

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 030107-017313

PROVIDER ID NO

000001226108

TAX ID NO
XXXXX4972

DATE 10/11/23

PO BOX 29650
DEPT 880257
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

P. O. BOX 105187 ATLANTA, GA 30348-5187 DATE 10/11/23

PROVIDER NAME	NEUROMONI TORI NG ASSOCI ATE
ADDRESS	PO BOX 29650
ADDRESS	DEPT 880257
	PHOENI X AZ 85038-9650
PROVIDER-NPI IDS	000001226108 - 1659765204
TAX ID NO	XXXXX4972
CHECK NUMBER:	9022094700

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



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 TORI NG ASSOCIATE registered trademark of Anthem Insurance Companies, Inc.
PROVIDER ID NO: 000001226108

CHECK/EFT DT: CHECK/EFT:

10/11/23 9022094700

ANTHEM BLUE ACCESS PPO

SERVICE DATE(S)	SERVICE CODES	SS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE CONTRACTUAL PROVIDER RESP.	CONTRACTUAL F	ROVIDER RESP.	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: JOSEPH, ESTILL STEPH PATIENT ACCOUNT#: 2073989 SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE NETWORK: OUT OF NETWORK	JOSEPH, ESTILL STEPH 2073989 NEUROMONITORING ASS OUT OF NETWORK	SOCI ATE	REL	INSURED'S ID CLAIM NUMBER SERVICE PROVIDER ID RELATIONSHIP TO INSURED	. YZ	YZD971M54189 2022152QA6505 1922410307 SUBSCRI BER		PLAN TYPE: PPO	PATIENT NAME: RECEIVED DATE: EXPL CD: DRG RCVD:	 Z	JOSEPH, ESTI LL STEPH 06/01/2022 AJR /A	FOR INQ	FOR INQUIRIES CALL: (855) 720-3504
				<u>.</u>		<u> </u>				- 1			
09/22/2021 09/22/2021 9	95955 XU	22	5, 225. 00-	0.00	0.00	0.00	0.00	0.00	5, 225. 00- AJR	JR 234	0.00		0.00
		22	4, 163. 00-	0.00	0.00	0.00	0.00	0. 00	4, 163. 00- AJR		0.00		0. 00
	95940	22	2, 760. 00-	0.00	0.00	0.00	0.00	0. 00	2, 760. 00- AJR		0.00		0. 00
	95937	22	1, 400. 00-	0.00	0.00	0.00	0.00	0. 00	1, 400. 00- AJR		0.00		0. 00
	95927 , 59	22	475.00-	0. 00	0.00	0. 00	0. 00	0. 00	475. 00- AJR	JR 234	0.00		0. 00
I NITEDEST	TOTAL:		22, 497. 00-	0. 00	0.00	0.00	0. 00	0. 00	22, 497. 00-		0.00		0.00
	TOTAL NET PAID												0. 00
SERVICE DATE(S)	SERVICE CODES	Pos	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE CONTRACTUAL PROVIDER RESP. AMOUNT	CONTRACTUAL F	ROVIDER RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: JOS	JOSEPH, ESTILL STEPH	_		INSURED'S ID	 Y2	YZD971M54189			PATIENT NAME		JOSEPH, ESTI LL STEPH	FOR INQ	FOR INQUIRIES CALL:
PALIENI ACCOUNL#: 20/3989 SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE NETWORK: OUT OF NETWORK	73989 JROMONITORING ASS T OF NETWORK	SOCI ATE	RE	CLAIM NOMBER: SERVICE PROVIDER ID: RELATIONSHIP TO INSURED:	19	20221520A6505 922410307 JBSCRI BER		PLAN TYPE: PPO	RECEIVED DATE: EXPL CD: O DRG RCVD:	N/A	06/01/2022		(855) /20-3504
09/22/2021 09/22/2021 9	95870 , 59	22	8, 474. 00	0.00	0. 00	0. 00	0. 00	0. 00	8, 474. 00 AJR	JR 234	0. 00		0. 00
		22	5, 225. 00	0.00	0.00	0.00	0.00	0. 00			0. 00		0. 00
	95938 05040	22	4, 163. 00	0.00	0.00	0.00	0.00	0.00	163.00		0.00		0.00
09/22/2021 09/22/2021 9	95937	22	1 400 00	0 9	0 9	0 9	0 9	9 9	1 400 00 AJR	JR 234	0 9		9 8
	95927 , 59	22	475. 00	0.00	0.00	0.00	0.00	0. 00			0.00		0.00
	TOTAL:		22, 497. 00	0. 00	0.00	0.00	0.00	0. 00	22, 497. 00		0. 00		0.00
INTEREST	TOTAL NET PALD	_	_	_	_	_	_	_	_		_		0 0 0

