



ANTHEM INSURANCE COMPANIES, INC.
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 Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

10/25/23 0313708773 1025AI 030107-071345



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

ANTHEM INSURANCE COMPANIES, INC.

CHECK NUMBER 0313708773

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	XXXXX9794 - 1336746122
TAX ID NO	XXXXX9794

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	784.54	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	784.54
NET AMOUNT DUE	784.54	RECOUPMENT BALANCE	0.00

DETACH CHECK AT PERFORATION BEFORE DEPOSITING



ANTHEM INSURANCE COMPANIES, INC.
DBA ANTHEM BLUE CROSS AND BLUE SHIELD
3075 VANDERCAR WAY
CINCINNATI, OH 45209

BANK OF AMERICA
ATLANTA, GEORGIA

1025AI 030107-071345

CHECK NUMBER
0313708773

0064-1278/0611

3299777138

CHECK AMOUNT

PROVIDER ID NO

XXXXX9794

TAX ID NO

XXXXX9794

DATE

10/25/23

\$*****784.54

*****SEVEN HUNDRED EIGHTY-FOUR 54/100 DOLLARS

TO THE ORDER OF:

TCM HEALTHCARE LLC
PO BOX 29650
DEPT 880396
PHOENIX AZ 85038-9650

VOID
ANTHEM INSURANCE COMPANIES, INC.

0313708773 061112788 3299777138

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

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.

® Registered Marks Blue Cross and Blue Shield Association



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registered trademark of Anthem Insurance Companies, Inc.

TCM HEALTHCARE LLC
PROVIDER ID NO: 853229794

CHECK/EFT DT: 10/25/23
CHECK/EFT: 0313708773

PLEASE GO TO URL: enrolsafe.payeehub.org FOR ENROLLING INTO
ELECTRONIC FUNDS TRANSFER (EFT).

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.

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
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INSURED'S NAME: NOBLE, DI ANA M													
PATIENT ACCOUNT #: 0. 2725527													
CLAIM NUMBER: YZD605M62273													
FOR INQUIRIES CALL: (833) 623-1517													
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC													
SERVICE PROVIDER ID: 1265737498													
RELATIONSHIP TO INSURED: SUBSCRIBER													
NETWORK: OUT OF NETWORK													
PLAN TYPE: PPO													
DRG RCVD: N/A													

09/27/2022	09/27/2022	95940	15	4, 140. 00-	156. 90-	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	3, 983. 10-	015 45	156. 90-
09/27/2022	09/27/2022	95822	15	5, 225. 00-	81. 09-	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	5, 143. 91-	015 45	81. 09-
09/27/2022	09/27/2022	95938	15	4, 163. 00-	219. 28-	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	3, 943. 72-	015 45	219. 28-
09/27/2022	09/27/2022	95861	15	3, 139. 00-	34. 85-	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	3, 104. 15-	015 45	34. 85-
09/27/2022	09/27/2022	95861 , XU	15	3, 139. 00-	0. 00	0. 00	0. 00	0. 00	3, 139. 00-	777 119	0. 00	0. 00		0. 00
09/27/2022	09/27/2022	95999	15	7, 200. 00-	7, 200. 00-	0. 00	0. 00	0. 00	0. 00	7, 200. 00-	164 97	0. 00	0. 00	0. 00
09/27/2022	09/27/2022	A4215	15	140. 00-	140. 00-	0. 00	0. 00	0. 00	0. 00	140. 00-	164 97	0. 00	0. 00	0. 00
09/27/2022	09/27/2022	A4556	15	60. 00-	60. 00-	0. 00	0. 00	0. 00	0. 00	60. 00-	164 97	0. 00	0. 00	0. 00
09/27/2022	09/27/2022	TOTAL:		27, 206. 00-	7, 892. 12-	0. 00	0. 00	0. 00	3, 139. 00-	10, 539. 00-	16, 174. 88-			492. 12-
INTEREST														
TOTAL NET PAID														
492. 12-														

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
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INSURED'S NAME: NOBLE, DI ANA M													
PATIENT ACCOUNT #: 0. 2725527													
CLAIM NUMBER: YZD605M62273													
FOR INQUIRIES CALL: (833) 623-1517													
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC													
SERVICE PROVIDER ID: 1265737498													
RELATIONSHIP TO INSURED: SUBSCRIBER													
NETWORK: OUT OF NETWORK													
PLAN TYPE: PPO													
DRG RCVD: N/A													

