



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 3223289208

1011AI 030107-015756000000

1011AI 030107-015756

3299777138

PROVIDER ID NO

000001048740

TAX ID NO

XXXXX2508

DATE

10/11/23



#BWNCQXF

#591999998740/DF1#

MONITORING ASSOCIATES LLC

PO BOX 29650 DEPT 880256

PHOENIX AZ 85038-9650

PAY EXACTLY

XXXXXX324

DOLLARS AND 72 CENTS

DEPOSITED TO:

ABA # 124001545
ACC # XXXXX7975
EFT # 3223289208
ON 10/12/23

ACH DEPOSIT MADE - THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/11/23

1222 S PATTERSON BLVD
DAYTON, OH 45402

ANTHEM.COM

PROVIDER NAME MONITORING ASSOCIATES LLC
ADDRESS PO BOX 29650 DEPT 880256
PHOENIX AZ 85038-9650

PROVIDER-NPI IDS 000001048740 - 1174916522
TAX ID NO XXXXX2508
CHECK NUMBER:

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	324.72	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	324.72
NET AMOUNT DUE	324.72	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.

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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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 000001048740
CHECK/EFT DT: 10/11/23
CHECK/EFT:

INDIANA HIP 2.0

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: HEJMEJ, JO E																									
PATIENT ACCOUNT #: 0.2831547				CLAIM NUMBER: YRK101349612899		255676801100		PATIENT NAME: HEJMEJ, JO E		10/06/2023		FOR INQUIRIES CALL: (844) 533-1995													
SERVICE PROVIDER NAME: THOMAS, GEORGE P.				SERVICE PROVIDER ID: 1912298423				RECEIVED DATE: EXPL CD:																	
NETWORK: OUT OF NETWORK																									
RELATIONSHIP TO INSURED: PLAN TYPE:																									

12/19/2022	12/19/2022	22	3,814.00	0.00	0.00	0.00	0.00	0.00	3,814.00	Z33 226	0.00		0.00
12/19/2022	12/19/2022	22	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	Z33 226	0.00		0.00
12/19/2022	12/19/2022	22	9595526	0.00	0.00	0.00	0.00	0.00	1,755.00	Z33 226	0.00		0.00
12/19/2022	12/19/2022	22	9586126	0.00	0.00	0.00	0.00	0.00	1,614.00	Z33 226	0.00		0.00
12/19/2022	12/19/2022	22	9586126, XU	0.00	0.00	0.00	0.00	0.00	1,614.00	Z33 226	0.00		0.00
12/19/2022	12/19/2022	22	9586826	0.00	0.00	0.00	0.00	0.00	1,310.00	Z33 226	0.00		0.00
12/19/2022	12/19/2022	22	9586826, XU	0.00	0.00	0.00	0.00	0.00	1,310.00	Z33 226	0.00		0.00
12/19/2022	12/19/2022	22	95999	0.00	0.00	0.00	0.00	0.00	5,400.00	Z33 226	0.00		0.00
TOTAL:			19,924.00	0.00	0.00	0.00	0.00	0.00	19,924.00		0.00		0.00
TOTAL NET PAID													0.00
INTEREST													

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: INDIANA HIP 2.0

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: JACKSON, MARY K													
PATIENT ACCOUNT #: 0. 2757265				CLAIM NUMBER: 254014099900									
SERVICE PROVIDER NAME: THOMAS, GEORGE P.				SERVICE PROVIDER ID: 1912298423									
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED:		PLAN TYPE:							

