

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

1011AI 030122-005712

PROVIDER ID NO 6002720815

TAX ID NO

DATE

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XXXXX4972

10/11/23

#BWNCQXF #1989397275///DF2# M001 NEUROMONITORING ASSOCIATE PO BOX 29650 DEPT 880257 PHOENIX AZ 85038-9650

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	NEUROMONI TORI NG ASSOCI ATE
ADDRESS	PO BOX 29650
ADDRESS	DEPT 880257
	PHOENI X AZ 85038-9650
PROVIDER-NPI IDS	6002720815 - 1659765204
TAX ID NO	XXXXX4972
CHECK NUMBER:	9022096033

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	0.00	r> 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

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

® Registered Marks Blue Cross and Blue Shield Association



ITS HOST PPO NATIONAL

Anthem. 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 NEUROMONI TORING ASSOCIATE registered trademark of Anthem Insurance Companies, Inc.
PROVIDER ID NO: 6002720815

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-		-	N/A	DRG RCVD:		PLAN TYPE: PPO			<u>~</u> -	RELATIONSHIP TO INSURED	RELATI	-	WORK	OUT OF NETWORK	NETWORK: 0
FOR INQUIRIES CALL: (866) 594-0521	FOR ING	NK, SABRI NA 08/30/2023 APPEALS CODE:	CI STRUNK, SABRI NA 08/30/2023 APPE	PATIENT NAME: RECEIVED DATE: EXPL CD:	PATI RECE			I SM127907539 2023242KC0182 1720672595	17	INSURED'S ID: CLAIM NUMBER: SERVICE PROVIDER ID:	σ	CI ATE	CI STRUNK, SABRI NA O. 2429482 NEUROMONI TORI NG ASSOCI ATE	CI STRUNK, SABRI NA O. 2429482 NEUROMONI TORI NG	INSURED'S NAME: C PATIENT ACCOUNT#: 0 SERVICE PROVIDER NAME: N
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	R RESP.	TRACTUAL PROVIDER RESP	E CONTRACTUAL DIFFERENCE	CO-INSURANCE CON	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos		SERVICE CODES	SERVICE DATE(S)
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(866) 594-0521	MA	09/29/2023 APPEALS CODE:	N/A	EXPL CD: DRG RCVD:	χ (PLAN TYPE: PPO		20232727A0364 59765204	16	SERVICE PROVIDER ID: RELATIONSHIP TO INSURED:	S RELATI	CI ATE	NEUROMONI TORI NG ASSOCIATE OUT OF NETWORK	NEUROMONITORIN	SERVICE PROVIDER NAME: N NETWORK: 0
FOR INQUIRIES CALL:	FOR INC	TLY	DEWI TT, KELLY	PATIENT NAME:	PATI			IPM127901344	- P	INSURED'S ID			LY	DEWITT, KELLY	
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	R RESP.	L PROVIDE	CO-INSURANCE CONTRACTUAL PROVIDER RESP	CO-INSURANC	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos c		SERVICE CODES	SERVICE DATE(S)
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0. 00				00	<u>о</u>		0. 00	0.00	0.00	0.00	5, 225. 00			95955	03/31/2021 03/31/2021
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	MA	APPEALS CODE:	N/A	DRG RCVD:		PLAN TYPE: PPO		37110	₹ID: 1700337110 ₹ED:	SERVICE PROVIDER ID RELATIONSHIP TO INSURED	RELATI	CIATE	NEUROMONITORING ASSOCIATE OUT OF NETWORK	UT OF NET	SERVICE PROVIDER NAME: NEUROMONI TORI NI NETWORK: OUT OF NETWORK
FOR INQUIRIES CALL: (866) 594-0521			MARKI EWI CZ, JOSEPH 09/14/2023	PATIENT NAME: RECEIVED DATE:	PATI RECE			PLWPF0072107 2023260BA3566	 P	INSURED'S ID: CLAIM NUMBER:			, JOSEPH	MARKI EWI CZ, JOSEPH 0. 2090684	
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	R RESP.	L PROVIDE	CO-INSURANCE CONTRACTUAL PROVIDER RESP	CO-INSURANC	CO-PAY	DEDUCTIBLE	ALLOWED [CHARGE	Pos c		SERVICE CODES	SERVICE DATE(S)

