



10/17/23 9022299959 1017AI 060358-002799000000

ANTHEM BC LIFE & HEALTH INS CO
3075 VANDERCAR WAY
CINCINNATI, OH 45209

1017AI 060358-002799

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PROVIDER ID NO	TAX ID NO	DATE
397A67273	XXXXX4188	10/17/23

|||||
#BWNCQXF
NEUROMONITORING ASSOCIATE
PO BOX 651
WHEAT RIDGE CO 80034-0651

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM BC LIFE & HEALTH INS CO

DATE 10/17/23

PROVIDER NAME	NEUROMONITORING ASSOCIATE	
ADDRESS	PO BOX 651 WHEAT RIDGE CO 80034-0651	
PROVIDER-NPI IDS	397A67273	- 1295859296
TAX ID NO	XXXXX4188	
CHECK NUMBER:	9022299959	

ALTERNATE PAYEE REMITTANCE ADVICE

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

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.



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NEUROMONI TORI NG ASSOCIATE
PROVIDER ID NO: 397A67273

CHECK/EFT DT: 10/17/23
CHECK/EFT: 9022299959

CA GENERAL HEALTH SAVINGS

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLAN(S) CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLAN(S) CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: ALLEN, DAVID J PATIENT ACCOUNT #: 2267480. 2494196 SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE NETWORK: OUT OF NETWORK													
				INSURED'S ID: S9P397A67273 CLAIM NUMBER: 2022111DAT303 SERVICE PROVIDER ID: 1114139888 RELATIONSHIP TO INSURED: SUBSCRIBER		PATIENT NAME: ALLEN, DAVID J RECEIVED DATE: 04/21/2022 EXPL CD: AUZ APPEALS CODE: ASO		FOR INQUIRIES CALL: (844) 451-2076					
03/07/2022	95822	15	1,955.00-	729.26-	0.00	0.00	218.78-	0.00	0.00		1,444.52-	067 2	015 45
03/07/2022	95938	15	2,452.50-	645.52-	0.00	0.00	193.66-	0.00	0.00		2,000.64-	067 2	015 45
03/07/2022	95861	15	1,750.00-	186.32-	0.00	0.00	55.90-	0.00	0.00		1,619.58-	067 2	015 45
03/07/2022	95999	15	500.00-	500.00-	0.00	0.00	0.00	0.00	1,750.00	777 119	500.00-	ANC 226	0.00
03/07/2022	A4556	15	48.00-	0.00	0.00	0.00	0.00	0.00	48.00-	164 97	0.00		0.00
03/07/2022	A4215	15	310.00-	0.00	0.00	0.00	0.00	0.00	310.00-	164 97	0.00		0.00
TOTAL:				2,061.10-	0.00	0.00	468.34-	0.00	2,108.00-		5,564.74-		1,092.76-
TOTAL NET PAID				1,092.76-									

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLAN(S) CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLAN(S) CODE(S)	WHAT WE WILL PAY
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03/07/2022	95822	15	1,955.00	739.88	0.00	0.00	221.96	0.00	0.00		1,437.08	067 2	015 45
03/07/2022	95938	15	2,452.50	654.06	0.00	0.00	196.22	0.00	0.00		1,994.66	067 2	015 45
03/07/2022	95861	15	1,750.00	173.72	0.00	0.00	52.12	0.00	0.00		1,628.40	067 2	015 45
03/07/2022	95861	15	1,750.00	0.00	0.00	0.00	0.00	0.00	1,750.00	777 119	0.00	ASR 96	0.00
03/07/2022	95999	15	500.00	0.00	0.00	0.00	0.00	0.00	0.00		500.00		0.00
03/07/2022	A4556	15	48.00	0.00	0.00	0.00	0.00	0.00	48.00	164 97	0.00		0.00
03/07/2022	A4215	15	310.00	0.00	0.00	0.00	0.00	0.00	310.00	164 97	0.00		0.00
TOTAL:				1,567.66	0.00	0.00	470.30	0.00	2,108.00		5,560.14		1,097.36
TOTAL NET PAID				1,097.36									

TOTAL APPROVED AMOUNT 4.60
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: CA GENERAL HEALTH SAVINGS 4.60
GROSS APPROVED CLAIM AMOUNT
NET AMOUNT DUE 4.60

EXPLANATION

AUZ

067

We paid the member for this claim because the doctor/facility is not in the plan's network. The member is responsible for paying the bill they receive from the doctor/facility.
This amount was applied to the member's colinsurance. 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

CA GENERIC HLTH SAVINGS

- 015 amount.
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.
- ANC We're waiting for more information from the doctor to finish processing this claim.
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.
- ASR The doctor/facility is not eligible to bill for this service. They are not in the plan's network. The member is responsible for the charges, and may receive a bill from the doctor/facility. The member can avoid this kind of charge in the future by using doctors in the plan's network.
- 2 COINSURANCE AMOUNT
45 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.
119 BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.
226 INFORMATION REQUESTED FROM THE BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.
97 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.
96 NON-COVERED CHARGE(S). USAGE: REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT, IF PRESENT.

APPEALS CODE

AS0

APPEALS

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.