10/21/2022	10/21/2022	22	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	M45 252	0.00		0.00
10/21/2022	10/21/2022	22	9593826	0.00	0.00	0.00	0.00	0.00	3,107.00	M45 252	0.00		0.00
10/21/2022	10/21/2022	22	9586526	0.00	0.00	0.00	0.00	0.00	1,502.00	M45 252	0.00		0.00
10/21/2022	10/21/2022	22	9586526, XU	0.00	0.00	0.00	0.00	0.00	1,502.00	M45 252	0.00		0.00
10/21/2022	10/21/2022	22	9586826, XU	0.00	0.00	0.00	0.00	0.00	1,310.00	M45 252	0.00		0.00
10/21/2022	10/21/2022	22	9586826, XU	0.00	0.00	0.00	0.00	0.00	1,502.00	M45 252	0.00		0.00
10/21/2022	10/21/2022	22	95999	0.00	0.00	0.00	0.00	0.00	5,400.00	M45 252	0.00		0.00
TOTAL:			16,078.00	0.00	0.00	0.00	0.00	0.00	16,078.00		0.00		0.00
TOTAL NET PAID													0.00
INTEREST													

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: INDIANA MEDICARE WLP

OHIO GROUP MEDICARE

OHIO GROUP MEDICARE -

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: SMOLNICKY, DAVID R													
PATIENT ACCOUNT #: 0.3024708				INSURED'S ID: ZVR382W14699				PATIENT NAME: SMOLNICKY, DAVID R				FOR INQUIRIES CALL: (833) 812-1797	
SERVICE PROVIDER NAME: DE JESUS, MARIA A.				CLAIM NUMBER: 252603383400				RECEIVED DATE: 08/22/2023					
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1336176387				EXPL CD: MA				APPEALS CODE: MA	
RELATIONSHIP TO INSURED:													
PLAN TYPE:													
06/01/2023	9582226	21	1,755.00-	0.00	0.00	0.00	0.00	0.00	1,755.00-	M45 252	0.00		0.00
06/01/2023	9593826	21	3,107.00-	0.00	0.00	0.00	0.00	0.00	3,107.00-	M45 252	0.00		0.00
06/01/2023	9590826	21	437.00-	0.00	0.00	0.00	0.00	0.00	437.00-	M45 252	0.00		0.00
06/01/2023	9588626	21	2,972.00-	0.00	0.00	0.00	0.00	0.00	2,972.00-	M45 252	0.00		0.00
06/01/2023	9588626, XU	21	2,972.00-	0.00	0.00	0.00	0.00	0.00	2,972.00-	M45 252	0.00		0.00
06/01/2023	95999	21	7,200.00-	0.00	0.00	0.00	0.00	0.00	7,200.00-	M45 252	0.00		0.00
TOTAL:				0.00	0.00	0.00	0.00	0.00	18,443.00-		0.00		0.00
TOTAL NET PAID													
INTEREST													
TOTAL NET PAID													

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: SMOLNICKY, DAVID R													
PATIENT ACCOUNT #: 0.3024708				INSURED'S ID: ZVR382W14699				PATIENT NAME: SMOLNICKY, DAVID R				FOR INQUIRIES CALL: (833) 812-1797	
SERVICE PROVIDER NAME: DE JESUS, MARIA A.				CLAIM NUMBER: 252603383401				RECEIVED DATE: 08/22/2023					
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1336176387				EXPL CD: MA				APPEALS CODE: MA	
RELATIONSHIP TO INSURED:													
PLAN TYPE:													
06/01/2023	9582226	21	1,755.00	53.91	0.00	0.00	0.00	0.00	1,701.09	GB1 45 PXN 45	0.00		52.83
06/01/2023	9593826	21	3,107.00	42.75	0.00	0.00	0.00	0.00	3,064.25	GB1 45 PXN 45	0.00		41.89
06/01/2023	9590826	21	437.00	62.45	0.00	0.00	0.00	0.00	374.55	GB1 45 PXN 45	0.00		61.20
06/01/2023	9588626	21	2,972.00	86.12	0.00	0.00	0.00	0.00	2,885.88	GB1 45 PXN 45	0.00		84.40
06/01/2023	9588626, XU	21	2,972.00	86.12	0.00	0.00	0.00	0.00	2,885.88	GB1 45 PXN 45	0.00		84.40
06/01/2023	95999	21	7,200.00	0.00	0.00	0.00	0.00	0.00	0.00		7,200.00	GYB 256	0.00
TOTAL:				331.35	0.00	0.00	0.00	0.00	10,911.65		7,200.00		324.72
TOTAL NET PAID				324.72									