09/27/2022	09/27/2022	15	95940	4, 140. 00	941. 40	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	3, 198. 60	015 45	941. 40
09/27/2022	09/27/2022	15	95822	81. 09	81. 09	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	5, 143. 91	015 45	81. 09
09/27/2022	09/27/2022	15	95938	4, 163. 00	219. 28	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	3, 943. 72	015 45	219. 28
09/27/2022	09/27/2022	15	95861	3, 139. 00	34. 85	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	3, 104. 15	015 45	34. 85
09/27/2022	09/27/2022	15	95861 , XU	3, 139. 00	0. 00	0. 00	0. 00	0. 00	3, 139. 00	777 119	0. 00	0. 00		0. 00

TCM HEALTHCARE LLC
PROVIDER ID NO: 853229794

CHECK/EFT DT: 10/25/23
CHECK/EFT: 0313708773

FOR INQUIRIES CALL:
(833) 623-1517

SERVICE DATE(S)	SERVICE CODES	POS	CHANGE	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: NOBLE, DI ANA M													
PATIENT ACCOUNT #: 0. 275527				INSURED'S ID: YZD605M62273				PATIENT NAME: NOBLE, DI ANA M					
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC				CLAIM NUMBER: 2023011CW6226				RECEIVED DATE: 01/11/2023					
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1265737498				EXPL CD: N/A					
				RELATIONSHIP TO INSURED: SUBSCRIBER				PLAN TYPE: PPO		DRG RCVD: N/A			

09/27/2022	09/27/2022	15	7,200.00	0.04	0.00	0.00	0.00	0.00	0.00	0.00	7,199.96	015 45	0.04
09/27/2022	09/27/2022	15	140.00	0.00	0.00	0.00	0.00	0.00	140.00	164 97	0.00		0.00
09/27/2022	09/27/2022	15	60.00	0.00	0.00	0.00	0.00	0.00	60.00	164 97	0.00		0.00
TOTAL:			27,206.00	1,276.66	0.00	0.00	0.00	3,139.00	3,339.00		22,590.34		1,276.66
INTEREST													
TOTAL NET PAID			1,276.66										

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

784.54
0.00
784.54

BLUE ACCESS													
-													
SERVICE DATE(S)	SERVICE CODES	POS	CHANGE	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: HABERLIN, THOMAS A													
PATIENT ACCOUNT #: 0. 3088234				INSURED'S ID: XPA724M8194				PATIENT NAME: HABERLIN, THOMAS A					
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC				CLAIM NUMBER: 2023272818738				RECEIVED DATE: 09/28/2023					
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1548773476				EXPL CD: AXK					
				RELATIONSHIP TO INSURED: MALE SUBSCRIBER				PLAN TYPE: PPO		DRG RCVD: N/A			

FOR INQUIRIES CALL:
(855) 854-1438

07/28/2023	07/28/2023	15	4,140.00	0.00	0.00	0.00	0.00	0.00	4,140.00	164 97	0.00		0.00
07/28/2023	07/28/2023	15	6,489.00	302.75	0.00	0.00	0.00	0.00	0.00		6,489.00	015 45	0.00
07/28/2023	07/28/2023	15	4,163.00	219.28	0.00	0.00	0.00	0.00	0.00		4,163.00	015 45	0.00
07/28/2023	07/28/2023	15	5,225.00	93.33	0.00	0.00	0.00	0.00	0.00		5,225.00	015 45	0.00
07/28/2023	07/28/2023	15	3,139.00	34.85	0.00	0.00	0.00	0.00	0.00		3,139.00	015 45	0.00
07/28/2023	07/28/2023	15	3,139.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00
07/28/2023	07/28/2023	15	3,139.00	0.00	0.00	0.00	0.00	3,139.00	3,139.00	777 119	0.00		0.00
07/28/2023	07/28/2023	15	2,904.00	32.73	0.00	0.00	0.00	0.00	0.00		2,904.00	015 45	0.00
07/28/2023	07/28/2023	15	2,904.00	0.00	0.00	0.00	0.00	2,904.00	2,904.00	777 119	0.00		0.00
07/28/2023	07/28/2023	15	7,200.00	0.00	0.00	0.00	0.00	0.00	7,200.00	357 252	0.00		0.00
07/28/2023	07/28/2023	15	200.00	0.00	0.00	0.00	0.00	0.00	200.00	164 97	0.00		0.00
07/28/2023	07/28/2023	15	60.00	0.00	0.00	0.00	0.00	0.00	60.00	164 97	0.00		0.00
TOTAL:			39,563.00	682.94	0.00	0.00	0.00	6,043.00	17,643.00		21,920.00		0.00
INTEREST													
TOTAL NET PAID			0.00										

