



Anthem Blue Cross and Blue Shield Healthcare Solutions is the trade name of Community Care Health Plan of Nevada, Inc., an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Anthem BCBS Healthcare Solutions
3075 VANDERCAR WAY
CINCINNATI, OH 45209

10/06/23 3222880045

1006AI 160955-007001000000

1006AI 160955-007001

3299114001

PROVIDER ID NO
03095460

TAX ID NO
XXXXX2508

DATE
10/06/23



#BWNCQXF
#93/699045///DF1#
MONITORING ASSOCIATES LLC
DEPT 880256 PO BOX 29650
PHOENIX AZ 85038-9650

PAY EXACTLY
~~XXXXX~~1349 DOLLARS AND 22 CENTS

DEPOSITED TO:

ABA # 124001545
ACC # XXXXX7975
EFT # 3222880045
ON 10/10/23

ACH DEPOSIT MADE - THIS IS NOT A CHECK

Anthem BCBS Healthcare Solutions

DATE 10/06/23

PROVIDER NAME	MONITORING ASSOCIATES LLC	
ADDRESS	DEPT 880256 PO BOX 29650 PHOENIX AZ 85038-9650	
PROVIDER-NPI IDS	03095460	- 1174916522
TAX ID NO	XXXXX2508	
CHECK NUMBER:		

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	1,349.22	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	1,349.22
NET AMOUNT DUE	1,349.22	RECOUPMENT BALANCE	0.00



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MONI TORING ASSOCIATES, LLC
PROVIDER ID NO: 03095460

CHECK/EFT DT: 10/06/23
CHECK/EFT:

BCBS HEALTHCARE SOL FC -

SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: MAGANA, MAX E PATIENT ACCOUNT #: 0. 2697006 SERVICE PROVIDER NAME: BURNS, JONATHAN D. MEMBER ID: 724925663 CLAIM NUMBER: 254443071900 STATE/ALT ID: 00002339997 TOB: C11024985 AUT#: 09/19/2023 RECEIVED DATE: 09/19/2023 APPEALS CODE: ANV FOR INQUIRIES CALL: (800) 454-3730													
09/02/22	09/02/22	9582226	1,755.00	50.32	0.00	0.00	0.00	0.00	1,704.68	PXN 45	0.00		50.32
09/02/22	09/02/22	9593826	3,107.00	40.41	0.00	0.00	0.00	0.00	3,066.59	PXN 45	0.00		40.41
09/02/22	09/02/22	9586826	1,310.00	54.98	0.00	0.00	0.00	0.00	1,255.02	PXN 45	0.00		54.98
09/02/22	09/02/22	9586826	1,310.00	54.98	0.00	0.00	0.00	0.00	1,255.02	PXN 45	0.00		54.98
09/02/22	09/02/22	XU	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	Y93 252	0.00		0.00
TOTAL:			12,882.00	200.69	0.00	0.00	0.00	0.00	12,681.31		0.00		200.69
INTEREST													0.00
TOTAL NET PAID													200.69

SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: LORENZANA, BRI SA J PATIENT ACCOUNT #: 0. 3147161 SERVICE PROVIDER NAME: SEN GUPTA, INDRAJ L MEMBER ID: 731737037 CLAIM NUMBER: 254722161500 STATE/ALT ID: 00001055351 TOB: NM175532 AUT#: 09/22/2023 RECEIVED DATE: 09/22/2023 APPEALS CODE: ANV FOR INQUIRIES CALL: (800) 454-3730													
09/19/23	09/19/23	9593926	3,814.00	105.69	0.00	0.00	0.00	0.00	3,708.31	PXN 45	0.00		105.69
09/19/23	09/19/23	9582226	1,755.00	50.32	0.00	0.00	0.00	0.00	1,704.68	PXN 45	0.00		50.32
09/19/23	09/19/23	9593826	3,107.00	40.41	0.00	0.00	0.00	0.00	3,066.59	PXN 45	0.00		40.41
09/19/23	09/19/23	9591326	1,224.00	270.42	0.00	0.00	0.00	0.00	953.58	PXN 45	0.00		270.42
09/19/23	09/19/23	9586826	2,972.00	81.42	0.00	0.00	0.00	0.00	2,890.58	PXN 45	0.00		81.42
09/19/23	09/19/23	9586826	2,972.00	81.42	0.00	0.00	0.00	0.00	2,890.58	PXN 45	0.00		81.42
09/19/23	09/19/23	XU	583.00	33.23	0.00	0.00	0.00	0.00	549.77	PXN 45	0.00		33.23
09/19/23	09/19/23	958726	583.00	33.23	0.00	0.00	0.00	0.00	549.77	PXN 45	0.00		33.23
09/19/23	09/19/23	XU	9,000.00	0.00	0.00	0.00	0.00	0.00	9,000.00	Y93 252	0.00		0.00
09/19/23	09/19/23	95999	9,000.00	0.00	0.00	0.00	0.00	0.00	9,000.00		0.00		0.00
TOTAL:			26,010.00	696.14	0.00	0.00	0.00	0.00	25,313.86		0.00		696.14
INTEREST													0.00
TOTAL NET PAID													696.14