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

o. o. o. o. o. o.

BLUE ACCESS PPO

04/05	SERVI	
04/05/2022 04/05/2022 95940	INSURED'S NAME: DAWSON, GINGEF PATIENT ACCOUNT#: 0.2520251 ICE PROVIDER NAME: NEUROMONI TORI NETWORK: OUT OF NETWOR	SERVICE DATE(S)
95940	INSURED'S NAME: DAWSON, GINGER PATIENT ACCOUNT#: 0. 2520251 SERVICE PROVIDER NAME: NEUROMONI TORING ASSOCIATE NETWORK: OUT OF NETWORK	SERVICE CODES
15	SSOCI ATI	Pos
15 6, 210. 00-		CHARGE
0.00	INSURED'S ID: SUI AN68873 CLAIM NUMBER: 2022283E SERVICE PROVIDER ID: 1548773476 RELATIONSHIP TO INSURED: SUBSCRI BER	ALLOWED
0.00	INSURED'S ID: SUI AN6887320 LAIM NUMBER: 2022283EG3- E PROVIDER ID: 1548773476 PTO INSURED: SUBSCRI BER	DEDUCTIBLE
0.00	SUI AN6887320 2022283EG3479 1548773476 SUBSCRI BER	
0.00		CO-INSURANC
	PLAN TYPE: PPO	E CONTRACTUAL DIFFERENCE
0. 00 6, 210. 00- AJR 234	PAT RECE	CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. AMOUNT
AJR 234	DAWSON	EXPL/ANSI CODE(S)
0.00	ı, GI NGER 10/10/2022	INSURED RESPONSIBILITY AMOUNT
	FOR II	EXPL/ANSI CODE(S)
0. 00	FOR INQUIRIES CALL: (866) 333-1098	WHAT WE WILL PAY

	CODES	3	CRANGE) [מבטיט וומינה	C C-FX	CLEOWED DEDOCTIBLE CO-FOT CO-INSORDINGE	DIFFERENCE	AMOUNT	CODE(S)	AMOUNT	CODE(S)	WINCE WILL FAIT
INSURED'S NAME: FLETCHER, CODY D PATIENT ACCOUNT#: 2234012 SERVICE PROVIDER NAME: NEIJBOMONI TORI NG ASSOCIATE	LETCHER, CODY D 234012	SOCI ATE	П	INSURED'S ID: CLAIM NUMBER: SERVICE PROVIDER ID:	-, Z	NI QAN7788282 2023004QA3068 1720672595			PATIENT NAME: FLETCHER, BRI ANNA E RECEIVED DATE: 01/04/2023 FXPI CD:	FLETCHER, 01/	1ER, BRI ANNA E 01/04/2023	FOR INC	FOR INQUIRIES CALL: (800) 228-2891
NETWORK: 0	NETWORK: OUT OF NETWORK			RELATIONSHIP TO INSURED: SPOUSE	RED: SPOU	SE		PLAN TYPE: PPO		N/A			
02/10/2022 02/10/2022	95940	15	4, 140. 00-	0.00	0.00	0.00	0.00	0. 00	4, 140. 00- AJR 234	234	0. 00		0. 00
02/10/2022 02/10/2022	95822	15	5, 225. 00-	0.00	0.00	0.00	0.00	0. 00	5, 225. 00- AJR 234	234	0.00		0. 00
02/10/2022 02/10/2022 95938	95938	15	4, 163. 00-	0.00	0.00	0.00	0.00	0. 00	4, 163.00- AJR 234	234	0. 00		0. 00
02/10/2022 02/10/2022 95929	95929	15	1, 378. 00-	0.00	0.00	0.00	0. 00	0. 00	1, 378. 00- AJR	234	0.00		0. 00
02/10/2022 02/10/2022 9586	95861	15	3, 139. 00-	0.00	0.00	0.00	0.00	0. 00	3, 139. 00- AJR	234	0.00		0. 00
02/10/2022 02/10/2022 95861	95861 , XU	15	3, 139. 00-	0.00	0.00	0.00	0.00	0. 00	3, 139.00-l AJR 234	234	0.00		0. 00