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

0.00
0.00
0.00

IN BLUE ACCESS PPO													
-													
SERVICE DATE(S)	SERVICE CODES	POS	CHANGE	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: KANE, JOHN R													
PATIENT ACCOUNT #: 0. 3134785				INSURED'S ID: SGY0006206NE				PATIENT NAME: KANE, REBECCA					
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC				CLAIM NUMBER: 2023278ET636				RECEIVED DATE: 10/05/2023					
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1265737498				EXPL CD: N/A					
				RELATIONSHIP TO INSURED: SPOUSE				PLAN TYPE: PPO		DRG RCVD: N/A			

FOR INQUIRIES CALL:
(877) 812-9777

09/08/2023	09/08/2023	15	2,070.00	0.00	0.00	0.00	0.00	0.00	0.00		2,070.00	769 97	0.00
09/08/2023	09/08/2023	15	6,489.00	0.00	0.00	0.00	0.00	1,297.80	1,297.80	837 131	5,191.20	001 204	0.00



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TCM HEALTHCARE LLC
PROVIDER ID NO: 853229794
CHECK/EFT DT: 10/25/23
CHECK/EFT: 0313708773

FOR INQUIRIES CALL:
(877) 812-9777

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
INSURED'S NAME: KANE, JOHN R													
PATIENT ACCOUNT#: 0.3134785													
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC													
NETWORK: OUT OF NETWORK													
				INSURED'S ID: SGY006206NE		CLAIM NUMBER: 2023278ET2636		PATIENT NAME: KANE, REBECCA		RECEIVED DATE: 10/05/2023			
				SERVICE PROVIDER ID: 1265737498		RELATIONSHIP TO INSURED: SPOUSE		PLAN TYPE: PPO		DRG RCVD: N/A			
09/08/2023	09/08/2023	15	4,163.00	0.00	0.00	0.00	0.00	832.60	832.60	837 131	3,330.40	001 204	0.00
09/08/2023	09/08/2023	15	5,225.00	0.00	0.00	0.00	0.00	1,045.00	1,045.00	837 131	4,180.00	001 204	0.00
09/08/2023	09/08/2023	15	3,139.00	0.00	0.00	0.00	0.00	627.80	627.80	837 131	2,511.20	001 204	0.00
09/08/2023	09/08/2023	15	3,139.00	0.00	0.00	0.00	0.00	0.00	3,139.00	777 119	0.00	001 204	0.00
09/08/2023	09/08/2023	15	2,904.00	0.00	0.00	0.00	0.00	580.80	580.80	837 131	2,323.20	001 204	0.00
09/08/2023	09/08/2023	15	95868 , XU	0.00	0.00	0.00	0.00	0.00	2,904.00	777 119	0.00	001 204	0.00
09/08/2023	09/08/2023	15	95868 , XU	0.00	0.00	0.00	0.00	720.00	720.00	837 131	2,880.00	001 204	0.00
09/08/2023	09/08/2023	15	95999	0.00	0.00	0.00	0.00	0.00	0.00		200.00	769 97	0.00
09/08/2023	09/08/2023	15	200.00	0.00	0.00	0.00	0.00	0.00	0.00		54.00	769 97	0.00
09/08/2023	09/08/2023	15	54.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00
09/08/2023	09/08/2023	15	44215	0.00	0.00	0.00	0.00	0.00	0.00				0.00
09/08/2023	09/08/2023	15	44556	0.00	0.00	0.00	0.00	0.00	0.00				0.00
TOTAL:			33,887.00	0.00	0.00	0.00	0.00	5,104.00	11,147.00		22,740.00		0.00
INTEREST													
TOTAL NET PAID													

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: IN BLUE ACCESS PPO 0.00
GROSS APPROVED CLAIM AMOUNT 784.54
TOTAL INTEREST 0.00
NET AMOUNT DUE 784.54

