



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

10/11/23 9022094700

1011AI 030107-017313000000

1011AI 030107-017313

PROVIDER ID NO

000001226108

TAX ID NO

XXXXX4972

DATE

10/11/23



#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 10/11/23

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: | 9022094700 |

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.

NEUROMONI TORI NG ASSOCIATE
PROVIDER ID NO: 000001226108

CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022094700

ANTHEM 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: JOSEPH, ESTILL STEPH | | | | | | | | | | | | | |
| PATIENT ACCOUNT #: 2073989 | | | | INSURED'S ID: YZD971M54189 | | | | CLAIM NUMBER: 20221520A6505 | | PATIENT NAME: JOSEPH, ESTILL STEPH | | RECEIVED DATE: 06/01/2022 | |
| SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE | | | | SERVICE PROVIDER ID: 1922410307 | | | | SUBSCRIBER | | EXPL CD: AJR | | FOR INQUIRIES CALL: (855) 720-3504 | |
| NETWORK: OUT OF NETWORK | | | | RELATIONSHIP TO INSURED: SUBSCRIBER | | | | PLAN TYPE: PPO | | DRG RCD: N/A | | | |
| 09/22/2021 | 09/22/2021 | 22 | 8,474.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8,474.00- | AJR 234 | 0.00 | | 0.00 |
| 09/22/2021 | 09/22/2021 | 22 | 5,225.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,225.00- | AJR 234 | 0.00 | | 0.00 |
| 09/22/2021 | 09/22/2021 | 22 | 4,163.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,163.00- | AJR 234 | 0.00 | | 0.00 |
| 09/22/2021 | 09/22/2021 | 22 | 2,760.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,760.00- | AJR 234 | 0.00 | | 0.00 |
| 09/22/2021 | 09/22/2021 | 22 | 1,400.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,400.00- | AJR 234 | 0.00 | | 0.00 |
| 09/22/2021 | 09/22/2021 | 22 | 475.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 475.00- | AJR 234 | 0.00 | | 0.00 |
| TOTAL: | | 22 | 22,497.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 22,497.00- | | 0.00 | | 0.00 |
| TOTAL NET PAID | | | | | | | | | | | | | 0.00 |

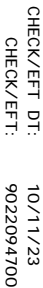
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|--|--|--|--|-------------------------------------|--|--|--|-----------------------------|--|------------------------------------|--|------------------------------------|--|
| INSURED'S NAME: JOSEPH, ESTILL STEPH | | | | | | | | | | | | | |
| PATIENT ACCOUNT #: 2073989 | | | | INSURED'S ID: YZD971M54189 | | | | CLAIM NUMBER: 20221520A6505 | | PATIENT NAME: JOSEPH, ESTILL STEPH | | RECEIVED DATE: 06/01/2022 | |
| SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE | | | | SERVICE PROVIDER ID: 1922410307 | | | | SUBSCRIBER | | EXPL CD: AJR | | FOR INQUIRIES CALL: (855) 720-3504 | |
| NETWORK: OUT OF NETWORK | | | | RELATIONSHIP TO INSURED: SUBSCRIBER | | | | PLAN TYPE: PPO | | DRG RCD: N/A | | | |

| | | | | | | | | | | | | | |
|----------------|------------|----|-----------|------|------|------|------|------|-----------|---------|------|--|------|
| 09/22/2021 | 09/22/2021 | 22 | 8,474.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8,474.00 | AJR 234 | 0.00 | | 0.00 |
| 09/22/2021 | 09/22/2021 | 22 | 5,225.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,225.00 | AJR 234 | 0.00 | | 0.00 |
| 09/22/2021 | 09/22/2021 | 22 | 4,163.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,163.00 | AJR 234 | 0.00 | | 0.00 |
| 09/22/2021 | 09/22/2021 | 22 | 2,760.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,760.00 | AJR 234 | 0.00 | | 0.00 |
| 09/22/2021 | 09/22/2021 | 22 | 1,400.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,400.00 | AJR 234 | 0.00 | | 0.00 |
| 09/22/2021 | 09/22/2021 | 22 | 475.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 475.00 | AJR 234 | 0.00 | | 0.00 |
| TOTAL: | | 22 | 22,497.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 22,497.00 | | 0.00 | | 0.00 |
| TOTAL NET PAID | | | | | | | | | | | | | 0.00 |