						_					_		
FOR INQUIRIES CALL: (800) 228-2891	FOR INQ	ER, BRI ANNA E 01/04/2023	FLETCH: N/A	PATIENT NAME: RECEIVED DATE: EXPL CD: O DRG RCVD:	PLAN TYPE: PPO		NI QAN7788282 2023004QA3068 1720672595 SPOUSE	SF 17	INSURED'S ID. CLAIM NUMBER: SERVICE PROVIDER ID. RELATIONSHIP TO INSURED:		ASSOCI ATE	D'S NAME: FLETCHER, CODY D CCOUNT#: 2234012 DER NAME: NEUROMONI TORI NG NETWORK: OUT OF NETWORK	INSURED'S NAME: FLETCHER, CODY D PATIENT ACCOUNT#: 2234012 SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE NETWORK: OUT OF NETWORK
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	RACTUAL PROVIDER RESP. AMOUNT	CONTRACTUAL F	CO-INSURANCE CONTR	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
o. o. o. o. oo					SS PPO	NT E: BLUE ACCESS PPO	TOTAL APPROVED AMOUNT TOTAL INTEREST TOTAL NET AMOUNT DUE:	TOTAL APPROVED TOTAL INTEREST TOTAL NET AMOU				ı	IN HSA
0. 00												TOTAL NET PAID	
0. 00		-					-	:	-		_		INTEREST
0 0		0.00	JQ 16	7, 200. 00 AJQ	7, 200. 00 52, 043, 00	o o 8 8	0.00	0.00	0.00	7, 200. 00 52, 043, 00	15	TOTAL:	04/05/2022 04/05/2022
0. 00		0. 00		904. 00	2, 904. 00	0. 00	0.00	0.00	0. 00	2, 904. 00	15		04/05/2022 04/05/2022
0. 00		0.00		2, 904. 00 AJQ	2, 904. 00	0.00	0.00	0.00	0.00	2, 904. 00	15	95868	04/05/2022 04/05/2022
0. 00		0.00	JQ 16	474.00	8, 474. 00	0.00	0.00	0.00	0. 00	8, 474. 00	15	95870	04/05/2022 04/05/2022
0. 00		0.00	JQ 16	474.00	8, 474. 00	0.00	0.00	0.00	0.00	8, 474. 00	15		04/05/2022 04/05/2022
0. 00		0.00	JQ 16	163.00		0. 00	0.00	0.00	0. 00	4, 163. 00	15		04/05/2022 04/05/2022
0. 00		0.00	AJQ 16	225.00		0.00	0.00	0.00	0.00	5, 225. 00	15		04/05/2022 04/05/2022
		0.00		489. 00	6, 489. 00	0.00	0.00	0.00	0.00	6, 489. 00	15		04/05/2022 04/05/2022
0.00		0.00	JO 16	6. 210. 00 AJO	6. 210. 00	0.00	0.00	0.00	0.00	6. 210. 00	<u> 1</u>	95940	04/05/2022 04/05/2022
		_): N/A	O DRG RCVD:	PLAN TYPE: PPO		SUBSCRI BER		RELATIONSHIP TO INSURED:	- E	-	NETWORK: OUT OF NETWORK	NETWORK
							1548773476	7	SERVICE PROVIDER ID:		ASSOCI ATE	NEUROMONI TORI NG	SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCI ATE
FOR INQUIRIES CALL: (866) 333-1098	FOR INQ.	, GI NGER 10/10/2022	DAWSON	PATIENT NAME:			SUI AN6887320 2022283FG3479	S	INSURED'S ID:			DAWSON, GI NGER	INSURED'S NAME:
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	PROVIDER RESP. AMOUNT	CO-INSURANCE CONTRACTUAL PROVIDER RESP	CO-INSURANCE	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
0.00												TOTAL NET PAID	
0.00				0					(_	į	INTEREST
0.00		0.00		52. 043. 00-	0.00	0.00	0.00	0.00	0.00	52.043.00-	_	TOTAL:	

