



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

10/12/23 3223364185

1012AI 030107-027040000000

1012AI 030107-027040

3299777138

PROVIDER ID NO
271622508102

TAX ID NO
XXXXX2508

DATE
10/12/23



#BWNCQXF
#941278377102/DF9#
MONITORING ASSOCIATES LLC
DEPT 880256 PO BOX 29650
PHOENIX AZ 85038-9650

PAY EXACTLY
~~XXXXXX~~203 DOLLARS AND 44 CENTS

DEPOSITED TO:

ABA # 124001545
ACC # XXXXX7975
EFT # 3223364185
ON 10/13/23

ACH DEPOSIT MADE - THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/12/23

1222 S PATTERSON BLVD
DAYTON, OH 45402

ANTHEM.COM

| | | | |
|------------------|---|---|------------|
| PROVIDER NAME | MONITORING ASSOCIATES LLC | | |
| ADDRESS | DEPT 880256 PO BOX 29650 PHOENIX AZ 85038-9650 | | |
| PROVIDER-NPI IDS | 271622508102 | - | 1174916522 |
| TAX ID NO | XXXXX2508 | | |
| CHECK NUMBER: | | | |

PAYMENT SUMMARY

| | | | |
|-----------------------------|--------|----------------------------|--------|
| GROSS APPROVED CLAIM AMOUNT | 203.44 | 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 | 203.44 |
| NET AMOUNT DUE | 203.44 | RECOUPMENT BALANCE | 0.00 |

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)

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.

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 271622508102

CHECK/EFT DT: 10/12/23
CHECK/EFT:

INDIANA MEDICARE WLP -

| 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: HEIKEMA, ROGER A PATIENT ACCOUNT #: 0. 2489291 SERVICE PROVIDER NAME: UNGAR SARCON, JULIAN NETWORK: OUT OF NETWORK INSURED'S ID: XPF674M96922 CLAIM NUMBER: 232059035101 SERVICE PROVIDER ID: 1376642900 RELATIONSHIP TO INSURED: PATIENT NAME: HEIKEMA, ROGER A RECEIVED DATE: 10/10/2022 EXPL CD: APPEALS CODE: MA FOR INQUIRIES CALL: (800) 676-2583 | | | | | | | | | | | | | |
| 03/09/2022 | 03/09/2022 | 22 | 2,760.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,760.00- | GYB 256 | 0.00 |
| 03/09/2022 | 03/09/2022 | 22 | 1,071.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,071.00- | Fq3 222 | 0.00 | | 0.00 |
| 03/09/2022 | 03/09/2022 | 22 | 1,071.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,071.00- | h28 222 | 0.00 | | 0.00 |
| 03/09/2022 | 03/09/2022 | 22 | 1,614.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,614.00- | Fq3 222 | 0.00 | | 0.00 |
| 03/09/2022 | 03/09/2022 | 22 | 1,614.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,614.00- | h28 222 | 0.00 | | 0.00 |
| 03/09/2022 | 03/09/2022 | 22 | 3,600.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,600.00- | Y86 16 | 0.00 | | 0.00 |
| TOTAL: | | 22 | 11,730.00- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8,970.00- | | 2,760.00- | | 0.00 |
| TOTAL NET PAID | | | | | | | | | | | | | 0.00 |

