Amerigroup Insurance Company
PO BOX 7368 / GA081W-0014
COLUMBUS, GA 31908-7368

1012AI161355-017292

Coverage is provided by Amerigroup Insurance Company.

PROVIDER ID NO	TAX ID NO	DATE
11193283	XXXXX2508	10/12/23

#BWNCQXF
#61/888067////DF4#
MONITORING ASSOCIATES LLC
PO BOX 29650 DEPT 880256
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

Amerigroup Insurance Company

DATE 10/12/23

PROVIDER NAME	MONITORING ASSOCIATES LLC
ADDRESS	PO BOX 29650 DEPT 880256 PHOENIX AZ 85038-9650
PROVIDER-NPI IDS	11193283 - 1174916522
TAX ID NO	XXXXX2508
CHECK NUMBER:	9022151083

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

Amerigroup

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MONITORING ASSOCIATES LLC
PROVIDER ID NO: 11193283 CHECK/EFT DT: 10/12/23
CHECK/EFT: 9022151083

HOUSTON MEDICARE -

SERVICE DATE(S)	SERVICE/ REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: MCKINNEY,CYNTHIA G					MEMBER ID: 977W07988		STATE/ALT ID: XXXXXA5EH09			DRG#:				FOR INQUIRIES CALL:
PATIENT ACCOUNT#: 0.2808483					CLAIM NUMBER: 255171945400		TOB:			RECEIVED DATE: 09/29/2023				(866) 805-4589
SERVICE PROVIDER NAME: DE JESUS, MARIA A.					SERVICE PROVIDER ID: 1336176387		AUTH#:			EXPL CD:	APPEALS CODE: MA			
12/01/22 12/01/22	9586526	1	21	1,502.00	0.00	0.00	0.00	0.00	0.00	1,502.00	YZ0 109	0.00		0.00
12/01/22 12/01/22	9586526 ,XU	1	21	1,502.00	0.00	0.00	0.00	0.00	0.00	1,502.00	YZ0 109	0.00		0.00
12/01/22 12/01/22	95999	3	21	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	YZ0 109	0.00		0.00
TOTAL:				8,404.00	0.00	0.00	0.00	0.00	0.00	8,404.00		0.00		0.00
INTEREST														0.00
TOTAL NET PAID														0.00

TOTAL APPROVED AMOUNT	0.00
TOTAL INTEREST	0.00
TOTAL NET AMOUNT DUE: HOUSTON MEDICARE	0.00
GROSS APPROVED CLAIM AMOUNT	0.00
TOTAL INTEREST	0.00
NET AMOUNT DUE	0.00

GENERAL INFORMATION

PAYEE ENDORSEMENT ACKNOWLEDGEMENT: "I UNDERSTAND THAT PAYMENT OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSIFICATION, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER FEDERAL AND STATE LAWS." (42 CFR 455.19)

EXPL CODES	EXPLANATION	GROUP CODE	CARC	RARC
YZ0	Direct claims and inquiries to IntegraNet Health	CO	109	
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.			

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

MONITORING ASSOCIATES LLC
PROVIDER ID NO: 11193283 CHECK/EFT DT: 10/12/23
CHECK/EFT: 9022151083

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