

ANTHEM BC LIFE & HEALTH INS CO 3075 VANDERCAR WAY CINCINNATI, OH 45209

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Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

PROVIDER ID NO 00001048740

TAX ID NO
XXXXX2508

DATE 10/20/23

||...|.|...||...||...||...|.|...|.|...|..||...|..|| #BWNCQXF #59199998740/DF1# M001

#591999998740/DF1# M001 #59199998740/DF1# M001 MONITORING ASSOCIATES LLC 9811 W CHARLESTON BLVD STE 2641 LAS VEGAS NV 89117-7528 PAY EXACTLY

DOLLARS AND 99 CENTS

DEPOSITED TO:

ABA # 124001545 ACC # XXXXX7975 EFT # 3224080873 ON 10/23/23

ACH DEPOSIT MADE - THIS IS NOT A CHECK

ANTHEM BC LIFE & HEALTH INS CO

DATE 10/20/23

PROVIDER NAME ADDRESS	MONITORING ASSOCIATES LLC 9811 W CHARLESTON BLVD STE 2641 LAS VEGAS NV 89117-7528
PROVIDER-NPI IDS TAX ID NO	000001048740 - 1174916522 XXXXX2508
CHECK NUMBER:	

PAYMENT SUMMARY

TATALENT COMMITTEE			
GROSS APPROVED CLAIM AMOUNT	45. 99	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	45. 99
NET AMOUNT DUE	45. 99 	■ RECOUPMENT BALANCE	0.00

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.

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MONITORING ASSOCIATES LLC PROVIDER ID NO: 000001048740

CHECK/EFT DT: CHECK/EFT:

10/20/23

BC PPO INCENTIVE

SERVICE DATE(S)	SERVICE CODES	Pos	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE CONT	CONTRACTUAL P	FRACTUAL PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: LAWLER, WILLI AM H PATIENT ACCOUNT#: 0.2819068 SERVICE PROVIDER NAME: NATH, AUDREY R NETWORK: OUT OF NETWORK	R,WILLIAM H 9068 AUDREY R F NETWORK		RELA	INSURED'S ID: CLAIM NUMBER: SERVICE PROVIDER ID: RELATIONSHIP TO INSURED:	95 10 SP	.0A23645 2023264GE9381 153679019 OUSE		PLAN TYPE: PPO	PATIENT NAME: LA RECEIVED DATE: EXPL CD: DRG RCVD: N/A	LAWLEF	≥ ≥		FOR INQUIRIES CALL: (800) 451-6834
12/08/2022 12/08/2022 95939	39	22	3, 814. 00	123. 35	0. 00	0.00	0.00	0. 00	96. 71 1	158 23 AIJ 23	0.00		24. 67
12/08/2022 12/08/2022 95822	22	22	1, 755. 00	59. 36	0.00	0.00	0. 00	0. 00	46.54 1	158 23 AIJ 23	0.00		11. 87
12/08/2022 12/08/2022 95938	38	22	3, 107. 00	47. 27	0.00	0.00	0. 00	0. 00	37.06 1	158 23 AIJ 23	0.00		9. 45
12/08/2022 12/08/2022 95861	61	22	1, 614. 00	0.00	0.00	0.00	0. 00	0. 00	1, 614. 00 0	021 45	0.00		0. 00
12/08/2022 12/08/2022 95861	61 , XU	22	1, 614. 00	0.00	0.00	0.00	0. 00	0. 00	1, 614. 00 021	21 45	0.00		0. 00
12/08/2022 12/08/2022 95865	65	22	1, 502. 00	0.00	0.00	0.00	0. 00	0. 00	1, 502. 00 0	021 45	0.00		0. 00
12/08/2022 12/08/2022 95865	65 , XU	22	1, 502. 00	0.00	0.00	0.00	0.00	0. 00	1, 502. 00 021	21 45	0.00		0. 00
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12/08/2022 12/08/2022 95868 12/08/2022 12/08/2022 95999	99 , XU	22 22	1, 310. 00 7, 200. 00	0.00	0.00	0.00	o o 0 0 0 0	o o 0 0	1, 310. 00 0 7, 200. 00 0	021 45	0.00		0.00
TOTAL:	AL:		24, 728. 00	229. 98	0.00	0.00	0. 00	0. 00	16, 232. 31		0.00		45. 99
INTEREST													0. 00
AMOUNT PAID BY OTHER INSURANCE COMPANY	ANCE COMPANY	_				_	_				180. 31		
тот	TOTAL NET PAID												45. 99

