



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 9022096633

1011AI 030107-067961000000

1011AI 030107-067961

PROVIDER ID NO

XXXXXX7518

TAX ID NO

XXXXXX7518

DATE

10/11/23



#BWNCQXF  
#841919592///DF8# M001  
C AND C NEUROLOGICAL ASSO  
353 NW SHKL IS RD A 100  
HENDERSONVILLE TN 37075

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/11/23

P. O. BOX 105187  
ATLANTA, GA 30348-5187

PROVIDER NAME C AND C NEUROLOGICAL ASSO  
ADDRESS 353 NW SHKL IS RD A 100  
HENDERSONVILLE TN 37075

PROVIDER-NPI IDS	XXXXXX7518	- 1871723353
TAX ID NO	XXXXXX7518	
CHECK NUMBER:	9022096633	

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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C AND C NEUROLOGICAL ASSO  
PROVIDER ID NO: 800407518

CHECK/EFT DT: 10/11/23  
CHECK/EFT: 9022096633

BLUE TRADITIONAL

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: HIGDON, WALTER M PATIENT ACCOUNT #: 2672559, 2941228 SERVICE PROVIDER NAME: CRUZ, MARCOS J NETWORK: OUT OF NETWORK INSURED'S ID: 633M98377 CLAIM NUMBER: 2023277GD9459 SERVICE PROVIDER ID: 126556898 RELATIONSHIP TO INSURED: SUBSCRIBER PLANTYPE: FFS DRG RCD: N/A PATIENT NAME: HIGDON, WALTER M RECEIVED DATE: 10/04/2023 EXPL CD: AOH FOR INQUIRIES CALL: (800) 468-6071													

12/21/2022	12/21/2022	95822	21	600.00	54.02	10.98	0.00	0.00	545.98	545.98	APN 23	10.98	038 1	0.00
12/21/2022	12/21/2022	95938	21	480.00	43.02	8.74	0.00	0.00	436.98	436.98	APN 23	8.74	038 1	0.00
INTEREST		TOTAL:		1,080.00	97.04	19.72	0.00	0.00	982.96	982.96		19.72		0.00
AMOUNT PAID BY OTHER		INSURANCE COMPANY										77.32		0.00
		TOTAL NET PAID												0.00

TOTAL APPROVED AMOUNT  
TOTAL INTEREST  
TOTAL NET AMOUNT DUE: BLUE TRADITIONAL

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

EXPL CODES

EXPLANATION

- AOH  
038  
APN  
1  
23
- WE ARE NOT THE MEMBER'S PRIMARY HEALTH PLAN FOR THIS CARE. OTHER PLANS MADE PAYMENTS FIRST. WE MADE OUR PAYMENT BASED ON THE OTHER PLAN'S PAYMENTS.  
This amount was applied to the member's deductible. For the quickest and easiest way to check a member's benefits, from Availability.com use the Patient Registration tab to access Eligibility and Benefits Inquiry. The member is responsible for the unpaid amount.  
The maximum allowable amount for this service has been paid by Medicare. To review the Medicare set fee schedule, visit data.cms.gov.  
DEDUCTIBLE AMOUNT  
THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.