



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 9022094573

1011AI 030107-015757000000

1011AI 030107-015757

PROVIDER ID NO

000001048740

TAX ID NO

XXXXX2508

DATE

10/11/23



#BWNCQXF
#591999998740/DF1# M001
MONITORING ASSOCIATES LLC
9811 W CHARLESTON BLVD STE 2641
LAS VEGAS NV 89117-7528

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 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:	9022094573

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.

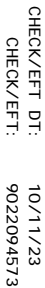
Health Insurance fraud often involves the collection of fees for services never rendered, the payment of claims filed on ineligible patients, and claims filed for services different than those actually received. If after reviewing this Explanation of Benefits, you believe that medical insurance fraud 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

An independent licensee of the Blue Cross and Blue Shield Association

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® Registered Marks Blue Cross and Blue Shield Association

[illegible]

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 000001048740
CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022094573

ANTHEM BLUE ACCESS PPO -

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: HI CKS, MI CHELE A PATIENT ACCOUNT #: 0. 2385544 SERVICE PROVIDER NAME: UNGAR SARGON, JULIAN NETWORK: OUT OF NETWORK INSURED'S ID: YZD394M54179 CLAIM NUMBER: 2022283EFT398 SERVICE PROVIDER ID: 1376642900 RELATIONSHIP TO INSURED: SUBSCRIBER PATIENT NAME: HI CKS, MI CHELE A RECEIVED DATE: 10/10/2022 EXPL CD: N/A FOR INQUIRIES CALL: (833) 578-4441													
12/07/2021	95941	22	8,280.00-	0.00	0.00	0.00	0.00	0.00	8,280.00-	AJR 234	0.00		0.00
12/07/2021	95939	22	3,814.00-	0.00	0.00	0.00	0.00	0.00	3,814.00-	AJR 234	0.00		0.00
12/07/2021	51785	22	1,071.00-	0.00	0.00	0.00	0.00	0.00	1,071.00-	AJR 234	0.00		0.00
12/07/2021	51785 , XU	22	1,071.00-	0.00	0.00	0.00	0.00	0.00	1,071.00-	AJR 234	0.00		0.00
12/07/2021	95822 , XU	22	1,755.00-	0.00	0.00	0.00	0.00	0.00	1,755.00-	AJR 234	0.00		0.00
12/07/2021	95938	22	3,107.00-	0.00	0.00	0.00	0.00	0.00	3,107.00-	AJR 234	0.00		0.00
12/07/2021	95861 , XU	22	1,614.00-	0.00	0.00	0.00	0.00	0.00	1,614.00-	AJR 234	0.00		0.00
12/07/2021	95861 , XU	22	1,614.00-	0.00	0.00	0.00	0.00	0.00	1,614.00-	AJR 234	0.00		0.00
12/07/2021	95999	22	7,200.00-	0.00	0.00	0.00	0.00	0.00	7,200.00-	AJR 234	0.00		0.00
	TOTAL:		29,526.00-	0.00	0.00	0.00	0.00	0.00	29,526.00-		0.00		0.00
TOTAL NET PAID													
INTEREST													

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: HI CKS, MI CHELE A PATIENT ACCOUNT #: 0. 2385544 SERVICE PROVIDER NAME: UNGAR SARGON, JULIAN NETWORK: OUT OF NETWORK INSURED'S ID: YZD394M54179 CLAIM NUMBER: 2022283EFT398 SERVICE PROVIDER ID: 1376642900 RELATIONSHIP TO INSURED: SUBSCRIBER PATIENT NAME: HI CKS, MI CHELE A RECEIVED DATE: 10/10/2022 EXPL CD: N/A FOR INQUIRIES CALL: (833) 578-4441													
12/07/2021	95941	22	8,280.00	0.00	0.00	0.00	0.00	0.00	8,280.00	AJR 234	0.00		0.00
12/07/2021	95939	22	3,814.00	0.00	0.00	0.00	0.00	0.00	3,814.00	AJR 234	0.00		0.00
12/07/2021	51785	22	1,071.00	0.00	0.00	0.00	0.00	0.00	1,071.00	AJR 234	0.00		0.00
12/07/2021	51785 , XU	22	1,071.00	0.00	0.00	0.00	0.00	0.00	1,071.00	AJR 234	0.00		0.00
12/07/2021	95822 , XU	22	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	AJR 234	0.00		0.00
12/07/2021	95938	22	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	AJR 234	0.00		0.00
12/07/2021	95861 , XU	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	AJR 234	0.00		0.00
12/07/2021	95861 , XU	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	AJR 234	0.00		0.00
12/07/2021	95999	22	7,200.00	0.00	0.00	0.00	0.00	0.00	7,200.00	AJR 234	0.00		0.00
	TOTAL:		29,526.00	0.00	0.00	0.00	0.00	0.00	29,526.00		0.00		0.00
TOTAL NET PAID													
INTEREST													