BCBS HEALTHCARE SOL MD -

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: BCBS HEALTHCARE SOL FC

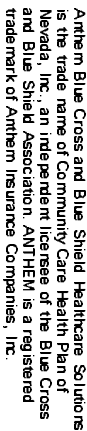
896.83
0.00
896.83

BCBS HEALTHCARE SOL MD -

SERVICE DATE(S)	SERVICE/ REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: RANCI C, JOHN D PATIENT ACCOUNT #: 0. 2823129 SERVICE PROVIDER NAME: MCAULIFFE, MATTHEW B.														
					MEMBER ID: 714546258 CLAIM NUMBER: 255418890700 SERVICE PROVIDER ID: 1821388562	STATE/ALT ID: 00001246989 TOB: 00001246989 AUTH#:			DRG#: 10/03/2023 RECEIVED DATE: 10/03/2023 EXPL CD:	FOR INQUIRIES CALL: (800) 454-3730				
12/12/22	12/12/22	9593926	1 21	3,814.00	0.00	0.00	0.00	0.00	0.00	3,814.00	TFO 29	0.00		0.00
12/12/22	12/12/22	9593826	1 21	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	TFO 29	0.00		0.00
12/12/22	12/12/22	9595526	1 21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	TFO 29	0.00		0.00
12/12/22	12/12/22	9586126	1 21	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	TFO 29	0.00		0.00
12/12/22	12/12/22	9586126	1 21	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	TFO 29	0.00		0.00
12/12/22	12/12/22	9586826	1 21	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	TFO 29	0.00		0.00
12/12/22	12/12/22	9586826	1 21	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	TFO 29	0.00		0.00
12/12/22	12/12/22	95999	2 21	3,600.00	0.00	0.00	0.00	0.00	0.00	3,600.00	TFO 29	0.00		0.00
TOTAL:				18,124.00	0.00	0.00	0.00	0.00	0.00	18,124.00		0.00		0.00
INTEREST														
TOTAL NET PAID														

SERVICE DATE(S)	SERVICE/ REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: BROWNER, SAMOVIA N PATIENT ACCOUNT #: 0. 2818373 SERVICE PROVIDER NAME: BURNS, JONATHAN D.														
					MEMBER ID: 718271913 CLAIM NUMBER: 255326364500 SERVICE PROVIDER ID: 1184745465	STATE/ALT ID: 00001660435 TOB: 00001660435 AUTH#:			DRG#: 10/02/2023 RECEIVED DATE: 10/02/2023 EXPL CD:	FOR INQUIRIES CALL: (800) 454-3730				
12/08/22	12/08/22	9582226	1 21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	TFO 29	0.00		0.00
12/08/22	12/08/22	9593826	1 21	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	TFO 29	0.00		0.00
12/08/22	12/08/22	95999	1 21	1,800.00	0.00	0.00	0.00	0.00	0.00	1,800.00	TFO 29	0.00		0.00
TOTAL:				6,662.00	0.00	0.00	0.00	0.00	0.00	6,662.00		0.00		0.00
INTEREST														
TOTAL NET PAID														

