10/06/23 3222880045

1006AI 160955-007001000000



Anthem Blue Cross and Blue Shield Healthcare Solutions is the trade name of Community Care Health Plan of Nevada, Inc., an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Anthem BCBS Heal thcare Solutions 3075 VANDERCAR WAY CINCINNATI, OH 45209

1006AI 160955-007001

3299114001

PROVIDER ID NO

03095460

TAX ID NO XXXXX2508

DATE 10/06/23

#BWNCQXF #93/699045///DF1# MONITORING ASSOCIATES LLC DEPT 880256 PO BOX 29650 PHOENIX AZ 85038-9650 PAY EXACTLY

*****1349 DOLLARS AND 22 CENTS

DEPOSITED TO:

ABA # 124001545 ACC # XXXXX7975 EFT # 3222880045 ON 10/10/23

ACH DEPOSIT MADE - THIS IS NOT A CHECK

Anthem BCBS Healthcare Solutions

DATE 10/06/23

PROVIDER NAME MONI TORI NG ASSOCI ATES LLC

ADDRESS DEPT 880256 PO BOX 29650
PHOENI X AZ 85038-9650

PROVIDER-NPI IDS 03095460 - 1174916522
TAX ID NO XXXXX2508

CHECK NUMBER:

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	1, 349. 22	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	1, 349. 22
NET AMOUNT DUE	1, 349. 22	RECOUPMENT BALANCE	0.00

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MONITORING ASSOCIATES LLC PROVIDER ID NO: 03095460

CHECK/EFT DT: CHECK/EFT:

10/06/23

696. 14												NET PAID	TOTAL NET	
0.00	_				_	_				_	_	_	_	INTEREST
696. 14	0.00	0.		25, 313. 86	0.00	0.00	0.	0.00	0.00	696.14	26, 010. 00			TOTAL:
0. 00	0.00	0.	Y93 252	9, 000. 00	0. 00	0. 00	0.	0. 00	0.00	0.00	9, 000. 00	5 21	95999	09/19/23 09/19/23
33. 23	0.00	0.	PXN 45	549.77	0.00	0.00	0.	0.00	0.00	33. 23	583. 00	1 21		09/19/23 09/19/23
33.	00	0.	PXN 45	549.77	0. 00	0. 00	0.	0.00	0.00	33. 23	583. 00	1 21		09/19/23 09/19/23
81. 42	8	0.00	PXN 45	2, 890. 58	0.00	00	0.	0. 00	0.00	81.42	2, 972. 00	_		09/19/23 09/19/23
81.	8	0.00	PXN 45	2, 890. 58	0.00	0.00	0.	0. 00	0.00	81.42	2, 972. 00	2 21	9588626	09/19/23 09/19/23
270. 42	8	0.00	PXN 45	953. 58	0.00	0.00	0.	0.00	0.00	270. 42	1, 224. 00	1 21	9591326	09/19/23 09/19/23
40. 41	00	0.00	PXN 45	3, 066. 59	0. 00	0.00	0.	0.00	0.00	40.41	3, 107. 00	1 21	9593826	09/19/23 09/19/23
50. 32	8	0.00	PXN 45	1, 704.68	0. 00	0.00	0.	0.00	0.00	50. 32	1, 755. 00	1 21	9582226	09/19/23 09/19/23
105. 69	8	0.00	PXN 45	3, 708. 31	0.00	0. 00	0.	0.00	0.00	105. 69	3, 814. 00	1 21	9593926	09/19/23 09/19/23
	ANV	APPEALS CODE: A	APPE	EXPL CD:		NVW175532	AUTH#: NV	1235391418		SERVICE PROVIDER ID:		TA, INDRANIL	ME SEN GUPTA	SERVICE PROVIDER NAME:
(800) 454-3730			09/22/2023		RECEIVED DATE:		TOB:	254722161500		CLAIM NUMBER:			NT#: 0.3147161	PATIENT ACCOUNT#:
FOR INQUIRIES CALL:	FOR INC			DRG#:		00001055351	STATE/ALT ID: 00	731737037 STA T	7317.	MEMBER ID:		LORENZANA, BRI SA J		PATIENT NAME:
NET PAID	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	PROV RESP AMOUNT	TPP	m & 	CONTRACTUA DIFFERENCE	COINSURANCE COPAYMENT AMOUNT	DEDUCTIBLE	ALLOWED D	CHARGE	COUNT/ POS DAYS	SERVICE/ REVENUE CI CODE(S)	SERVICE DATE(S)
200. 69												TOTAL NET PAID	TOTAL	
0.00	_				_	_						_		INTEREST
200. 69	0.00	0.		12, 681. 31	0.00	0. 00	0.	0. 00	0.00	200. 69	12, 882. 00	_		TOTAL:
0. 00	00	0.00	Y93 252	5, 400. 00	0. 00	0.00	0.	0. 00	0.00	0.00	5, 400. 00	3 21		09/02/22 09/02/22
	(9						(:	-			
54.98	8	0.00		1. 255. 02	0.00	0.00	0	0.00	0.00	54.98	1.310.00	1 21		
54. 98	0.00	0.	PXN 45	1, 255.02	0.00	0.00	0.	0.00	0.00	54.98	1, 310. 00	1 21		09/02/22 09/02/22
40. 41	0.00	0.	PXN 45	3, 066. 59	0. 00	0.00	0.	0.00	0.00	40.41	3, 107. 00	1 21	9593826	09/02/22 09/02/22
50.	0.00	0.	PXN 45	1, 704. 68	0.00	0. 00	0.	0.00	0.00	50.32	1, 755. 00	1 21	9582226	09/02/22 09/02/22
	ĮNV -	APPEALS CODE: ANV	APPE	EXPL CD:		C11024985	AUTH#: C1	1184745465		SERVICE PROVIDER ID:	_	JONATHAN D.	BURNS,	SERVICE PROVIDER NAME:
(800) 454-3730		3	09/19/2023		RECEIVED DATE:		TOB:	254443071900		CLAIM NUMBER		06	VT#: 0.2697006	PATIENT ACCOUNT#:
FOR INQUIRIES CALL:	FOR INC			DRG#:		00002339997	STATE/ALT ID: 00	724925663 STAT	7249.	MEMBER ID:		MAX E	ME: MAGANA, MAX	PATIENT NAME:
NET PAID	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	PROV RESP AMOUNT	TPP	mβ	CONTRACTUAL DIFFERENCE	COINSURANCE COPAYMENT AMOUNT	DEDUCTIBLE	ALLOWED D	CHARGE	COUNT/ POS DAYS		SERVICE DATE(S) REVENUE SERVICE DATE(S) REVENUE CODE(S)
												ı	HCARE SOL EC	BCBS HEALT

