



10/20/23 3224080873  
ANTHEM BC LIFE & HEALTH INS CO  
3075 VANDERCAR WAY  
CINCINNATI, OH 45209

1020AI 060356-001223000000

Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

1020AI 060356-001223

3359983593

PROVIDER ID NO

000001048740

TAX ID NO

XXXXX2508

DATE

10/20/23



#BWNCQXF

#591999998740/DF1# M001

MONITORING ASSOCIATES LLC

9811 W CHARLESTON BLVD STE 2641

LAS VEGAS NV 89117-7528

PAY EXACTLY

\*\*\*\*\*45

DOLLARS AND

99

CENTS

DEPOSITED TO:

ABA # 124001545

ACC # XXXXX7975

EFT # 3224080873

ON 10/23/23

ACH DEPOSIT MADE - THIS IS NOT A CHECK

ANTHEM BC LIFE & HEALTH INS CO

DATE 10/20/23

PROVIDER NAME MONITORING ASSOCIATES LLC  
ADDRESS 9811 W CHARLESTON BLVD STE 2641  
LAS VEGAS NV 89117-7528

PROVIDER-NPI IDS 000001048740 - 1174916522

TAX ID NO XXXXX2508

CHECK NUMBER:

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT 45.99  
INTEREST 0.00  
PENALTY 0.00  
LEVY/GARNISHMENT 0.00  
NET AMOUNT DUE 45.99

IRS WITHHELD 0.00  
STATE WITHHELD 0.00  
AMOUNT PREVIOUSLY OVERPAID 0.00  
AMOUNT DISBURSED 45.99  
RECOUPMENT BALANCE 0.00

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.





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MONITORING ASSOCIATES, LLC  
PROVIDER ID NO: 000001048740

CHECK/EFT DT: 10/20/23  
CHECK/EFT:

BC PPO INCENTIVE

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: LAWLER, WILLIAM H														
PATIENT ACCOUNT #: 0.2819068				CLAIM NUMBER: 2023264GE9381				PATIENT NAME: LAWLER, MARIE						
SERVICE PROVIDER NAME: NATH, AUDREY R				SERVICE PROVIDER ID: 1053679019				RECEIVED DATE: 09/21/2023				FOR INQUIRIES CALL: (800) 451-6834		
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SPOUSE				PLAN TYPE: PPO				DRG RCVD: N/A		

12/08/2022	12/08/2022	95939	22	3,814.00	123.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24.67
12/08/2022	12/08/2022	95822	22	1,755.00	59.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.87
12/08/2022	12/08/2022	95938	22	3,107.00	47.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.45
12/08/2022	12/08/2022	95861	22	1,614.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/08/2022	12/08/2022	95861	22	1,614.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/08/2022	12/08/2022	95865	22	1,502.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/08/2022	12/08/2022	95865	22	1,502.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/08/2022	12/08/2022	95868	22	1,310.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/08/2022	12/08/2022	95868	22	1,310.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/08/2022	12/08/2022	95999	22	7,200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL:				24,728.00	229.98	0.00	0.00	0.00	0.00	0.00	16,232.31	0.00	45.99
INTEREST													0.00
AMOUNT PAID BY OTHER													180.31
TOTAL NET PAID													45.99

TOTAL APPROVED AMOUNT 45.99  
TOTAL INTEREST 0.00  
TOTAL NET AMOUNT DUE: BC PPO INCENTIVE 45.99  
  
GROSS APPROVED CLAIM AMOUNT 45.99  
TOTAL INTEREST 0.00  
NET AMOUNT DUE 45.99

EXPL CODES

EXPLANATION

158 Medi care is the member's primary insurance. Medi care has made payment. The member is responsible for the unpaid amount.  
AIJ This was adjusted to reflect the 2% sequestration payment reduction reported by Medi care as the primary payer per the Federal mandate of 2013. As the secondary payer, this amount is not payable. For additional information about sequestration, visit

021 [https://www.cms.gov/Medi care/Medi care-Advantage/Plan-Payment/Downloads/PaymentReductions.pdf](https://www.cms.gov/Medi%20care/Medi%20care-Advantage/Plan-Payment/Downloads/PaymentReductions.pdf). As a reminder, the member is not responsible for the unpaid amount. This was processed and adjusted because these charges were paid by Medi care or Medi cal d. For additional information visit [www.medicare.gov](http://www.medicare.gov) or contact the state Medi cal d agency for additional information.

23 THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS. CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.  
45 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

CDI

## APPEALS

Explanation of claims review procedures

If you believe that your claim is wrongfully in whole or in part, rejected or denied you may request a review from the California Department of Insurance at the following address and phone number:

Department of Insurance / Health Claims Bureau: 1-800-927-HELP (4357)  
300 South Spring Street, South Tower, Los Angeles, California 90013

If you have questions regarding this Remittance Advice, please contact our Custom Service Department.  
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 Custom 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 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 custom service number referenced of the member's identification card. If the dispute is not resolved to your satisfaction, you may contact the California Department of Insurance Health Claims Bureau (a state agency) at may contact the California Department of Insurance Health Claims Bureau (a state agency) at

agency) at  
1-800-927-HELP (4357) for assistance. They may also be contacted by mail at 300 South Spring Street, South Tower, Los Angeles, California 90013. Their website is <http://www.insurance.gov.ca>.

You or your authorized representative may have the right to request an independent medical review (IMR) of disputed health care services from the California Department of Insurance if you believe that services have been improperly denied, modified, or delayed. A disputed health care service is any health care service eligible for coverage and payment under your plan that has been denied, modified, or delayed by your health plan, in whole or in part because the service is not medically necessary. Such IMR may be available to you immediately without going through our appeal or grievance process if the California Department of Insurance determines that an earlier review is warranted or if there exists an imminent or serious threat to your health that requires an expedited review of your case. In other circumstances, IMR is available only after you have filed a grievance with us and we uphold our original decision, or your grievance remains unresolved thirty days after you have filed it. If you need assistance with identifying whether your grievance is urgent or non-urgent you may call 1-800-365-0609.

Please be aware that failing to apply for an IMR may forfeit other statutory rights to pursue legal action against your plan regarding the disputed health care service. Your application may be barred if not submitted within six months of being denied the disputed health care service. You may submit an IMR application to the California Department of Insurance at the following address:

California Department of Insurance  
Health Claims Bureau  
300 Spring Street, South Tower  
Los Angeles, California 90013