SERVICE DATE(S)	SERVICE/ REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: KINCADE, JENNI EANN PATIENT ACCOUNT #: 0. 3109015 SERVICE PROVIDER NAME: SEN GUPTA, INDRAANI L														
					MEMBER ID: 719092875 CLAIM NUMBER: 254712120100 SERVICE PROVIDER ID: 1235391418	STATE/ALT ID: 00001800552 TOB: 00001800552 AUTH#:			DRG#: 09/22/2023 RECEIVED DATE: 09/22/2023 EXPL CD:	FOR INQUIRIES CALL: (800) 454-3730				
08/16/23	08/16/23	9582226	1 21	1,755.00	50.32	0.00	0.00	0.00	0.00	1,704.68	PXN 45	0.00		50.32
08/16/23	08/16/23	9593826	1 21	3,107.00	40.41	0.00	0.00	0.00	0.00	3,066.59	PXN 45	0.00		40.41
08/16/23	08/16/23	9591126	1 21	956.00	198.82	0.00	0.00	0.00	0.00	757.18	PXN 45	0.00		198.82
08/16/23	08/16/23	9588626	2 21	2,972.00	81.42	0.00	0.00	0.00	0.00	2,890.58	PXN 45	0.00		81.42
08/16/23	08/16/23	9588626	2 21	2,972.00	81.42	0.00	0.00	0.00	0.00	2,890.58	PXN 45	0.00		81.42
08/16/23	08/16/23	95999	4 21	7,200.00	0.00	0.00	0.00	0.00	0.00	7,200.00	Y93 252	0.00		0.00



CHECK/EFT DT: 10/06/23
CHECK/EFT:

PATIENT NAME:	KINCANE, JENNI EANN	MEMBER ID:	719092875	STATE/ALT ID:	00001800552	DRG#:		FOR INQUIRIES CALL:
PATIENT ACCOUNT #:	0.3109015	CLAIM NUMBER:	254712120100	TOB:		RECEIVED DATE:	09/22/2023	(800) 454-3730
SERVICE PROVIDER NAME:	SEN GUPTA, INDRANIL L	SERVICE PROVIDER ID:	1235391418	AUTH#:	NW153162	EXPL CD:		
						APPEALS CODE:	ANY	

TOTAL:	18,962.00	452.39	0.00	0.00	0.00	18,509.61	0.00	452.39
INTEREST								0.00

TOTAL NET PAID	452.39
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[illegible]

PATIENT NAME:	RUSSELL, MI CHAEL	MEMBER ID:	720526241	STATE/ALT ID:	00001793318	DRG#:		FOR INQUIRIES CALL:
PATIENT ACCOUNT#:	0. 2812942	CLAIM NUMBER:	25528254300	TOB:		RECEIVED DATE:	10/02/2023	(800) 454-3730
SERVICE PROVIDER NAME:	MCALLI FFE, MATTHEW B.	SERVICE PROVIDER ID:	1821388562	AUTH#:		EXPL CD:		
						APPEALS CODE:	ANV	

[illegible]

TOTAL NET PAID													0.00	
SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPLANSI CODE(S)	INSURED'S RESP AMOUNT	EXPLANSI CODE(S)	NET PAID
PATIENT NAME: DELAURA, MI CHELLE A														
PATIENT ACCOUNT #: 0. 2816183														
SERVICE PROVIDER NAME: BURRS, JONATHAN D.														
MEMBER ID: 726370784														
CLAIM NUMBER: 255324111300														
SERVICE PROVIDER ID: 1184745465														
STATE/ALT ID: 00002478713														
TOB: AUTH#:														
12/07/22	9593926	1	21	3,814.00	0.00	0.00	0.00	0.00	0.00	3,814.00	TFO 29	0.00		0.00
12/07/22	9593826	1	21	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	TFO 29	0.00		0.00
12/07/22	9595526	1	21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	TFO 29	0.00		0.00
12/07/22	9586826	1	21	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	TFO 29	0.00		0.00
12/07/22	9586826	1	21	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	TFO 29	0.00		0.00
12/07/22	9587026	2	21	2,332.00	0.00	0.00	0.00	0.00	0.00	2,332.00	TFO 29	0.00		0.00
12/07/22	9587026	2	21	2,332.00	0.00	0.00	0.00	0.00	0.00	2,332.00	TFO 29	0.00		0.00
12/07/22	95999	4	21	7,200.00	0.00	0.00	0.00	0.00	0.00	7,200.00	TFO 29	0.00		0.00
TOTAL:				23,160.00	0.00	0.00	0.00	0.00	0.00	23,160.00		0.00		0.00
INTEREST														
TOTAL NET PAID														
0.00														