0. 00											TOTAL NET PAID	
0.00										_		INTEREST
0.00	0.00		52, 043. 00-	0. 00	0.00	0.00	0.00	0.00	52, 043. 00-		TOTAL:	
0. 00	0.00	JR 234	7, 200. 00- AJR 234	0. 00	0.00	0.00	0.00	0.00	7, 200. 00-	15	95999	04/05/2022 04/05/2022
0. 00	0.00	JR 234	2, 904. 00- AJR	0. 00	0.00	0.00	0.00	0.00	2, 904. 00-	15	95868 , XU	04/05/2022 04/05/2022
0.00	0.00	JR 234	2, 904. 00- AJR 234	0. 00	0.00	0.00	0.00	0.00	2, 904. 00-	15	95868	04/05/2022 04/05/2022
0. 00	0.00	JR 234	8, 474. 00- AJR	0. 00	0.00	0.00	0.00	0.00	8, 474. 00-	15	95870 , XU	
0.00	0.00	JR 234	8, 474. 00- AJR	0. 00	0.00	0.00	0.00	0.00	8, 474. 00-	15	95870 , XU	04/05/2022 04/05/2022
0. 00	0.00	JR 234	4, 163.00- AJR 234	0. 00	0.00	0.00	0.00	0.00	4, 163. 00-	15	95938	04/05/2022 04/05/2022
0. 00	0.00	JR 234	5, 225. 00- AJR	0. 00	0. 00	0.00	0.00	0. 00	5, 225. 00-	15	95822	04/05/2022 04/05/2022
0.00	0.00	JR 234	6, 489. 00- AJR	0. 00	0.00	0.00	0.00	0. 00	6, 489. 00-	15	95939	04/05/2022 04/05/2022
): N/A	O DRG RCVD: N/A	PLAN TYPE: PPO		1548773476 SUBSCRI BER		SERVICE PROVIDER ID: RELATIONSHIP TO INSURED:		ASSOCI A	NETWORK: NEUROMONITORING .	SERVICE PROVIDER NAME: NEUROMONITORING ASSOCIATE NETWORK: OUT OF NETWORK
(866) 333-1098	2	10/10/2022	RECEIVED DATE:			2022283EG3479		CLAIM NUMBER:			. 2520251	PATIENT ACCOUNT#: 0. 2520251
FOR INQUIRIES CALL:	NGER	DAWSON, GI NGER	PATIENT NAME:			SUI AN6887320		INSURED'S ID:			AWSON, GI NGER	INSURED'S NAME: DAWSON, GINGER
EXPL/ANSI WHAT WE WILL PAY	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	PROVIDER RESP. AMOUNT	CO-INSURANCE CONTRACTUAL PROVIDER RESP. AMOUNT	CO-INSURANCE	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
	10/11/23 9022094700		OHECK/EFT DT:	0: 000001226108	PROVIDER ID NO:							

NEUROMONITORING ASSOCIATE
PROVIDER ID NO: 000001226108



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

Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a

NEUROMONI TORI NG ASSOCI ATE registered trademark of Anthern Insurance Companies, Inc.

