

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

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#BWNCQXF #025416770///DF8# M001 TCM HEALTHCARE LLC PO BOX 29650 **DEPT 880396** PHOENIX AZ 85038-9650

ANTHEM BC LIFE & HEALTH INS CO

CHECK NUMBER 0014405556

DATE 10/13/23

PROVIDER NAME TCM HEALTHCARE LLC PO BOX 29650 ADDRESS DEPT 880396 PHOENI X AZ 85038-9650 PROVIDER-NPI IDS XXXXX9794 - 1336746122

XXXXX9794

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	1, 676. 76	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	1, 676. 76
NET AMOUNT DUE	1, 676. 76 <b>–</b>	RECOUPMENT BALANCE	0.00

## DETACH CHECK AT PERFORATION BEFORE DEPOSITING



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

BANK OF AMERICA ATLANTA, GEORGIA

1013AI 060356-072102

TAX ID NO

0014405556 0064-1278/0611

CHECK NUMBER

3359983593

PROVIDER ID NO

TAX ID NO

DATE

CHECK AMOUNT

XXXXX9794

XXXXX9794

10/13/23

\$<del>\*\*\*</del>\*\*\*\*\*\*\*1,676.76

\*\*\*\*\*\*\*\*ONE THOUSAND SIX HUNDRED SEVENTY-SIX 76/100 DOLLARS

TO THE ORDER OF:

TCM HEALTHCARE LLC PO BOX 29650 DEPT 880396 PHOENIX AZ 85038-9650



Anthem. & BlueCross

TCM HEALTHCARE LLC PROVIDER ID NO: 853229794

CHECK/EFT DT: 10
CHECK/EFT: 0

F: 10/13/23 F: 0014405556

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

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.

## PPO PB INCENTIVE

TOTAL NET PAID	TOTAL:	02/15/2022 02/15/2022 95999 15 5,400.00	, X				95939 15	02/15/2022 02/15/2022 95940 15 3,450.00	 NETWORK: OUT OF NETWORK	O. 2464449 HERRERA, MEI	INSTRETY'S NAME: LEHR ANDREW L	SERVICE DATE(S)  SERVICE CODES  POS CHARGE	TOTAL NET PAID	INTEREST	TOTAL: 31,005.00		, XU 15		95938 15	02/15/2022 02/15/2022 95822 15 5, 225. 00	02/15/2022 02/15/2022 95939 15 6, 489. 00	02/15/2022 02/15/2022 95940 15 3,450.00		NETWORK: OUT OF NETWORK		NSURED'S NAME: LEHR, ANDREW J PATIENT ACCOUNT#: 0. 2464449	SERVICE DATE(S) SERVICE POS CHARGE
-	1, 676. 76	0. 00 0. 00		9. 00 121. 29	3. 00 396. 57				RELATIONSHIP TO INSURED	CLAIM NUMBER SERVICE PROVIDER ID:	INISHR	GE ALLOWED		_		1	9. 00-							RELATIONSHIP TO INSURED	SERVICE PROVIDER ID	CLAIM NUMBER	GE ALLOWED
-							0.00				INSTIRED'S ID: PWE6400654PT	DEDUCTIBLE CO		_	0.00						0.00		_	VSURED: SUBSCRI BER	12	INSURED'S ID: PWF6400654PT AIM NUMBER: 20222777A1729	DEDUCTIBLE CO
-							0.00 0.00			1729	OT	CO-PAY CO-INSURANCE CONT		_		0.00 0.00						0. 00 0. 00	_			41729	CO-PAY CO-INSURANCE
-	328. 24 3,	5, 400. 00	3, 139. 00 3,	3, 017. 71	3, 766. 43	4, 800. 95	5, 974. 45	3, 229. 70	 PLAN TYPE: PPO	R.	<b>.</b>	RACTUAL PRO ERENCE		_			0. 00 3,	0. 00 3,	4,	ر ت	6,	ω		PLAN TYPE: PPO		R. V	CO-INSURANCE DIFFERENCE AMOUNT
-	139.00	0. 00	139. 00 777 119	0. 00	0. 00	0. 00	0. 00	0. 00	 DRG RCVD: N/A		PATIENT NAME: I FHR	NVIDER RESP. EXPL/ANSI AMOUNT CODE(S)			31, 005. 00-	400.00- 009 252	139.00- 009 252	139.00- 009 252	163.00- 009 252	225.00- 009 252	489.00- 009 252	450.00- 009 252		DRG RCVD: N/A	EXPL CD:	RECEIVED DATE: LEHR,	MOUNT CODE(S)
-	26, 189. 24	5, 400. 00	0.00	3, 017. 71	3, 766. 43	4, 800. 95	5, 974. 45	3, 229. 70		10/04/2022 APPEALS CODE:	IEHR ANDREW I	INSURED NSI RESPONSIBILITY (S) AMOUNT		_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_		APPEALS CODE: ASO	LEHR, ANDREW J 10/04/2022	(S) RESPONSIBILITY
-		015 45		015 45	015 45	015 45	015 45	015 45		ASO	FOR INDI	EXPL/ANSI CODE(S)													DE: ASO	FOR INQU	CODE(S)
1, 676. 76	1, 676. 76 0, 00	0. 00	0. 00	121. 29	396. 57	424. 05	514. 55	220. 30		(877) 812-9777	FOR INDITIRIES CALL:	WHAT WE WILL PAY	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00				FOR INQUIRIES CALL: (877) 812-9777	WHAT WE WILL FAY

PROVIDER ID NO: 853229794 TCM HEALTHCARE LLC

CHECK/EFT DT: CHECK/EFT: 10/13/23 0014405556

PPO PB INCENTIVE

45	252	015 777	009	EXPL CODES	
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. BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	THEREFORE, THE MEMBER'S PLAN DOESN'T PAY FOR IT. THE MEMBER MIGHT BE RESPONSIBLE FOR THIS AMOUNT IF THEY CHOSE TO RECEIVE CARE FROM A DOCTOR/FACILITY NOT IN THEIR PLAN'S NETWORK.  AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	This was processed, and as an out of network provider, the maximum amount has been paid. The remaining balance can be billed to the member only if it was non-emergent or was not authorized.  THE DOCTOR/FACILITY BILLED FOR THIS CARE MORE TIMES THAN OUR GUIDELINES ALLOW.	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 Availity.com use the Claims & Payments tab to access Claim Status. Find this claim and use the Send Attachments button to send the requested documentation.	GROSS APPROVED CLAIM AMOUNT  TOTAL INTEREST  NET AMOUNT DUE  EXPLANATION  GROSS APPROVED CLAIM AMOUNT  TOTAL INTEREST  1,	TOTAL APPROVED AMOUNT  TOTAL INTEREST  TOTAL NET AMOUNT DUE: PPO PB INCENTIVE
				1, 676. 76 0. 00 1, 676. 76	1, 676. 76 0. 00 1, 676. 76

APPEALS CODE

**APPEALS** 

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Provider dispute resolution mechanism for Providers:

CA 90060-0007. The written notice must include the provider name, tax identification number, patient name, health plan identification number, description of the dispute, and 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 "From/To" date. Further instructions and forms are available via Anthem Blue Cross website at www.anthem.com/ca or call the customer service number referenced of the member's identification card.

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 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 may request binding arbitration as specified in your provider contract. See your contract for more detailed information, or contact the Customer Service Department at 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

reimbursement of an overpayment, or if you have a contract dispute, you may submit a provider dispute by mailing a written notice to us at P.O. Box 60007, Los Angeles,