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: ANTHEM BLUE ACCESS PPO

BLUE ACCESS PPO -

| | | | | | | | | | | | | | |
|--|------------|-------|-----------|-------------------------------------|------|------|------|-----------------------------|-----------|------------------------------|------|------------------------------------|------|
| INSURED'S NAME: DAWSON, GINGER | | | | | | | | | | | | | |
| PATIENT ACCOUNT #: 0.2520251 | | | | INSURED'S ID: SU1AN6887320 | | | | CLAIM NUMBER: 2022283EG3479 | | PATIENT NAME: DAWSON, GINGER | | RECEIVED DATE: 10/10/2022 | |
| SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE | | | | SERVICE PROVIDER ID: 1548773476 | | | | SUBSCRIBER | | EXPL CD: N/A | | FOR INQUIRIES CALL: (866) 333-1098 | |
| NETWORK: OUT OF NETWORK | | | | RELATIONSHIP TO INSURED: SUBSCRIBER | | | | PLAN TYPE: PPO | | DRG RCD: N/A | | | |
| 04/05/2022 | 04/05/2022 | 95940 | 6,210.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6,210.00- | AJR 234 | 0.00 | | 0.00 |



| INSURED'S NAME: JAMES, JENNI FER | | | | | | PATIENT NAME: JAMES, JENNI FER | | FOR INQUIRIES CALL: | |
|---|------------|-------|----|------------|------|--------------------------------|---------|---------------------|------|
| PATIENT ACCOUNT #: 0_2641855 | | | | | | RECEIVED DATE: 10/21/2022 | | (877) 224-0030 | |
| SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCI ATE | | | | | | EXPL CD: | | | |
| NETWORK: OUT OF NETWORK | | | | | | DRG RCVD: N/A | | | |
| CLAIM NUMBER: 2022294CC2401 | | | | | | | | | |
| SUBSCRIPTION ID: 1194269753 | | | | | | | | | |
| RELATIONSHIP TO INSURED: SUBSCRIBER | | | | | | | | | |
| PLAN TYPE: PRO | | | | | | | | | |
| TOTAL NET PAID | | | | | | | | | |
| 07/18/2022 | 07/18/2022 | 95940 | 15 | 6,210.00- | 0.00 | 0.00 | AJR 234 | 0.00 | 0.00 |
| 07/18/2022 | 07/18/2022 | 95822 | 15 | 5,225.00- | 0.00 | 0.00 | AJR 234 | 0.00 | 0.00 |
| 07/18/2022 | 07/18/2022 | 95938 | 15 | 4,163.00- | 0.00 | 0.00 | AJR 234 | 0.00 | 0.00 |
| 07/18/2022 | 07/18/2022 | 95861 | 15 | 3,139.00- | 0.00 | 0.00 | AJR 234 | 0.00 | 0.00 |
| 07/18/2022 | 07/18/2022 | 95861 | 15 | 3,139.00- | 0.00 | 0.00 | AJR 234 | 0.00 | 0.00 |
| 07/18/2022 | 07/18/2022 | 95861 | 15 | 3,139.00- | 0.00 | 0.00 | AJR 234 | 0.00 | 0.00 |
| 07/18/2022 | 07/18/2022 | 95999 | 15 | 3,600.00- | 0.00 | 0.00 | AJR 234 | 0.00 | 0.00 |
| 07/18/2022 | 07/18/2022 | 44215 | 15 | 360.00- | 0.00 | 0.00 | AJR 234 | 0.00 | 0.00 |
| TOTAL: | | | | 25,836.00- | 0.00 | 0.00 | | 0.00 | 0.00 |
| INTEREST | | | | | | | | | |
| TOTAL NET PAID | | | | | | | | | 0.00 |

CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022094700

| | | | | | | | | | | | |
|---|------------|------------|----|--------------|-------|---------------------------------|-------|---------------------------------|-------|---|-------|
| INSURED'S NAME: CASAD, ROBERT T | | | | | | INSURED'S ID: NUAAAN2469748 | | PATIENT NAME: CASAD, PAMELA KAY | | FOR INQUIRIES CALL: (866) 240-7423 | |
| PATIENT ACCOUNT#: 0, 2371410 | | | | | | CLAIM NUMBER: 2022035BJ7475 | | RECEIVED DATE: 02/04/2022 | | | |
| SERVICE PROVIDER NAME: NEUROMONI TORING ASSOCIATE | | | | | | SERVICE PROVIDER ID: 1922410307 | | EXPL CD: | | | |
| NETWORK: OUT OF NETWORK | | | | | | RELATIONSHIP TO INSURED: SPOUSE | | PLAN TYPE: PPO | | DRG RCVD: N/A | |
| 11/23/2021 | 11/23/2021 | 95870 , 59 | 22 | 8, 474. 00- | 0. 00 | 0. 00 | 0. 00 | 0. 00 | 0. 00 | ANC 226 | 0. 00 |
| 11/23/2021 | 11/23/2021 | 95940 | 22 | 2, 070. 00- | 0. 00 | 0. 00 | 0. 00 | 0. 00 | 0. 00 | ANC 226 | 0. 00 |
| 11/23/2021 | 11/23/2021 | 95937 | 22 | 1, 400. 00- | 0. 00 | 0. 00 | 0. 00 | 0. 00 | 0. 00 | ANC 226 | 0. 00 |
| TOTAL: | | | | 11, 944. 00- | 0. 00 | 0. 00 | 0. 00 | 0. 00 | | 11, 944. 00- | 0. 00 |
| INTEREST | | | | | | | | | | | 0. 00 |
| TOTAL NET PAID | | | | | | | | | | | 0. 00 |



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NEURONOMI TORI NG ASSOCIATE
PROVIDER ID NO: 000001226108

CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022094700

OHIO HSA

| 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: CASAD, ROBERT T | | | | | | | | | | | | | |
| PATIENT ACCOUNT #: 0.2371410 | | | | INSURED'S ID: NUAAN2469748 | | CLAIM NUMBER: 2022035BJ7475 | | FOR INQUIRIES CALL: (866) 240-7423 | | | | | |
| SERVICE PROVIDER NAME: NEURONOMI TORI NG ASSOCIATE | | | | SERVICE PROVIDER ID: 1922410307 | | RELATIONSHIP TO INSURED: SPOUSE | | | | | | | |
| NETWORK: OUT OF NETWORK | | | | PLAN TYPE: PPO | | DRG RCD: N/A | | | | | | | |

| | | | | | | | | | | | | | |
|----------------|------------|-------|------|----|-----------|------|------|------|------|-----------|---------|------|------|
| 11/23/2021 | 11/23/2021 | 95870 | , 59 | 22 | 8,474.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8,474.00 | AJQ 16 | 0.00 | 0.00 |
| 11/23/2021 | 11/23/2021 | 95940 | | 22 | 2,070.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,070.00 | AJR 234 | 0.00 | 0.00 |
| 11/23/2021 | 11/23/2021 | 95937 | | 22 | 1,400.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,400.00 | AJQ 16 | 0.00 | 0.00 |
| TOTAL: | | | | | 11,944.00 | 0.00 | 0.00 | 0.00 | 0.00 | 11,944.00 | | 0.00 | 0.00 |
| INTEREST | | | | | | | | | | | | | 0.00 |
| TOTAL NET PAID | | | | | | | | | | | | | 0.00 |

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: OHIO HSA

GROSS APPROVED CLAIM AMOUNT
TOTAL INTEREST
NET AMOUNT DUE

EXPL CODES

EXPLANATION

AJR 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.

AJQ 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 Availability.com use the Claims & Payments tab to access Claim Status. Find this claim and use the Send Attachments button to send the requested documentation.

ANC WE'RE WAITING FOR MORE INFORMATION FROM THE DOCTOR TO FINISH PROCESSING THIS CLAIM. THIS PROCEDURE IS NOT PAID SEPARATELY.

234 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.

226 INFORMATION REQUESTED FROM THE BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.