PROVI DER 1D NO: 000001226

PROVIDER ID NO: 000001226108

CHECK/EFT DT: CHECK/EFT: 9022094700 10/11/23

02/10/2022 02/10/2022 02/10/2022 02/10/2022 02/10/2022 02/10/2022 02/10/2022 02/10/2022 02/10/2022 02/10/2022 07/18/2022 07/18/2022 07/18/2022 07/18/2022 07/18/2022 07/18/2022 07/18/2022 07/18/2022 07/18/2022 07/18/2022 07/18/2022 07/18/2022 07/18/2022 07/18/2022 SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCI ATE 02/10/2022 02/10/2022 02/10/2022 02/10/2022 SERVICE PROVIDER NAME: NEUROMONITORING ASSOCIATE 02/10/2022 02/10/2022 02/10/2022 02/10/2022 SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCI ATE 02/10/2022 02/10/2022 02/10/2022 02/10/2022 02/10/2022 02/10/2022 NTEREST NTEREST NTEREST PATIENT ACCOUNT#: 0.2641855 SERVICE DATE(S) PATIENT ACCOUNT#: SERVICE DATE(S) PATIENT ACCOUNT#: SERVICE DATE(S) INSURED'S NAME: INSURED'S NAME: INSURED'S NAME: 02/10/2022 02/10/2022 NETWORK: OUT OF NETWORK NETWORK: OUT OF NETWORK NETWORK: OUT OF NETWORK 2234012 FLETCHER, CODY JAMES, JENNI FER FLETCHER, CODY 2234012 95940 95822 95929 95861 95861 95999 95999 95861 95861 95938 95999 A4215 A4556 A4215 95938 95822 A4556 A4215 TOTAL TOTAL NET PAID TOTAL NET PAID TOTAL NET PAID SERVICE SERVICE CODES SERVICE CODES . ≃ . ≃ D g g 15 15 15 15 15 15 15 15 15 15 15 15 15 25, 26 26 6, 210. 5, 225. 4, 163. 3, 139. 3, 139. 3, 600. 3,600. 1, 378. 3, 139. 3, 139. 5, 400. 180. 36. 4, 140. 5, 225. 4, 163. σ CHARGE CHARGE CHARGE , 836. , 800. , 400. 180. 36. . 888888 88888888 8 888 RELATIONSHIP TO INSURED: RELATIONSHIP TO INSURED RELATIONSHIP TO INSURED: SERVICE PROVIDER ID: SERVICE PROVIDER ID: SERVICE PROVIDER ID: ALLOWED ALLOWED ALLOWED CLAIM NUMBER CLAIM NUMBER CLAIM NUMBER: 00 0 0 0 0.0 0 0 0 000 0 0 0000 INSURED'S ID: INSURED'S ID: INSURED'S ID: 8 8 8 8 8 8 8 8 8 8 8 DEDUCTIBLE DEDUCTIBLE DEDUCTIBLE 0000 NI QAN7788282 SUBSCRI BER 1194269753 I WA419W11565 SPOUSE 1720672595 SPOUSE 1720672595 2023004QA3068 NI QAN7788282 8888 8 2022294CC2401 2023004QA3068 CO-PAY CO-PAY CO-PAY 00000000 000000000 0000 8 8 8 CO-INSURANCE CONTRACTUAL PROVIDER RESP.
AMOUNT CO-INSURANCE CONTRACTUAL PROVIDER RESP CO-INSURANCE CONTRACTUAL PROVIDER RESP.
AMOUNT 00000000 0000000000 0000 8888888 8888888888 8888 PLAN TYPE: PPO PLAN TYPE: PPO PLAN TYPE: PPO 1, 378. 00 3, 139. 00 3, 139. 00 5, 400. 00 0. 00 26, 584. 00 4, 140. 4, 163. 00 ū 225.00 o. o. 00 ..<l 0000 8 8 8888 1, 378.00 3, 139.00 3, 139.00 5, 400.00 180.00 36.00 3, 139. 00-3, 139. 00-3, 600. 00-5, 225. 00 4, 163. 00 25, 836.00-6, 210. 5, 225. 26, 26, 4, 140. Ω 4, 163.00-RECEIVED DATE: RECEIVED DATE: RECEIVED DATE: PATIENT NAME: PATIENT NAME: PATIENT NAME: 600 800.00 800. 360 400.00-36 180.00-DRG RCVD: DRG RCVD: DRG RCVD: EXPL CD: . 00-. 00-. 00-. 00 EXPL CD . 00-. 00-EXPL CD: ΑR Α Ą Ą Ą ₽R ₽R 20 20 20 P R ₽R ĄR ₽R PΩ AΩ AΩ CODE(S) CODE(S) 16 16 16 16 16 16 16 16 234 234 234 234 234 234 234 N/A N 234 234 234 N/A 01/04/2023 FLETCHER, BRI ANNA E FLETCHER, BRI ANNA E JAMES, JENNI FER 01/04/2023 10/21/2022 INSURED RESPONSIBILITY AMOUNT INSURED RESPONSIBILITY AMOUNT INSURED RESPONSIBILITY AMOUNT 000 0 8 8 8 EXPL/ANSI CODE(S) EXPL/ANSI CODE(S) EXPL/ANSI CODE(S) FOR INQUIRIES CALL: FOR INQUIRIES CALL: FOR INQUIRIES CALL (800) 228-2891 WHAT WE WILL PAY WHAT WE WILL PAY WHAT WE WILL PAY (877) (800) 228-2891 224-0030 00000000000 0000000000000 000000 888888888 888888888888 88888

