

BCBS FEP MO - FEDERAL EMPLOYEE PROGRAM 3075 VANDERCAR WAY CINCINNATI, OH 45209

Hantahillaanilladhillaanillahilaladahilahilahil #BWNCQXF #781999998145/DF9# 741 INTUITUS LLC PO BOX 158 CONWAY AR 72033-0158

BCBS FEP CHECK NUMBER 0602289712 DATE 11/03/23 PAGE 1 P. O. BOX 105557 PROVIDER NAME INTUITUS LLC ATLANTA, GA 30348-5557 PO BOX 158 ADDRESS CONWAY AR 72033-0158 1 (800) 392-8043 000001128145 - 1538681556 PROVIDER-NPI IDS TAX ID NO XXXXX7657 PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	648. 46	r - → NET AMOUNT DUE	648. 46
ADJUSTMENT AMOUNT	0.00	IRS WITHHELD	0.00
		STATE WITHHELD	0.00
PRIOR BALANCE	0.00	INTEREST	0.00
LEVY/GARNISHMENT	0.00	AMOUNT DISBURSED	648. 46
NET AMOUNT DUE	648. 46	NEW BALANCE	0.00

## DETACH CHECK AT PERFORATION BEFORE DEPOSITING



BCBS FEP MO - FEDERAL EMPLOYEE PROGRAM 3075 VANDERCAR WAY CINCINNATI, OH 45209

BANK OF AMERICA ATLANTA, GEORGIA 0602289712 0064-1278/0611

1103FP100126-005845 DATE

3299787806

PROVIDER ID NO

TAX ID NO

CHECK AMOUNT

000001128145

XXXXX7657

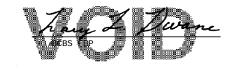
11/03/23

\$<del>\*\*\*</del>\*\*\*\*\*\*\*648.46

\*\*\*\*\*\*\*\*SIX HUNDRED FORTY-EIGHT 46/100 DOLLARS

TO THE ORDER OF:

INTUITUS LLC PO BOX 158 CONWAY AR 72033-0158



384037657 384037657 3840376

CHECK NO 0602289712 BCBS FEP PROFESSIONAL PROVIDER VOUCHER - CONTINUED

DATE 11/03/23

PAGE 3

PLEASE GO TO URL: enrollsafe.payeehub.org FOR ENROLLING INTO ELECTRONIC FUNDS TRANSFER (EFT).

STARTING 10/18/2010, ALL FEP CLAIMS MUST INCLUDE THE FEDERAL SUBSCRIBER ID NUMBER, WHICH IS R FOLLOWED BY 8 DIGITS. CLAIMS WITHOUT THE R NUMBER WILL BE RETURNED. ANTHEM IS UNABLE TO CORRECT THE ID NUMBER FOR YOU. PLEASE CALL YOUR PROVIDER REPRESENTATIVE IF YOU ARE UNSURE WHERE TO ENTER THE R NUMBER ON YOUR CLAIM FORM.

If you have any questions, please contact: Toll free (800) 392-8043. Important message for Providers within Anthem's designated service area: Please submit Service Benefit Plan (also called Federal Employee Program or FEP) claims electronically to the Anthem Clearinghouse in the same manner as Anthem Blue Cross and Blue Shield Commercial lines of business. Service Benefit Plan member identification numbers have the prefix "R" followed by 8 digits.

Information only: "Medicare's Timely Filing requirement has recently changed to 12 months from the date of service effective January 1, 2010. Please submit any request for reimbursement of applicable service to Medicare as soon as possible."

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.

ADMIN	ADMIN PATIENT'S NAME			NSURED'S NAME		INS	INSURED'S ID PATIENT'S ACCOUNT NBR. CLAIM NUMBER			R RECEIVED DATE EXPLANATION		
SERVICI	SERVICING PROVIDER NAME							SERVICING PROVIDER ID				
DATE C SERVIC		BILLED AMOUNT/	CONTRACT DIFF.	CO- INSURANCE	CO-PAY	DEDUCTIB	INSURED OTHER RESP AMOUNT	EXPL. CODE		EXPL. CODE	OTHER CARRIER AMOUNT	AMOUNT PAID

FEDERAL EMPLOYEE PROGRAM

741 WATS	ON, KAREN		WATSON	, KAREN S		R59725153 1477782621	22127	48. 2455426	22073P076868XA	10/16/2023
02/07/2022	95941	14, 100. 00	13, 803. 39	0.00	0.00	0. 00	0.00	0.00 629	0. 00	296. 61
02/07/2022	95938 26	5, 385. 00 1	5, 339. 43	0.00	0. 00	0. 00	0.00	0.00 629	0. 00	45. 57
02/07/2022	95910 26	1, 700. 00 1	1, 591. 40	0. 00	0. 00	0. 00	0.00	0.00 629	0. 00	108. 60
02/07/2022	95886 26	1, 050. 00 2	951. 16	0. 00	0. 00	0. 00	0. 00	0.00 629	0.00	98. 84
02/07/2022	95886 26 XU	1, 050. 00 2	951. 16	0. 00	0. 00	0. 00	0. 00	0.00 629	0. 00	98. 84
02/07/2022	95999	13, 396. 00 4	13, 396. 00	0. 00	0. 00	0. 00	0.00	0.00 619	0. 00	0.00
		36, 681. 00	36, 032. 54	0. 00	0. 00	0. 00	0. 00	0.00	0.00	648. 46

TOTAL FOR: FEDERAL EMPLOYEE PROGRAM 648.46

TOTAL GROSS CLAIM AMOUNT MINUS ADJUSTED AMOUNT: 648.46

## **REASON CODES**

1103F

CHECK NO 0602289712
BCBS FEP

DATE 11/03/23

PAGE 4

619 INCIDENTAL PROCEDURES NOT COVERED - SURPRISE BILLING NON PAR PROVIDER LIABLE