



10/20/23 9022439781 1020AI 120107-041935000000

ANTHEM HEALTH PLANS OF NH  
DBA ANTHEM BLUE CROSS AND BLUE SHIELD  
3075 VANDERCAR WAY  
CINCINNATI, OH 45209

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

1020AI 120107-041935

PROVIDER ID NO	TAX ID NO	DATE
XXXXXX9794	XXXXXX9794	10/20/23



#BWNCQXF  
#025416770///DF8# M001  
TCM HEALTHCARE LLC  
PO BOX 29650  
DEPT 880396  
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM HEALTH PLANS OF NH DATE 10/20/23

PROVIDER NAME	TCM HEALTHCARE LLC
ADDRESS	PO BOX 29650 DEPT 880396 PHOENIX AZ 85038-9650
PROVIDER-NPI IDS	XXXXXX9794 - 1336746122
TAX ID NO	XXXXXX9794
CHECK NUMBER:	9022439781

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

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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TCM HEALTHCARE LLC  
PROVIDER ID NO: 853229794

CHECK/EFT DT: 10/20/23  
CHECK/EFT: 9022439781

NH PREFERRED BLUE

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: FOURNIER, JAMES													
PATIENT ACCOUNT#: 0.3142440													
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC													
NETWORK: OUT OF NETWORK													
				INSURED'S ID: KPM761335937		CLAIM NUMBER: 2023285DMT650							
				SERVICE PROVIDER ID: 1831667328		RELATIONSHIP TO INSURED:							
						PATIENT NAME: FOURNIER, JAMES		RECEIVED DATE: 10/12/2023					
						EXPL CD: A		PLANTYPE: PPO		DRG RCD: N/A		APPEALS CODE: MA	
FOR INQUIRIES CALL: (877) 417-8489													

09/15/2023	09/15/2023	15	4,140.00	0.00	0.00	0.00	0.00	0.00	4,140.00	009 252	0.00		0.00
09/15/2023	09/15/2023	15	6,489.00	0.00	0.00	0.00	0.00	0.00	6,489.00	009 252	0.00		0.00
09/15/2023	09/15/2023	15	4,163.00	0.00	0.00	0.00	0.00	0.00	4,163.00	009 252	0.00		0.00
09/15/2023	09/15/2023	15	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	009 252	0.00		0.00
09/15/2023	09/15/2023	15	3,139.00	0.00	0.00	0.00	0.00	0.00	3,139.00	009 252	0.00		0.00
09/15/2023	09/15/2023	15	3,139.00	0.00	0.00	0.00	0.00	0.00	3,139.00	009 252	0.00		0.00
09/15/2023	09/15/2023	15	2,904.00	0.00	0.00	0.00	0.00	0.00	2,904.00	009 252	0.00		0.00
09/15/2023	09/15/2023	15	2,904.00	0.00	0.00	0.00	0.00	0.00	2,904.00	009 252	0.00		0.00
09/15/2023	09/15/2023	15	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	009 252	0.00		0.00
09/15/2023	09/15/2023	15	210.00	0.00	0.00	0.00	0.00	0.00	210.00	009 252	0.00		0.00
09/15/2023	09/15/2023	15	48.00	0.00	0.00	0.00	0.00	0.00	48.00	009 252	0.00		0.00
09/15/2023	09/15/2023	15	34,291.00	0.00	0.00	0.00	0.00	0.00	34,291.00		0.00		0.00
TOTAL NET PAID													0.00

TOTAL APPROVED AMOUNT 0.00  
TOTAL INTEREST 0.00  
TOTAL NET AMOUNT DUE: NH PREFERRED BLUE 0.00  
GROSS APPROVED CLAIM AMOUNT 0.00  
TOTAL INTEREST 0.00  
NET AMOUNT DUE 0.00

### EXPL CODES

009

252

This was denied because we have not received the requested information 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.  
AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.

### APPEALS CODE

MA

### APPEALS

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/MACs/Downloads/Model-Waiver-of-Liability\\_Feb2019v508.zip](https://www.cms.gov/Medicare/appeals-and-grievances/MACs/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.

TOM HEALTHCARE LLC  
PROVIDER ID NO: 853229794

CHECK/EFT DT: 10/20/23  
CHECK/EFT: 9022439781

Please mail the appeal to this address:

Grievances and Appeals  
Mailstop: OH0205-A537  
4361 Irwin Simpson Rd.  
Mason, OH 45040-9398

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

Your payment dispute should be sent to:

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