TOTAL APPROVED AMOUNT324.72

TOTAL INTEREST0.00

TOTAL NET AMOUNT DUE: OHIO GROUP MEDICARE324.72

GROSS APPROVED CLAIM AMOUNT

TOTAL INTEREST

NET AMOUNT DUE324.72



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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 000001048740

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

OHIO GROUP MEDICARE

M45
GB1

PXN

GYB
226

252
45

256

with the state. 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, the member is not responsible for the unpaid amount.

Submit medical records for review

Claim paid, the plan out of pocket maximum has been reached. For the quickest and easiest way to check a member's benefits, from Availity.com use the Patient Registration tab to access Eligibility and Benefits Inquiry.

This was paid in accordance with your contracted or out of network rates. For additional information related to this amount, consult your contract.

This was not paid because it is not reimbursable.

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

AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE 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.

SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.

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.

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 000001048740

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

Your payment dispute should be sent to:
Provider Payment Disputes
P.O. Box 61599
Virginia Beach, VA 23466-1599

RECOUPMENT NOTIFICATION

PROVIDER: MONITORING ASSOCIATES LLC
PAYEE ID: 000001048740
NEG BAL REF #: 10/11/23
DATE: 324.72
CHECK AMT:

THIS IS A DETAILED NOTIFICATION OF THE RECOUPMENT PROCESSED BY ANTHEM FOR OVERPAYMENTS MADE TO YOUR ACCOUNT AS INDICATED ON THE ENCLOSED REMITTANCE ADVICE.
THE "ORIGINAL NEGATIVE CLAIM NUMBER" COLUMN CONTAINS THE ORIGINAL CLAIM ID THAT CREATED THE NEGATIVE BALANCE. THE CORRESPONDING PRIOR AND CURRENT RECOUPMENT SECTIONS BELOW SHOW THE RECOUPMENT DETAILS FOR EACH ORIGINAL NEGATIVE CLAIM LISTED IN THE NEGATIVE BALANCE HISTORY. THE "NEGATIVE BALANCE DEFERRED" SECTION SHOWS DEFERRED (FUTURE) RECOUPMENTS WHERE REFUNDS ARE DUE. THESE ARE NOT REFLECTED ON THIS REMITTANCE ADVICE. A SEPARATE LETTER HAS BEEN SENT WITH FURTHER DETAILS AND OVERPAYMENT RECOVERY WILL COMMENCE FOLLOWING EXISTING PROCESSES IF A REFUND IS NOT RECEIVED. IF YOU HAVE QUESTIONS REGARDING A RECOUPMENT, PLEASE CONTACT PROVIDER SERVICE AT NUMBER NOTED ON REMITTANCE ADVICE.

REMIT DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/ REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	CREDITS RECOVERED	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
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NEGATIVE BALANCE HISTORY:

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PRIOR RECOUPMENT:

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CURRENT RECOUPMENT:

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REMIT DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/ REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	EXPECTED RECOUP DATE	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
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NEGATIVE BALANCE DEFERRED:

10/10/23	KEEFER										
10/10/23	REILLY										
10/10/23	STEWART										
TOTAL NEGATIVE BALANCE DEFERRED							387.08-				

RECOUPMENT NOTIFICATION

PAGE 2

TOTAL PRIOR RECOUPMENT	0.00
TOTAL CURRENT RECOUPMENT	0.00
TOTAL OUTSTANDING NEGATIVE BAL.	0.00
TOTAL DEFERRED	387.08-
OUTSTANDING NEGATIVE BAL. WITH DEFER	387.08-