



**BlueCross
BlueShield**

Federal Employee Program.

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

11/03/23 0602289712

1103FP100126-005845

229



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

BCBS FEP

CHECK NUMBER 0602289712

DATE 11/03/23

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P.O. BOX 105557
ATLANTA, GA 30348-5557

1 (800) 392-8043

PROVIDER NAME INTUITUS LLC
ADDRESS PO BOX 158
CONWAY AR 72033-0158

PROVIDER-NPI IDS 000001128145 - 1538681556
TAX ID NO XXXXX7657

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	648.46	NET AMOUNT DUE	648.46
ADJUSTMENT AMOUNT	0.00	IRS WITHHELD	0.00
PRIOR BALANCE	0.00	STATE WITHHELD	0.00
LEVY/GARNISHMENT	0.00	INTEREST	0.00
NET AMOUNT DUE	648.46	AMOUNT DISBURSED	648.46
		NEW BALANCE	0.00

DETACH CHECK AT PERFORATION BEFORE DEPOSITING



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BANK OF AMERICA
ATLANTA, GEORGIA

1103FP100126-005845

CHECK NUMBER
0602289712

0064-1278/0611

3299787806

CHECK AMOUNT

\$XXXXXXXXXX648.46

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

TO THE ORDER OF:

INTUITUS LLC
PO BOX 158
CONWAY AR 72033-0158

Tracy L. Dwyer
VOID
BCBS FEP

⑈0602289712⑈ ⑆061112788⑆ 3299787806⑈



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PROFESSIONAL PROVIDER VOUCHER - CONTINUED

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	PATIENT'S NAME			INSURED'S NAME			INSURED'S ID		PATIENT'S ACCOUNT NBR.		CLAIM NUMBER		RECEIVED DATE
SERVICING PROVIDER NAME							SERVICING PROVIDER ID						EXPLANATION CODE
DATE OF SERVICE	PROC. CODE/ MODS	BILLED AMOUNT/ UNITS	CONTRACT DIFF.	CO-INSURANCE	CO-PAY	DEDUCTIBLE	INSURED OTHER RESP. AMOUNT	EXPL. CODE	PROVIDER RESP. AMT.	EXPL. CODE	OTHER CARRIER AMOUNT	AMOUNT PAID	

FEDERAL EMPLOYEE PROGRAM -

741	WATSON, KAREN		WATSON, KAREN S		R59725153		2212748. 2455426		22073P076868XA		10/16/2023
MORRISON DEREK J DO					1477782621						
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
		3									
02/07/2022	95938	5, 385. 00	5, 339. 43	0. 00	0. 00	0. 00	0. 00	0. 00	629	0. 00	45. 57
	26	1									
02/07/2022	95910	1, 700. 00	1, 591. 40	0. 00	0. 00	0. 00	0. 00	0. 00	629	0. 00	108. 60
	26	1									
02/07/2022	95886	1, 050. 00	951. 16	0. 00	0. 00	0. 00	0. 00	0. 00	629	0. 00	98. 84
	26	2									
02/07/2022	95886	1, 050. 00	951. 16	0. 00	0. 00	0. 00	0. 00	0. 00	629	0. 00	98. 84
	26 XU	2									
02/07/2022	95999	13, 396. 00	13, 396. 00	0. 00	0. 00	0. 00	0. 00	0. 00	619	0. 00	0. 00
		4									
		36, 681. 00	36, 032. 54	0. 00	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

629 SURPRISE BILLING - MEMBER PROTECTED FROM BALANCE BILLING

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