BCBS HEALTHCARE SOL MD -

SERVICE DATE(S)	SERVICE/ REVENUE CODE(S)	COUNT/ DAYS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPENYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: GONZALES, MENDY B													
PATIENT ACCOUNT #: 0. 2819035				MEMBER ID: 729176071		STATE/ALT ID: 78402600001		DRG#: 10/02/2023		FOR INQUIRIES CALL: (800) 454-3730			
SERVICE PROVIDER NAME: MCAULIFFE, MATTHEW B.				CLAIM NUMBER: 255353260400		TOB: 1821388562		RECEIVED DATE: 10/02/2023		APPEALS CODE: ANV			
				SERVICE PROVIDER ID: 1821388562		AUTH#:		EXPL CD:					
12/08/22	12/08/22	9593826	1 21	3,107.00	0.00	0.00	0.00	0.00	3,107.00	TFO 29	0.00		0.00
12/08/22	12/08/22	9595526	1 21	1,755.00	0.00	0.00	0.00	0.00	1,755.00	TFO 29	0.00		0.00
12/08/22	12/08/22	9590926	1 21	555.00	0.00	0.00	0.00	0.00	555.00	TFO 29	0.00		0.00
12/08/22	12/08/22	9588626	2 21	2,972.00	0.00	0.00	0.00	0.00	2,972.00	TFO 29	0.00		0.00
12/08/22	12/08/22	9588626	2 21	2,972.00	0.00	0.00	0.00	0.00	2,972.00	TFO 29	0.00		0.00
12/08/22	12/08/22	95999	4 21	7,200.00	0.00	0.00	0.00	0.00	7,200.00	TFO 29	0.00		0.00
TOTAL:				18,561.00	0.00	0.00	0.00	0.00	18,561.00		0.00		0.00
INTEREST													
TOTAL NET PAID													

PATIENT NAME: WIEYANT, PRISCILLA A													
PATIENT ACCOUNT #: 0. 2812361				MEMBER ID: 729229944		STATE/ALT ID: 00002703691		DRG#: 10/02/2023		FOR INQUIRIES CALL: (800) 454-3730			
SERVICE PROVIDER NAME: BURNS, JONATHAN D.				CLAIM NUMBER: 255283678500		TOB: 1184745465		RECEIVED DATE: 10/02/2023		APPEALS CODE: ANV			
				SERVICE PROVIDER ID: 1184745465		AUTH#:		EXPL CD:					
12/05/22	12/05/22	9593826	1 21	3,107.00	0.00	0.00	0.00	0.00	3,107.00	TFO 29	0.00		0.00
12/05/22	12/05/22	9595526	1 21	1,755.00	0.00	0.00	0.00	0.00	1,755.00	TFO 29	0.00		0.00
12/05/22	12/05/22	9586126	1 21	1,614.00	0.00	0.00	0.00	0.00	1,614.00	TFO 29	0.00		0.00
12/05/22	12/05/22	9586126	1 21	1,614.00	0.00	0.00	0.00	0.00	1,614.00	TFO 29	0.00		0.00
12/05/22	12/05/22	9586826	1 21	1,310.00	0.00	0.00	0.00	0.00	1,310.00	TFO 29	0.00		0.00
12/05/22	12/05/22	9586826	1 21	1,310.00	0.00	0.00	0.00	0.00	1,310.00	TFO 29	0.00		0.00
12/05/22	12/05/22	95999	3 21	5,400.00	0.00	0.00	0.00	0.00	5,400.00	TFO 29	0.00		0.00
TOTAL:				16,110.00	0.00	0.00	0.00	0.00	16,110.00		0.00		0.00
INTEREST													
TOTAL NET PAID													