https://www.cms.gov/Medicare/Medicare-Advantage/Plan-Payment/Downloads/PaymentReductins.pdf. As a reminder, the member is not responsible for the unpaid amount. This was processed and adjusted because these charges were paid by Medicare or Medicaid. For additional information visit www.medicare.gov or contact the state Medicaid agency for additional information. THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS. 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.	Medicare is the member's primary insurance. Medicare has made payment. The member is responsible for the unpaid amount. This was adjusted to reflect the 2% sequestration payment reduction reported by Medicare as the primary payer per the Federal mandate of 2013. As the secondary payer, this amount is not payable. For additional information about sequestration, visit	GROSS APPROVED CLAIM AMOUNT TOTAL INTEREST NET AMOUNT DUE EXPLANATION	TOTAL APPROVED AMOUNT TOTAL INTEREST TOTAL NET AMOUNT DUE: BC PPO INCENTIVE

45. 99 0. 00 45. 99 45. 99 0. 00 45. 99

EXPL CODES

158 Al J

23 45 021

10/20/23

APPEALS CODE

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Explanation of claims review procedures

lf you believe that your claim is wrongfully in whole or in part, rejected or denied you may request a review from the California Department of Insurance at the following

Department of Insurance / Health Claims Bureau: 1-800-927-HELP (4357)

300 South Spring Street, South Tower, Los Angeles, California 90013

Provider dispute resolution mechanism for Providers: If you have questions regarding this Remittance Advice, please contact our Custom Service Department.

may contact the California Department of Insurance Health Claims Bureau (a state agency) at member's identification card. If the dispute is not resolved to your satisfaction, you may contact the California Department of Insurance Health Claims Bureau (a state may request binding arbitration as specified in your provider contract. See your contract for more detailed information, or contact the Custom Service Department at 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 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 0007. The written notice must include the provider name, tax identification number, patient name, health plan identification number, description of the dispute, and reimbursement of an overpayment, or if you have a contract dispute, you may submit a provider by mailing a written notice to us at P.O. Box 60007, Los Angeles, CA 90060-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 "From/To" date. Further instructions and forms are available via Anthem Blue Cross website at www.anthem.com/ca or call the custom service number referenced of the 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

http://www.insurance.gov.ca 1-800-927-HELP (4357) for assistance. They may also be contacted by mail at 300 South Spring Street, South Tower, Los Angeles, California 90013. Their website is

of Insurance if you believe that services have been improperly denied, modified, or delayed. A disputed health care service is any health care serivce eligible for You or your authorized representative may have the right to request an independent medical review (IMR) of disputed health care services from the California Department available only after you have filed a grievance with us and we uphold our original decision, or your grievance remains unresolved thirty days after you have filed it. If review is warranted or if there exists an imminent or serious threat to your health that requires an expedited review of your case. In other circumstances, IMR is Such IMR may be available to you immediately without going through our appeal or grievance process if the California Department of Insurance determines that an earlier coverage and payment under your plan that has been denied, modified, or delayed by your health plan, in whole or in part because the service is not medically necessary you need assistance with identifying whether your grievance is urgent or non-urgent you may call

Please be aware that failing to apply for an IMR may forfeit other statutory rights to pursue legal action against your plan regarding the disputed health care service Department of Insurance at the following address: Your application may be barred if not submitted within six months of being denied the disputed health care service. You may submit an IMR application to the California

California Department of Insurance

300 Spring Street, South Tower Los Angeles, California 90013 Health Claims Bureau