



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

10/25/23 9022576656

1025AI 030122-005210000000

1025AI 030122-005210

PROVIDER ID NO
6002720815

TAX ID NO
XXXXX4972

DATE
10/25/23



#BWNCQXF
#1989397275///DF2# M001
NEUROMONITORING ASSOCIATE
PO BOX 29650
DEPT 880257
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE **10/25/23**

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	6002720815	- 1659765204
TAX ID NO	XXXXX4972	
CHECK NUMBER:	9022576656	

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

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® Registered Marks Blue Cross and Blue Shield Association



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NEUROMONI TORI NG ASSOCIATE
PROVIDER ID NO: 6002720815
CHECK/EFT DT: 10/25/23
CHECK/EFT: 9022576656

ITS HOST PPO NATIONAL -

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLAN/RESP. CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLAN/RESP. CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: WEHRLE, LAURIE PATIENT ACCOUNT #: 1883346 SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE NETWORK: OUT OF NETWORK INSURED'S ID: CI 8967434013 CLAIM NUMBER: 20232440K0008 SERVICE PROVIDER ID: 1659765204 RELATIONSHIP TO INSURED: PATIENT NAME: WEHRLE, LAURIE RECEIVED DATE: 09/01/2023 EXPL CD: APPEALS CODE: MA PLANTYPE: PPO DRG RCD: N/A FOR INQUIRIES CALL: (866) 594-0521													
03/17/2023	03/17/2023		95938	15	4,163.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL:			4,163.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
INTEREST													
TOTAL NET PAID													0.00

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: ITS HOST PPO NATIONAL 0.00

GROSS APPROVED CLAIM AMOUNT 0.00
TOTAL INTEREST 0.00
NET AMOUNT DUE 0.00

APPEALS CODE APPEALS

MA Non-Contracted Medicare Provider Appeal - Medicare Advantage/Medicare Medicaid 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/MMCAG/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 Medicaid 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:

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