EXPL CODES

EXPLANATION

015	This was processed, and as an out of network provider, the maximum amount has been paid. The remaining balance can be billed to the member only if it was non-emergent or was not authorized.
777	THE DOCTOR/FACILITY BILLED FOR THIS CARE MORE TIMES THAN OUR GUIDELINES ALLOW. THEREFORE, THE MEMBER'S PLAN DOESN'T PAY FOR IT. THE MEMBER MIGHT BE RESPONSIBLE FOR THIS AMOUNT IF THEY CHOSE TO RECEIVE CARE FROM A DOCTOR/FACILITY NOT IN THEIR PLAN'S NETWORK.
164	This was denied because it was covered as part of another service. Review our medical policies, located on our public website, for additional information about this medical procedure. As a reminder, the member is not responsible for the balance unless they chose to receive care from a doctor or facility not in their plan's network.
AXK	This was denied because we have not received the requested documentation needed to process the claim. A digital request for additional information was sent to your Attachments Dashboard. To upload your documents, log onto Availability.com and from the Claims & Payments tab select Attachments-New. Locate this claim on your Attachments Dashboard to find the digital notification indicating what information is needed. 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.
357	This was denied because we have not received the requested records 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.
038	THIS SERVICE IS DENIED BECAUSE EITHER THE PROFESSIONAL, TECHNICAL, OR GLOBAL ALLOWANCE FOR THIS SERVICE HAS BEEN PREVIOUSLY SUBMITTED AND IS NOT ELIGIBLE FOR ADDITIONAL REIMBURSEMENT. PARTICIPATING PROVIDERS ARE PROHIBITED BY CONTRACT FROM BALANCE
769	

BILLING THE MEMBER FOR THIS CHARGE.

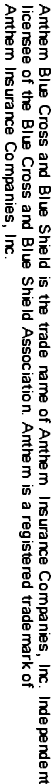
This was denied because the service provided is not covered under the member's benefit plan. For the quickest and easiest way to check a member's benefits, from Availity.com, select Patient Registration to run an Eligibility and Benefits Inquiry. As noted, the member is responsible for the unpaid amount.

THIS DOCTOR/FACILITY NEGOTIATED WITH MULTIPLAN INC. (MPI) AND AGREED TO ACCEPT THIS AMOUNT AS PAYMENT IN FULL FOR THE SERVICE THE MEMBER RECEIVED. THE MEMBER IS ONLY RESPONSIBLE FOR THEIR REGULAR COPAY, DEDUCTIBLE, AND PERCENTAGE OF THE COST FOR THIS SERVICE. THE DOCTOR/FACILITY SHOULD CONTACT MPI WITH ANY QUESTIONS.

CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT. USAGE: THIS ADJUSTMENT AMOUNT CANNOT EQUAL THE TOTAL SERVICE OR CLAIM CHARGE AMOUNT. AND MUST NOT DUPLICATE PROVIDER ADJUSTMENT AMOUNTS (PAYMENTS AND CONTRACTUAL REDUCTIONS) THAT HAVE RESULTED FROM PRIOR PAYER(S) ADJUDICATION.

BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED. THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. USAGE: REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT, IF PRESENT.

DEDUCTIBLE AMOUNT
AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.
THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN
CLAIM SPECIFIC NEGOTIATED DISCOUNT.



1025AI 030107-071345

PROVIDER: TCM HEALTHCARE LLC
 PAYEE ID: 853229794
 NEG BAL REF #:
 DATE: 10/25/23
 CHECK AMT: 784.54

THIS IS A DETAILED NOTIFICATION OF THE RECOMPMENT 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 RECOMPMENT SECTIONS BELOW SHOW THE RECOMPMENT DETAILS FOR EACH ORIGINAL NEGATIVE CLAIM LISTED IN THE NEGATIVE BALANCE HISTORY. THE "NEGATIVE BALANCE DEFERRED" SECTION SHOWS DEFERRED (FUTURE) RECOMPMENTS 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 RECOMPMENT, PLEASE CONTACT PROVIDER SERVICE AT NUMBER NOTED ON REMITTANCE ADVICE.

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10/24/23	KRATZ	MI CHAEL	0.2913388	406M6935	202311TDY34498	03/01/23	202311TDY34498	1,599.09-	12/31/99	22,847.00	15524688
				TOTAL NEGATIVE BALANCE DEFERRED					1,599.09-		

PLEASE RETAIN FOR YOUR RECORDS. THIS IS THE ONLY COPY YOU WILL RECEIVE

RECOUPMENT NOTIFICATION

PAGE 2

TOTAL PRIOR RECOUPMENT	0.00
TOTAL CURRENT RECOUPMENT	0.00
TOTAL OUTSTANDING NEGATIVE BAL.	0.00
TOTAL DEFERRED	1,599.09-
OUTSTANDING NEGATIVE BAL WITH DEFER	1,599.09-