



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 9022576970

1025AI 030122-005514000000

1025AI 030122-005514

PROVIDER ID NO

6004701507

TAX ID NO

XXXXX9794

DATE

10/25/23



#BWNCQXF
#4899395297///DF3# M001
TCM HEALTHCARE LLC
PO BOX 29650
DEPT 880396
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	TCM HEALTHCARE LLC	
ADDRESS	PO BOX 29650	
	DEPT 880396	
	PHOENIX AZ 85038-9650	
PROVIDER-NPI IDS	6004701507	- 1336746122
TAX ID NO	XXXXX9794	
CHECK NUMBER:	9022576970	

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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TCM HEALTHCARE LLC
PROVIDER ID NO: 6004701507

CHECK/EFT DT: 10/25/23
CHECK/EFT: 9022576970

ITS HOST PPO NATIONAL

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: PORTER, KANDY													
PATIENT ACCOUNT #: 2547943													
CLAIM NUMBER: 20232910A0361													
RECEIVED DATE: 10/18/2023													
EXPL CD: APPEALS CODE: MA													
FOR INQUIRIES CALL: (866) 594-0521													
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC													
SERVICE PROVIDER ID: 1720672595													
RELATIONSHIP TO INSURED:													
PLAN TYPE: PPO													
DRG RCVD: N/A													

12/05/2022	12/05/2022	15	4,830.00	0.00	0.00	0.00	0.00	0.00	4,830.00	009 252	0.00		0.00
12/05/2022	12/05/2022	15	4,516.00	0.00	0.00	0.00	0.00	0.00	4,516.00	009 252	0.00		0.00
12/05/2022	12/05/2022	15	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	009 252	0.00		0.00
12/05/2022	12/05/2022	15	3,600.00	0.00	0.00	0.00	0.00	0.00	3,600.00	009 252	0.00		0.00
12/05/2022	12/05/2022	15	90.00	0.00	0.00	0.00	0.00	0.00	90.00	009 252	0.00		0.00
12/05/2022	12/05/2022	15	36.00	0.00	0.00	0.00	0.00	0.00	36.00	009 252	0.00		0.00
12/05/2022	12/05/2022	15	16,179.00	0.00	0.00	0.00	0.00	0.00	16,179.00		0.00		0.00
TOTAL:													
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: BUTLER, KELLEY													
PATIENT ACCOUNT #: 0.3140263													
CLAIM NUMBER: 2023284E13055													
RECEIVED DATE: 10/11/2023													
EXPL CD: APPEALS CODE: MA													
FOR INQUIRIES CALL: (866) 594-0521													
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC													
SERVICE PROVIDER ID: 1225773294													
RELATIONSHIP TO INSURED:													
PLAN TYPE: PPO													
DRG RCVD: N/A													

09/13/2023	09/13/2023	15	5,520.00	0.00	0.00	0.00	0.00	0.00	5,520.00	009 252	0.00		0.00
09/13/2023	09/13/2023	15	6,489.00	0.00	0.00	0.00	0.00	0.00	6,489.00	009 252	0.00		0.00
09/13/2023	09/13/2023	15	4,163.00	0.00	0.00	0.00	0.00	0.00	4,163.00	009 252	0.00		0.00
09/13/2023	09/13/2023	15	5,225.00	0.00	0.00	0.00	0.00	0.00	5,225.00	009 252	0.00		0.00
09/13/2023	09/13/2023	15	3,139.00	0.00	0.00	0.00	0.00	0.00	3,139.00	009 252	0.00		0.00
09/13/2023	09/13/2023	15	3,139.00	0.00	0.00	0.00	0.00	0.00	3,139.00	009 252	0.00		0.00
09/13/2023	09/13/2023	15	2,904.00	0.00	0.00	0.00	0.00	0.00	2,904.00	009 252	0.00		0.00
09/13/2023	09/13/2023	15	2,904.00	0.00	0.00	0.00	0.00	0.00	2,904.00	009 252	0.00		0.00
09/13/2023	09/13/2023	15	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	009 252	0.00		0.00
09/13/2023	09/13/2023	15	220.00	0.00	0.00	0.00	0.00	0.00	220.00	009 252	0.00		0.00
09/13/2023	09/13/2023	15	36.00	0.00	0.00	0.00	0.00	0.00	36.00	009 252	0.00		0.00
09/13/2023	09/13/2023	15	39,139.00	0.00	0.00	0.00	0.00	0.00	39,139.00		0.00		0.00
TOTAL:													
TOTAL NET PAID													

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

ITS HOST PPO NATIONAL -

EXPL CODES

EXPLANATION

009 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 Availity.com use the Claims & Payments tab to access Claim Status. Find this claim and use the Send Attachments button to send the requested documentation.

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

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/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 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.

Your payment dispute should be sent to:

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