



Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

ANTHEM INSURANCE COMPANIES, INC.  
DBA ANTHEM BLUE CROSS AND BLUE SHIELD  
3075 VANDERCAR WAY  
CINCINNATI, OH 45209

10/25/23 9022575554

1025AI 030107-016496000000

1025AI 030107-016496

PROVIDER ID NO

000001226108

TAX ID NO

XXXXX4972

DATE

10/25/23



#BWNCQXF  
#773999998108/DF1# M001  
NEUROMONITORING ASSOCIATE  
PO BOX 29650  
DEPT 880257  
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/25/23

P. O. BOX 105187  
ATLANTA, GA 30348-5187

PROVIDER NAME	NEUROMONITORING ASSOCIATE		
ADDRESS	PO BOX 29650		
	DEPT 880257		
	PHOENIX AZ 85038-9650		
PROVIDER-NPI IDS	000001226108	-	1659765204
TAX ID NO	XXXXX4972		
CHECK NUMBER:	9022575554		

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	0.00		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	0.00
NET AMOUNT DUE	0.00		RECOUPMENT BALANCE	0.00

TO AVOID ANY UNNECESSARY DELAYS IN CLAIMS PROCESSING, PLEASE INCLUDE CURRENT COORDINATION OF BENEFITS (COB) INFORMATION WHEN SUBMITTING CLAIMS TO ANTHEM.

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.

Health Insurance fraud hurts us all. You can assist us in fighting health insurance fraud by carefully examining the information presented on the other side of this form.

Health Insurance fraud often involves the collection of fees for services never rendered, the payment of claims filed on ineligible patients, and claims filed for services different than those actually received. If after reviewing this Explanation of Benefits, you believe that medical insurance fraud may have occurred, please contact our Special Investigations department at the number below using your toll free hotline. Callers will remain anonymous if they so choose. For anything other than suspected fraud, including questions regarding your coverage or questions about this Explanation of Benefits form, contact your Customer Service unit directly, using the phone number on the front of this form.

SPECIAL INVESTIGATIONS TOLL-FREE HOTLINE 1-877-283-1524

An independent licensee of the Blue Cross and Blue Shield Association

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® Registered Marks Blue Cross and Blue Shield Association



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registered trademark of Anthem Insurance Companies, Inc.

NEURONOMI TORI NG ASSOCIATE

PROVIDER ID NO: 000001226108

CHECK/EFT DT:

10/25/23

CHECK/EFT:

9022575554

BLUECARD PPO

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: HILL, CHRISTOPHER L													
PATIENT ACCOUNT #: 0.2660320				INSURED'S ID: HB0370A16221				CLAIM NUMBER: 2022332DR8016					
SERVICE PROVIDER NAME: NEURONOMI TORI NG ASSOCIATE				SERVICE PROVIDER ID: 1114534054				RELATIONSHIP TO INSURED: SPOUSE					
NETWORK: OUT OF NETWORK				PLAN TYPE: PPO				DRG RCVD: N/A					
								PATIENT NAME: MOORE, NANCY L				FOR INQUIRIES CALL: (855) 272-0696	
								RECEIVED DATE: 11/28/2022					
								EXPL CD: N/A					

