00	0.00	0.00	0.00	0.00	0.00	2,760.00	AGT 133	0.00		0.00
06/15/2022	06/15/2022	21	1,071.00	0.00	0.00	0.00	0.00	0.00	1,071.00	AGT 133	0.00		0.00
06/15/2022	06/15/2022	21	1,071.00	0.00	0.00	0.00	0.00	0.00	1,071.00	AGT 133	0.00		0.00
06/15/2022	06/15/2022	21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	AGT 133	0.00		0.00
06/15/2022	06/15/2022	21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	AGT 133	0.00		0.00
TOTAL:				0.00	0.00	0.00	0.00	0.00	3,107.00	AGT 133	0.00		0.00
INTEREST													
TOTAL NET PAID													

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 6003035176

CHECK/EFT DT: 10/25/23
CHECK/EFT: 9022576891

FOR INQUIRIES CALL:
(866) 594-0521

INSURED'S NAME: CARTER, ORPUN				INSURED'S ID: FGP921168341				PATIENT NAME: CARTER, ORPUN				FOR INQUIRIES CALL: (866) 594-0521			
PATIENT ACCOUNT#: 0, 2603066				CLAIM NUMBER: 20232837A0861				RECEIVED DATE: 10/10/2023							
SERVICE PROVIDER NAME: UNGAR SARGON, JULIAN				SERVICE PROVIDER ID: 1376642900				EXPL CD: AML AUU				APPEALS CODE: MA			
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED:				PLAN TYPE: PPO				DRG RCD: N/A			

06/15/2022	06/15/2022	95861 , XU	21	1,614.00	49.68 0.00	0.00	0.00	0.00	0.00	1,614.00	AGT 133	0.00	0.00
06/15/2022	06/15/2022	95861 , XU	21	1,614.00	143.12 0.00	0.00	0.00	0.00	0.00	1,614.00	AGT 133	0.00	0.00
06/15/2022	06/15/2022	95999	21	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	AGT 133	0.00	0.00
		TOTAL:		18,392.00	0.00	0.00	0.00	0.00	0.00	18,392.00		0.00	0.00
INTEREST													
		TOTAL NET PAID											

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: ITS HOST PPO NATIONAL

GROSS APPROVED CLAIM AMOUNT
TOTAL INTEREST
NET AMOUNT DUE

EXPL CODES

EXPLANATION

This was denied because we have not received the requested information 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.

ALL SERVICES INCLUDED IN THIS CLAIM FALL UNDER THE NO SURPRISES ACT. THE MEMBER IS ONLY RESPONSIBLE FOR THEIR COPAY, PERCENTAGE OF THE COST (COINSURANCE), AND DEDUCTIBLE. THE DOCTOR/FACILITY CANNOT BILL THE MEMBER FOR MORE.

We have processed this claim according to the Federal No Surprises Act and implementing regulations. If you want to initiate the 30-day open negotiation period, you can contact us through Availability.com, the general inquiries phone number and address on this remittance advice, or at FEDERALIDRI@NTAKE@ANTHEM.COM. If the open negotiation period does not result in a settlement, you have 4 days after the end of the negotiation period to initiate the independent dispute resolution process. All arbitration details, updates, and inquiries can be sent to our Arbitration email address at: FEDERALIDR@ARBITRATION@ANTHEM.COM

ADDITIONAL INFORMATION HAS BEEN REQUESTED REGARDING THIS CLAIM. ONCE RECEIVED, THIS CLAIM WILL BE REOPENED AND BENEFITS WILL BE DETERMINED.
AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. 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.
WE USED THE QUALIFYING PAYMENT AMOUNT (OPA) TO CALCULATE THE MEMBER'S COPAY, PERCENTAGE OF THE COST (COINSURANCE), AND DEDUCTIBLE. OPA WAS DETERMINED IN COMPLIANCE WITH REGULATIONS UNDER THE NO SURPRISES ACT. ALL SERVICES INCLUDED IN THIS CLAIM FALL UNDER THE NO SURPRISES ACT. THE MEMBER IS ONLY RESPONSIBLE FOR THEIR COPAY, PERCENTAGE OF THE COST (COINSURANCE), AND DEDUCTIBLE. THE DOCTOR/FACILITY CANNOT BILL THE MEMBER FOR MORE.

APPEALS CODE

APPEALS

MA
Non-Contracted Medical Care Provider Appeal - Medical Advantage/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



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.

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 6003035176

CHECK/EFT DT: 10/25/23
CHECK/EFT: 9022576891

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/Medicaid/Appeals-and-Grievances/MMCAG/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 Medicaid Provider Payment Disputes - Medicaid Advantage/Medicaid Plans

A payment dispute is when you believe the amount we paid is different than what Original Medicaid would have paid. If you disagree with the payment amount, you may file a non-contracted Medicaid provider payment dispute in writing within 120 calendar days.

Your payment dispute should be sent to:

Provider Payment Disputes
P.O. Box 61599
Virginia Beach, VA 23466-1599