BLUE ACCESS PPO -

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: ANTHEM BLUE ACCESS PPO 0.00



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registered trademark of Anthem Insurance Companies, Inc.

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 000001048740

CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022094573

BLUE ACCESS PPO

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: STEINSBERGER, TODD													
PATIENT ACCOUNT #: 2102005			INSURED'S ID: GDVAN1980122										
SERVICE PROVIDER NAME: UNGAR SARGON, JULIAN			CLAIM NUMBER: 20221660A0795										
NETWORK: OUT OF NETWORK			SERVICE PROVIDER ID: 1376642900										
			RELATIONSHIP TO INSURED: SPOUSE										
			PLAN TYPE: PPO										
			DRG RCV: N/A										
										PATIENT NAME: STEINSBERGER, HEATHER		FOR INQUIRIES CALL: (877) 285-4602	
										RECEIVED DATE: 06/15/2022			
										EXPL CD:			

10/20/2021	10/20/2021	22	2,760.00-	0.00	0.00	0.00	0.00	0.00	2,760.00-	AJR 234	0.00		0.00
10/20/2021	10/20/2021	22	1,166.00-	0.00	0.00	0.00	0.00	0.00	1,166.00-	AJR 234	0.00		0.00
10/20/2021	10/20/2021	22	500.00-	0.00	0.00	0.00	0.00	0.00	500.00-	AJR 234	0.00		0.00
TOTAL:			4,426.00-	0.00	0.00	0.00	0.00	0.00	4,426.00-		0.00		0.00
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: STEINSBERGER, TODD													
PATIENT ACCOUNT #: 2102005				INSURED'S ID: GDVAN1980122				CLAIM NUMBER: 20221660A0795				PATIENT NAME: STEINSBERGER, HEATHER	
SERVICE PROVIDER NAME: UNGAR SARGON, JULIAN				SERVICE PROVIDER ID: 1376642900				RELATIONSHIP TO INSURED: SPOUSE				RECEIVED DATE: 06/15/2022	
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SPOUSE				PLAN TYPE: PPO		EXPL CD: N/A			
FOR INQUIRIES CALL: (877) 285-4602													

10/20/2021	10/20/2021	22	2,760.00	0.00	0.00	0.00	0.00	0.00	2,760.00	AJR 234	0.00		0.00
10/20/2021	10/20/2021	22	1,166.00	0.00	0.00	0.00	0.00	0.00	1,166.00	AJR 234	0.00		0.00
10/20/2021	10/20/2021	22	500.00	0.00	0.00	0.00	0.00	0.00	500.00	AJR 234	0.00		0.00
TOTAL:			4,426.00	0.00	0.00	0.00	0.00	0.00	4,426.00		0.00		0.00
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: DAMSON, GINGER													
PATIENT ACCOUNT #: 0.2520250				INSURED'S ID: SU1AN6887320				CLAIM NUMBER: 2022283EH6197		PATIENT NAME: DAMSON, GINGER			
SERVICE PROVIDER NAME: UNGAR SARGON, JULIAN				SERVICE PROVIDER ID: 1376642900				RELATIONSHIP TO INSURED: SUBSCRIBER		RECEIVED DATE: 10/10/2022			
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SUBSCRIBER				PLAN TYPE: PPO		DRG RCD: N/A		FOR INQUIRIES CALL: (866) 333-1098	