| 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: HEIKEMA, ROGER A PATIENT ACCOUNT #: 0. 2489291 SERVICE PROVIDER NAME: UNGAR SARCON, JULIAN NETWORK: OUT OF NETWORK INSURED'S ID: XPF674M96922 CLAIM NUMBER: 232059035102 SERVICE PROVIDER ID: 1376642900 RELATIONSHIP TO INSURED: PATIENT NAME: HEIKEMA, ROGER A RECEIVED DATE: 10/10/2022 EXPL CD: APPEALS CODE: MA FOR INQUIRIES CALL: (800) 676-2583 | | | | | | | | | | | | | |
| 03/09/2022 | 03/09/2022 | 22 | 2,760.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,760.00 | e14 B15 | 0.00 | | 0.00 |
| 03/09/2022 | 03/09/2022 | 22 | 1,071.00 | 83.25 | 0.00 | 0.00 | 0.00 | 0.00 | 987.75 | PXN 45 | 0.00 | | 83.25 |
| 03/09/2022 | 03/09/2022 | 22 | 1,071.00 | 41.63 | 0.00 | 0.00 | 0.00 | 0.00 | 1,029.37 | PXN 45 | 0.00 | | 41.63 |
| 03/09/2022 | 03/09/2022 | 22 | 1,614.00 | 78.56 | 0.00 | 0.00 | 0.00 | 0.00 | 1,535.44 | PXN 45 | 0.00 | | 78.56 |
| 03/09/2022 | 03/09/2022 | 22 | 1,614.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,614.00 | 346 18 | 0.00 | | 0.00 |
| 03/09/2022 | 03/09/2022 | 22 | 3,600.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,600.00 | Y86 16 | 0.00 | | 0.00 |
| TOTAL: | | 22 | 11,730.00 | 203.44 | 0.00 | 0.00 | 0.00 | 0.00 | 11,526.56 | | 0.00 | | 203.44 |
| TOTAL NET PAID | | | | | | | | | | | | | 0.00 |

| | |
|--|--------|
| TOTAL APPROVED AMOUNT | 203.44 |
| TOTAL INTEREST | 0.00 |
| TOTAL NET AMOUNT DUE: INDIANA MEDICARE WLP | 203.44 |
| GROSS APPROVED CLAIM AMOUNT | 203.44 |
| TOTAL INTEREST | 0.00 |
| NET AMOUNT DUE | 203.44 |

EXPL CODES

EXPLANATION

GYB
Fq3
h28
Y86

This was not paid because it is not reimbursable.
Quantity billed was over the Medical Necessity Edit Limit
Quantity billed was over the Medical Necessity Edit Limit with other
lines on the current claim.
The claim contains missing or invalid information required to process

INDIANA MEDICARE WLP -

the claim.
e14 The submitted procedure is disallowed because an add-on code was billed without the presence of the related primary service/procedure.
PXN This was paid in accordance with your contracted or out of network rates. For additional information related to this amount, consult your contract.
346 This service is a duplicate of a previously submitted service for this member
256 SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.
222 EXCEEDS THE CONTRACTED MAXIMUM NUMBER OF HOURS/DAYS/UNITS BY THIS PROVIDER FOR THIS PERIOD. THIS IS NOT PATIENT SPECIFIC. USAGE: REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT, IF PRESENT.
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.
B15 THIS SERVICE/PROCEDURE REQUIRES THAT A QUALIFYING SERVICE/PROCEDURE BE RECEIVED AND COVERED. THE QUALIFYING OTHER SERVICE/PROCEDURE HAS NOT BEEN RECEIVED/ADJUDICATED. USAGE: REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT, IF PRESENT.
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.
18 EXACT DUPLICATE CLAIM/SERVICE

APPEALS CODE APPEALS

MA Non-Contracted Medicare Provider Appeal - Medicare Advantage/Medicare Medical Plans

If a claim is partially or fully denied for payment, the non-contracted provider must request an appeal of the denial within 60 calendar days from the remittance notification. When submitting the appeal, a signed Waiver of Liability form must be included. To obtain this form, please go to https://www.cms.gov/Medicare/Appeals-and-Grievances/MACAG/Downloads/Model-Waiver-of-Liability_Feb2019v508.zip. The purpose of the Waiver of Liability form is to hold the enrollee harmless regardless of the outcome of the appeal.

With the appeal, the non-contracted provider should include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports the provider's argument for reimbursement. The appeal must be in writing and mailed.

Please mail the appeal to this address:
Grievances and Appeals
Mailstop: OH0205-A537
4361 Irwin Simpson Rd.
Mason, OH 45040-9398

Non-Contracted Medicare Provider Payment Disputes - Medicare Advantage/Medicare Medical Plans
A payment dispute is when you believe the amount we paid is different than what Original Medicare would have paid. If you disagree with the payment amount, you may file a non-contracted Medicare provider payment dispute in writing within 120 calendar days.

Your payment dispute should be sent to:



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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 271622508102

CHECK/EFT DT: 10/12/23
CHECK/EFT:

Provider Payment Disputes
P.O. Box 61599
Virginia Beach, VA 23466-1599