NEUROMONITORING ASSOCIATE PROVIDER ID NO: 6002720815

NOTIBLES CALL.		BYAN	MAI METEADT	PATIENT NAME			100000	YO YOU O	INICI IDED'S ID			MAI METEADT BYAN	INICIDETY C NAME: M
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	ROVIDER RESP. AMOUNT	CO-INSURANCE CONTRACTUAL PROVIDER RESP	CO-INSURANCE	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	P08	SERVICE CODES	SERVICE DATE(S)
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0. 00		0.00		163.00	0. 00	0.00	0.00	0.00	0.00	4, 163. 00	22		
0. 00		0.00		5, 225. 00 009	0. 00	0.00	0.00	0. 00	0.00	5, 225. 00	22	95955 , XU	
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): N/A	DRG RCVD:	PLAN TYPE: PPO			URED:	RELATIONSHIP TO INSURED	REL		OUT OF NETWORK	NETWORK: 01
	MA	APPEALS CODE:		EXPL CD:			1659765204	16	SERVICE PROVIDER ID:	m	ASSOCI ATE	NI TORI NG	
FOR INQUIRIES CALL: (866) 594-0521	FOR INC	KI MBERLY 09/29/2023	DAVI S,	PATIENT NAME: RECEIVED DATE:			TEA806057264 20232727A0407	Ħ	INSURED'S ID:			DAVIS, KIMBERLY 2079523	INSURED'S NAME: D. PATIENT ACCOUNT#: 20
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	ROVIDER RESP. AMOUNT	CONTRACTUAL PROVIDER RESP DIFFERENCE AMOUNT	CO-INSURANCE	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
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	MA	APPEALS CODE:		EXPL CD:			1548792401	15	SERVICE PROVIDER ID:	Е	ASSOCI ATE	EUROMONI TORI NG 🛭	
FOR INQUIRIES CALL: (866) 594-0521	Ę,	BLAKE 09/29/2023	RI LEY,	RECEIVED DATE:			CZP302754598 20232727A0346	2	CLAIM NUMBER			0. 2065184	PATIENT ACCOUNT#: 0.
		AMICONI	!!!!										
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY	EXPL/ANSI CODE(S)	ROVIDER RESP.	CONTRACTUAL PROVIDER RESP. DIFFERENCE AMOUNT	CO-INSURANCE	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
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0. 00		0.00	19 252	7, 200. 00 009		0.00	0. 00	0.00	0. 00	7, 200. 00	22	95999	01/13/2022 01/13/2022
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	MA	APPEALS CODE:	· N/A	DRG RCVD:	PLAN TYPE: PPO		1/206/2595		SERVICE PROVIDER ID		ASSOCI A I	NETWORK: OUT OF NETWORK	SERVICE PROVIDER NAME: NI NETWORK: 01
FOR INQUIRIES CALL: (866) 594-0521			CI STRUNK, SABRI NA 08/30/2023	PATIENT NAME RECEIVED DATE			ISM127907539 2023242KC0182		INSURED'S ID:			CI STRUNK, SABRI NA 0. 2429482	INSURED'S NAME: CI STRUNK, PATIENT ACCOUNT#: 0. 2429482
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	ROVIDER RESP. AMOUNT	CO-INSURANCE CONTRACTUAL PROVIDER RESP. AMOUNT	CO-INSURANCE	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
		96033	_	CHECK/EFT:									
		/23	DT: 10/11/23	CHECK/EFT DT:	6 ASSOCIATE	PROVIDER ID NO:							

INSURED'S NAME: MALMSTEADT, RYAN
PATIENT ACCOUNT#: 0. 2046908

SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCI ATE
NETWORK: OUT OF NETWORK

INSURED'S ID:
CLAIM NUMBER:
SERVICE PROVIDER ID:
RELATIONSHIP TO INSURED:

1972149474 X0F836680304 2023265BA4554

PLAN TYPE: PPO

DRG RCVD: EXPL CD:

N/A

PATIENT NAME: RECEIVED DATE:

MALMSTEADT, RYAN

FOR INQUIRIES CALL:

(866) 594-0521

09/21/2023

APPEALS CODE: MA

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PROVIDER ID NO: 6002720811

PROVIDER ID NO: 6002720815

CHECK/EFT DT: CHECK/EFT: 9022096033 10/11/23

SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCI ATE PATIENT ACCOUNT#: 0.2046908 SERVICE DATE(S) INSURED'S NAME: MALMSTEADT, RYAN NETWORK: OUT OF NETWORK SERVICE CODES CHARGE RELATIONSHIP TO INSURED: SERVICE PROVIDER ID: ALLOWED CLAIM NUMBER: INSURED'S ID: DEDUCTIBLE 1972149474 2023265BA4554 X0F836680304 CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP.
AMOUNT PLAN TYPE: PPO RECEIVED DATE: PATIENT NAME: DRG RCVD: EXPL CD: EXPL/ANSI CODE(S) N/A 09/21/2023 MALMSTEADT, RYAN INSURED RESPONSIBILITY AMOUNT APPEALS CODE: ĕ EXPL/ANSI CODE(S) FOR INQUIRIES CALL (866) 594-0521 WHAT WE WILL PAY

SERVICE DATE(S)	SERVICE CODES	Pos	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE CONT	CONTRACTUAL F	TRACTUAL PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: CLINE, TINA L	NE, TI NA L			INSURED'S ID:	MS	MSH922326779			PATIENT NAME:	CLINE		FOR IN	FOR INQUIRIES CALL
PATIENT ACCOUNT#: 2285275	35275	SOCI ATE	•	CLAIM NUMBER	7	20232727A0382			RECEIVED DATE		09/29/2023		(866) 594-0521
NETWORK: OUT OF NETWORK	OF NETWORK	SOCI A I		RELATIONSHIP TO INSURED:	JRED: 1009/00204	05204		PLAN TYPE: PPO	O DRG RCVD: N/A	O: N/A	AFFEALS CODE: WA	WA	
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03/18/2022 03/18/2022 9		21	3, 139. 00	0.00	0.00	0.00	0.00	0. 00	3, 139. 00 009	09 252	0.00		0. 00
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ITS HOST PPO NATIONAL

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EXPL CODES EXPLANATION

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submit the requested documentation, from Availity.com use the Claims & Payments tab made based upon the information available to us. For the quickest and easiest way claim. If the requested information is not provided, a benefit determination will be the requested documentation to access Claim Status. Find this claim and use the Send Attachments button to send This was denied because we have not received the requested information to process

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

APPEALS CODE

252

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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

clinical records and other documentation that supports the provider's argument for reimbursement. The appeal must be in writing and mailed 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

Please mail the appeal to this address

NEUROMONITORING ASSOCIATE PROVIDER ID NO: 6002720815

CHECK/EFT DT: CHECK/EFT:

10/11/23 9022096033

ITS HOST PPO NATIONAL

Gri evances and Appeals Mailstop: OHO2O5-A537 4361 Irwin Simpson Rd. Mason, OH 45040-9398

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: Provi der Payment Disputes P.O.Box 61599 Virginia Beach, VA 23466-1599