04/05/2022	04/05/2022	21	5,520.00-	0.00	0.00	0.00	0.00	0.00	5,520.00-	AJR 234	0.00		0.00
04/05/2022	04/05/2022	21	3,814.00-	0.00	0.00	0.00	0.00	0.00	3,814.00-	AJR 234	0.00		0.00
04/05/2022	04/05/2022	21	1,755.00-	0.00	0.00	0.00	0.00	0.00	1,755.00-	AJR 234	0.00		0.00
04/05/2022	04/05/2022	21	3,107.00-	0.00	0.00	0.00	0.00	0.00	3,107.00-	AJR 234	0.00		0.00
04/05/2022	04/05/2022	21	1,166.00-	0.00	0.00	0.00	0.00	0.00	1,166.00-	AJR 234	0.00		0.00
04/05/2022	04/05/2022	21	1,310.00-	0.00	0.00	0.00	0.00	0.00	1,310.00-	AJR 234	0.00		0.00
04/05/2022	04/05/2022	21	95868	0.00	0.00	0.00	0.00	0.00	95868	AJR 234	0.00		0.00
04/05/2022	04/05/2022	21	95868	0.00	0.00	0.00	0.00	0.00	95868	AJR 234	0.00		0.00
04/05/2022	04/05/2022	21	95999	0.00	0.00	0.00	0.00	0.00	95999	AJR 234	0.00		0.00
TOTAL:			26,348.00-	0.00	0.00	0.00	0.00	0.00	26,348.00-		0.00		0.00

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 000001048740

CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022094573

SERVICE DATE(S)	SERVICE CODES	POS	CHANGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANIS CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANIS CODE(S)	WHAT WE WILL PAY
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INSURED'S NAME: DUFFEE, STAR				INSURED'S ID: HDY932W00890				PATIENT NAME: DUFFEE, STAR				FOR INQUIRIES CALL: (866) 940-6580	
PATIENT ACCOUNT #: 0.2534085				CLAIM NUMBER: 2022283EG6735				RECEIVED DATE: 10/10/2022					
SERVICE PROVIDER NAME: UNGAR SARGON, JULIAN				SERVICE PROVIDER ID: 1376642900				EXPL CD: 10/10/2022					
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SUBSCRIBER				PLAN TYPE: PPO				APPEALS CODE: ASO	
								DRG RCVD: N/A					

04/15/2022	04/15/2022	95861 , XU	21	1,614.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/15/2022	04/15/2022	95999	21	5,400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL:				27,290.00	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
TOTAL INTEREST
TOTAL NET AMOUNT DUE: CA GENERAL HLTH SAVINGS

GROSS APPROVED CLAIM AMOUNT
TOTAL INTEREST
NET AMOUNT DUE

EXPL CODES

EXPLANATION

AJR
234
WE DENIED THIS CLAIM BECAUSE WE COVERED THE CARE AS PART OF ANOTHER SERVICE. THE MEMBER IS NOT RESPONSIBLE FOR THIS AMOUNT UNLESS THEY CHOSE TO RECEIVE CARE FROM A DOCTOR OR FACILITY NOT IN THEIR PLAN'S NETWORK.
THIS PROCEDURE IS NOT PAID SEPARATELY.

APPEALS CODE

APPEALS

ASO

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 Customer 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 provider dispute by mailing 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 or call the customer service number referenced of the member's identification card.

RECOUPMENT NOTIFICATION

PROVIDER: MONITORING ASSOCIATES LLC
PAYEE ID: 000001048740
NEG BAL REF #: 10/11/23
DATE: 10/11/23
CHECK AMT: 0.00

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:

PRIOR RECOUPMENT:

CURRENT RECOUPMENT:

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 PAULETTE REILLY	SHEILAH 0.2171874	363M99926	2022034DT243898	06/04/21	2022034DT243898	98.77	12/31/99	14.699.00	15126680	
10/10/23	STEWART	GEORGANNA 0.2090377	007M72156	20212230A186896	05/19/21	20212230A186896	45.82	12/31/99	13.304.00	12936090	
10/10/23				2021152EP429896	03/31/21	2021152EP429896	242.49	12/31/99	14.328.00	12482503	
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-