08/03/2022	08/03/2022	95940	15	4,830.00-	0.00	0.00	0.00	0.00	4,830.00-	4,830.00-	AJQ 16	0.00	0.00
08/03/2022	08/03/2022	95939	15	6,489.00-	0.00	0.00	0.00	0.00	6,489.00-	6,489.00-	AJQ 16	0.00	0.00
08/03/2022	08/03/2022	95822	15	5,225.00-	0.00	0.00	0.00	0.00	5,225.00-	5,225.00-	AJQ 16	0.00	0.00
08/03/2022	08/03/2022	95938	15	4,163.00-	0.00	0.00	0.00	0.00	4,163.00-	4,163.00-	AJQ 16	0.00	0.00
08/03/2022	08/03/2022	95861	15	3,139.00-	0.00	0.00	0.00	0.00	3,139.00-	3,139.00-	AJQ 16	0.00	0.00
08/03/2022	08/03/2022	95861	15	3,139.00-	0.00	0.00	0.00	0.00	3,139.00-	3,139.00-	AJQ 16	0.00	0.00
08/03/2022	08/03/2022	95861	15	3,139.00-	0.00	0.00	0.00	0.00	3,139.00-	3,139.00-	AJQ 16	0.00	0.00
08/03/2022	08/03/2022	95868	15	2,904.00-	0.00	0.00	0.00	0.00	2,904.00-	2,904.00-	AJQ 16	0.00	0.00
08/03/2022	08/03/2022	95868	15	2,904.00-	0.00	0.00	0.00	0.00	2,904.00-	2,904.00-	AJQ 16	0.00	0.00
08/03/2022	08/03/2022	95999	15	7,200.00-	0.00	0.00	0.00	0.00	7,200.00-	7,200.00-	AJQ 16	0.00	0.00
TOTAL:				39,993.00-	0.00	0.00	0.00	0.00	39,993.00-	39,993.00-		0.00	0.00
TOTAL NET PAID													0.00
INTEREST													

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: HILL, CHRI STOPHER L													
PATIENT ACCOUNT #: 0.2660320				CLAIM NUMBER: 2022332DR8016				PATIENT NAME: MOORE, NANCY L					
SERVICE PROVIDER NAME: NEURONOMI TORI NG ASSOCIATE				SERVICE PROVIDER ID: 1114534054				RECEIVED DATE: 11/28/2022					
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SPOUSE				EXPL CD: N/A					
				PLAN TYPE: PPO				DRG RCVD: N/A					
08/03/2022	08/03/2022	15	4,830.00	0.00	0.00	0.00	0.00	4,830.00	AJQ 16		0.00		0.00
08/03/2022	08/03/2022	15	6,489.00	0.00	0.00	0.00	0.00	6,489.00	AJQ 16		0.00		0.00
08/03/2022	08/03/2022	15	5,225.00	0.00	0.00	0.00	0.00	5,225.00	AJQ 16		0.00		0.00
08/03/2022	08/03/2022	15	4,163.00	0.00	0.00	0.00	0.00	4,163.00	AJQ 16		0.00		0.00
08/03/2022	08/03/2022	15	3,139.00	0.00	0.00	0.00	0.00	3,139.00	AJQ 16		0.00		0.00
08/03/2022	08/03/2022	15	3,139.00	0.00	0.00	0.00	0.00	3,139.00	AJQ 16		0.00		0.00
08/03/2022	08/03/2022	15	2,904.00	0.00	0.00	0.00	0.00	2,904.00	AJQ 16		0.00		0.00
08/03/2022	08/03/2022	15	2,904.00	0.00	0.00	0.00	0.00	2,904.00	AJQ 16		0.00		0.00
08/03/2022	08/03/2022	15	7,200.00	0.00	0.00	0.00	0.00	7,200.00	AJQ 16		0.00		0.00
TOTAL:			39,993.00	0.00	0.00	0.00	0.00	39,993.00			0.00		0.00
TOTAL NET PAID													0.00

CA GENERIC HLTH SAVINGS

TOTAL APPROVED AMOUNT  
TOTAL INTEREST  
TOTAL NET AMOUNT DUE: BLUECARD PPO

0.00  
0.00  
0.00

CHECK/EFT DT: 10/25/23  
CHECK/EFT: 9022575554

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NEURONOMI TORI NG ASSOCIATE  
PROVIDER ID NO: 00000126108

CHECK/EFT DT: 10/25/23  
CHECK/EFT: 902257554

IN BLUE ACCESS PPO -

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: ADCOCK, JASON A													
PATIENT ACCOUNT #: 0.2505368				INSURED'S ID: 1SA1402330SF		CLAIM NUMBER: 2022229CWB945		PATIENT NAME: ADCOCK, MELISSA K		FOR INQUIRIES CALL: (877) 812-9777			
SERVICE PROVIDER NAME: NEURONOMI TORI NG ASSOCIATE				SERVICE PROVIDER ID: 1992370720		RELATIONSHIP TO INSURED: SPOUSE		RECEIVED DATE: 08/17/2022		EXPLOD: N/A			
NETWORK: OUT OF NETWORK				PLAN TYPE: PPO		DRG RCVD: N/A							