PATIENT NAME: I BRAHM, IMRAN													
PATIENT ACCOUNT #: 0. 3148379				MEMBER ID: 729574694		STATE/ALT ID: 00002601538		DRG#: 09/22/2023		FOR INQUIRIES CALL: (800) 454-3730			
SERVICE PROVIDER NAME: BURNS, JONATHAN D.				CLAIM NUMBER: 254711979900		TOB: 1184745465		RECEIVED DATE: 09/22/2023		APPEALS CODE: ANV			
				SERVICE PROVIDER ID: 1184745465		AUTH#:		EXPL CD:					
09/20/23	09/20/23	9582226	1 22	1,755.00	0.00	0.00	0.00	0.00	1,755.00	Y41 197	0.00		0.00
09/20/23	09/20/23	9593826	1 22	3,107.00	0.00	0.00	0.00	0.00	3,107.00	Y41 197	0.00		0.00
09/20/23	09/20/23	9586126	1 22	1,614.00	0.00	0.00	0.00	0.00	1,614.00	Y41 197	0.00		0.00



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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 03095460

CHECK/EFT DT: 10/06/23

CHECK/EFT:

SERVICE/REVENUE CODE(S)

COUNT/ POS

CHARGE

ALLOWED

DEDUCTIBLE

COINSURANCE
COPAYMENT
AMOUNT

CONTRACTUAL
DIFFERENCE

TPP

PROV RESP
AMOUNT

EXPLANSI
CODE(S)

INSURED'S
RESP
AMOUNT

EXPLANSI
CODE(S)

NET PAID

FOR INQUIRIES CALL:
(800) 454-3730

PATIENT NAME: I BRAHM, IMRAN
PATIENT ACCOUNT #: 0.3148379
SERVICE PROVIDER NAME: BURNS, JONATHAN D.
MEMBER ID: 729574694
CLAIM NUMBER: 25471979900
SERVICE PROVIDER ID: 1184745465
STATE/ALT ID: 00002601538
TOB: AUTH#:
RECEIVED DATE: 09/22/2023
EXPL CD:
APPEALS CODE: ANV

09/20/23	09/20/23	9586126	1 22	1,614.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,614.00	Y41 197	0.00	0.00
09/20/23	09/20/23	95999	2 22	3,600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,600.00	Y93 252	0.00	0.00
TOTAL:				11,690.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,690.00		0.00	0.00
I INTEREST															0.00
TOTAL NET PAID															

TOTAL APPROVED AMOUNT 452.39
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: BCBS HEALTHCARE SOL MD 452.39
GROSS APPROVED CLAIM AMOUNT 1,349.22
TOTAL INTEREST 0.00
NET AMOUNT DUE 1,349.22

GENERAL INFORMATION

PAYEE ENDORSEMENT ACKNOWLEDGEMENT: "I UNDERSTAND THAT PAYMENT OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSIFICATION, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER FEDERAL AND STATE LAWS." (42 CFR 455.19)

EXPL CODES	EXPLANATION	GROUP CODE	CARC	RARC
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PXN	This was paid in accordance with your contracted or out of network rates. For additional information related to this amount, consult your contract.	CO	45	N381
Y93	Submit medical records for review	CO	252	M127
TFO	This was not paid because it was not filed within the claim timely filing limit. If you disagree with our decision, and have documents to support the claim, the fastest and easiest way to dispute a claim is through Availability.com. Log onto Availability.com and use the Claims & Payments tab to access Claims Status. Find the claim, select the Dispute button, and attach supporting documentation. If the Dispute button function is not available, refer to your provider manual for additional information about how to file a claim dispute.	CO	29	
Y41	Deny no authorization on file	CO	197	
45	CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.			
252	USAGE: THIS ADJUSTMENT AMOUNT CANNOT EQUAL THE TOTAL SERVICE OR CLAIM CHARGE AMOUNT.			
29	AND MUST NOT DUPLICATE PROVIDER ADJUSTMENT AMOUNTS (PAYMENTS AND CONTRACTUAL REDUCTIONS)			
197	THAT HAVE RESULTED FROM PRIOR PAYER(S) ADJUDICATION.			
	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.			
	THE TIME LIMIT FOR FILING HAS EXPIRED.			
	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.			

APPEALS CODE	APPEALS
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ANV Payment Disputes-If you disagree with a claim determination, you may file a payment dispute in writing within that prescribed period mandated by the state which you do business. Your payment dispute should be directed to Anthem Blue Cross and Blue Shield Healthcare Solutions Payment Dispute Unit at P.O. Box 61599, Virginia Beach, VA 23466 or call 1-844-396-2330.