0.00												TOTAL NET PAID	
-		-		_	_	_		_	_	_	-		INTERES
0.00		0.00		25, 836. 00	25, 836. 00	0.00	0.00	0.00	0. 00	25, 836. 00	_	TOTAL:	NTEDECT
0. 00		0.00	AJQ 16		360. 00	0.00	0.00	0.00	0. 00	360.00	15	A4215	07/18/2022 07/18/2022
0. 00		0.00	JQ 16		3, 600. 00	0.00	0.00	0.00	0.00	3, 600. 00	15	95999	07/18/2022 07/18/2022
0. 00		0.00	JQ 16	3, 139. 00 AJ	3, 139. 00	0.00	0.00	0.00	0.00	3, 139. 00	15	95861 , XU	07/18/2022 07/18/2022
0. 00		0.00	JQ 16		3, 139. 00	0.00	0.00	0.00	0.00	3, 139. 00	15	95861	07/18/2022 07/18/2022
0. 00		0.00	JQ 16		4, 163. 00	0.00	0.00	0.00	0.00	4, 163. 00	15	95938	07/18/2022 07/18/2022
0. 00		0.00	JQ 16	5, 225. 00 AJQ	5, 225. 00	0.00	0.00	0.00	0.00	5, 225. 00	15	95822	07/18/2022 07/18/2022
0. 00		0.00	JQ 16	6, 210. 00 AJ	6, 210. 00	0.00	0.00	0.00	0. 00	6, 210. 00	15	95940	07/18/2022 07/18/2022
		_		DRG RCVD. N/A	T C 22		<u> או</u>	NED	NEDS TO MODIFIED	_ 2	_	- OF NELWORK	NEI WORK
			. N				1194269753		VEXVICE PROVIDER ID.		ASSOCIAL	EUKOMONI IORI NG F	SERVICE PROVIDER INCME: NEUROMONI LORI NG ASSOCIATE
(877) 224-0030		10/21/2022		RECEIVED DATE:			2022294CC2401	د د	CLAIM NUMBER:	1	10000	. 2641855	PATIENT ACCOUNT#: 0.2641855
FOR INQUIRIES CALL:	FOR I.	VNI FER	JAMES, JENNI FER	PATIENT NAME:			IWA419W11565		INSURED'S ID:			AMES, JENNI FER	INSURED'S NAME: JAMES, JENNI FER
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	RACTUAL PROVIDER RESP.	CO-INSURANCE CONTRACTUAL F	CO-INSURANCE	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
												ı	IN HSA

OHIO HSA

SERVICE DATE(S)

SERVICE CODES

g

CHARGE

ALLOWED

DEDUCTIBLE

CO-PAY

CO-INSURANCE CONTRACTUAL PROVIDER RESP.
AMOUNT

EXPL/ANSI CODE(S)

INSURED
RESPONSIBILITY
AMOUNT

EXPL/ANSI CODE(S)

WHAT WE WILL PAY

000

888

FOR INQUIRIES CALL:

(866) 240-7423

CASAD, PAMELA KAY

02/04/2022

SERVICE PROVIDER NAME: NEUROMONITORING ASSOCIATE NETWORK: OUT OF NETWORK

SERVICE PROVIDER ID: RELATIONSHIP TO INSURED:

1922410307 SPOUSE

PLAN TYPE: PPO

DRG RCVD: EXPL CD:

N/A

RECEIVED DATE: PATIENT NAME:

CLAIM NUMBER:

INSURED'S ID:

NUAAN2469748 2022035BJ7475

PATIENT ACCOUNT#: 0.2371410

INSURED'S NAME: CASAD, ROBERT T

11/23/2021 11/23/2021 11/23/2021 11/23/2021

NTEREST

TOTAL NET PAID

11/23/2021 11/23/2021

95870 95940 95937 TOTAL:

, 59

22 22 22

8, 474. 00-2, 070. 00-1, 400. 00-11, 944. 00-

0. 00 0. 00 0. 00

0. 00 0. 00 0. 00

0000

0. 00 0. 00 0. 00

0000 8888

0. 00 0. 00 0. 00

8, 474.00-2, 070.00-1, 400.00-11, 944.00-

ANC ANC

226 226 226

000000

88888

TOTAL INTEREST

TOTAL NET AMOUNT DUE: TOTAL APPROVED AMOUNT ASH NI

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: 000001226108

CHECK/EFT DT: CHECK/EFT: 10/11/23 9022094700

OHIO HSA

INSURED'S NAME: CASAD, ROBERT - PATIENT ACCOUNT#: 0. 2371410	CASAD, ROBERT T). 2371410			INSURED'S ID: CLAIM NUMBER:	-	JUAAN2469748 2022035BJ7475			PATIENT NAME: RECEIVED DATE:	CASAD,	PAMELA KAY 02/04/2022	FOR INC	FOR INQUIRIES CALL: (866) 240-7423
SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCI ATE NETWORK: OUT OF NETWORK	DER NAME: NEUROMONITORING AS: NETWORK: OUT OF NETWORK	SOCI ATI		SERVICE PROVIDER ID: 1922410 RELATIONSHIP TO INSURED: SPOUSE	<pre>LID: 1922410307</pre> <pre>LED: SPOUSE</pre>	10307 E		PLAN TYPE: PPO		N/A			
11/23/2021 11/23/2021	95870 , 59	22	8, 474. 00	0. 00	0.00	0.00	0. 00	8, 474. 00	8, 474. 00 AJQ 16	Q 16	0.00		0. 00
11/23/2021 11/23/2021	95940	22	2, 070. 00	0. 00	0.00	0.00	0.00	0. 00	2, 070. 00 AJR 234	R 234	0.00		0. 00
11/23/2021 11/23/2021	95937	22	1, 400. 00	0. 00	0.00	0.00	0.00	1, 400. 00	1, 400. 00 AJQ 16	Ω 16	0.00		0. 00
	TOTAL:		11, 944. 00	0. 00	0.00	0.00	0.00	9, 874. 00	11, 944. 00		0.00		0. 00
INTEREST		_						_			_		0. 00
	TOTAL NET PAID												0. 00

226	23 <i>4</i> 16	ANC		AJQ	AJR	EXPL CODES			
CODE FOR CLAIMS ATTACHMENT(S)/OTHER DOCUMENTATION. REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT, IF PRESENT. INFORMATION REQUESTED FROM THE BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.	THIS PROCEDURE IS NOT PAID SEPARATELY. CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). USAGE: DO NOT USE THIS	send the requested documentation. WE'RE WAITING FOR MORE INFORMATION FROM THE DOCTOR TO FINISH PROCESSING THIS CLAIM.	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	MEMBER IS NOT RESPONSIBLE FOR THIS AMOUNT UNLESS THEY CHOSE TO RECEIVE CARE FROM A DOCTOR OR FACILITY NOT IN THEIR PLAN'S NETWORK. This was denied because we have not received the requested procedure code to process	WE DENIED THIS CLAIM BECAUSE WE COVERED THE CARE AS PART OF ANOTHER SERVICE. THE	EXPLANATION	TOTAL INTEREST NET AMOUNT DUE	GROSS APPROVED CLAIM AMOUNT	TOTAL APPROVED AMOUNT TOTAL INTEREST TOTAL NET AMOUNT DUE: OHIO HSA

o. o. o. o. o. o.

o o o o o o