03/23/2022	03/23/2022	51785	21	2,623.00	0.00	0.00	0.00	2,623.00	2,623.00	781 16	0.00		0.00
03/23/2022	03/23/2022	51785 , XU	21	2,623.00	0.00	0.00	0.00	2,623.00	2,623.00	781 16	0.00		0.00
03/23/2022	03/23/2022	95822 , XU	21	5,225.00	0.00	0.00	0.00	5,225.00	5,225.00	781 16	0.00		0.00
03/23/2022	03/23/2022	95938	21	4,163.00	0.00	0.00	0.00	4,163.00	4,163.00	781 16	0.00		0.00
03/23/2022	03/23/2022	95861 , XU	21	3,139.00	0.00	0.00	0.00	3,139.00	3,139.00	781 16	0.00		0.00
03/23/2022	03/23/2022	95861 , XU	21	3,139.00	0.00	0.00	0.00	3,139.00	3,139.00	781 16	0.00		0.00
03/23/2022	03/23/2022	95940	21	1,380.00	0.00	0.00	0.00	1,380.00	1,380.00	066 45	0.00		0.00
03/23/2022	03/23/2022	95999	21	5,400.00	0.00	0.00	0.00	5,400.00	5,400.00	066 45	0.00		0.00
TOTAL:				27,692.00	0.00	0.00	0.00	27,692.00	27,692.00		0.00		0.00
INTEREST													
TOTAL NET PAID													

TOTAL APPROVED AMOUNT 0.00  
TOTAL INTEREST 0.00  
TOTAL NET AMOUNT DUE: IN BLUE ACCESS PPO 0.00  
GROSS APPROVED CLAIM AMOUNT 0.00  
TOTAL INTEREST 0.00  
NET AMOUNT DUE 0.00

EXPL CODES

EXPLANATION

AJO

AJR

781

This was denied because we have not received the requested procedure code 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.  
WE DENIED THIS CLAIM BECAUSE WE COVERED THE CARE AS PART OF ANOTHER SERVICE. THE MEMBER IS NOT RESPONSIBLE FOR THIS AMOUNT UNLESS THEY CHOSE TO RECEIVE CARE FROM A DOCTOR OR FACILITY NOT IN THEIR PLAN'S NETWORK.  
This was denied because of the place of service billed. If you disagree with our decision, and have documents to support the claim, the fastest and easiest way to dispute a claim is through Availity.com. Log onto Availity.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. As a reminder, if you are a participating provider, the member is not

I N BLUE ACCESS PPO -

- 066 responsible for the unpaid amount.  
This reduction represents the discount amount. The payment represents the difference between the billed amount and the allowable amount for the service according to this participating provider's fee schedule. As a reminder, the member is not responsible for the amount due.
- 16 CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). USAGE: DO NOT USE THIS CODE FOR CLAIMS ATTACHMENT(S)/OTHER DOCUMENTATION. REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT, IF PRESENT.
- 234 THIS PROCEDURE IS NOT PAID SEPARATELY.
- 45 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.

APPEALS CODE  
APPEALS

ASO

Provider dispute resolution mechanism for Providers:  
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, 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](http://www.anthem.com/ca) or call the customer service number referenced of the member's identification card.



RECOUPMENT NOTIFICATION

PAGE 2

TOTAL PRIOR RECOUPMENT	0.00
TOTAL CURRENT RECOUPMENT	0.00
TOTAL OUTSTANDING NEGATIVE BAL.	0.00
TOTAL DEFERRED	966.00-
OUTSTANDING NEGATIVE BAL WITH DEFER	966.00-