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: BCBS HEALTHCARE SOL FC

BCBS HEALTHCARE SOL MD

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	D NO:	
	03095460	
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MEIGRAD MEIG	DATIENT														
		NAME: BANCIC	DHN D		MEMBER ID:	71,			001246989	0	RG#			FOR INOU	FOR INQUIRIES CALL:
MCAULIFFE MITHEW	PATIENT ACCO	DUNT# 0. 28231	129		CLAIM NUMB	··	90700		00.0	RECEIVED D		0/03/2023			(800) 454-3730
93226 1 21 3 3 814.00 0 00 0 00 0 00 0 00 0 00 0 00 0 3 814.00 F0 2 93226 1 21 1 1,755.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERVICE PROVIDER	NAME: MCAULIF			SERVICE PRO	DER ID: 18	21388562	AUTH#:		EXP		APPE/	APPEALS CODE: ANV		
932926 121 3.1070 0.00 0.00 0.00 0.00 0.00 0.00 3.114.00 FT9 202276 121 1.614.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00															
98326.6 1 21 1,050.00 0.00 0.00 0.00 0.00 0.00 0.00 0.			1 21	3, 814. 00	0.00	0.00		0.	00	0.00			0.00		0. 00
1 1 1,755.00 0.00 0.00 0.00 0.00 0.00 1,755.00 170			1 21	3, 107. 00	0.00	0.00		0.	00	0.00			0.00		0. 00
121 1,614.00 0,00 0,00 0,00 0,00 0,00 1,614.00 170 170 170 180 121 1,310.00 0,00 0,00 0,00 0,00 0,00 0,00 1,310.00 170 180 121 1,310.00 0,00 0,00 0,00 0,00 0,00 0,00 1,310.00 170 180 121 1,310.00 0,00 0,00 0,00 0,00 0,00 0,00 1,310.00 170 180 1		_	1 21	1, 755. 00	0.00	0.00		0.	00	0.00	1, 755.00		0.00		0. 00
			1 21	1, 614. 00	0.00	0.00		0.	00	0. 00			0.00		0. 00
			1 21	1, 614. 00	0.00	0.00		0.	00	0.00			0.00		0. 00
		, X													
			1 21	1, 310. 00	0.00	0.00		0.	00	0.00	1, 310.00		0.00		0. 00
1717		_	1 21	1, 310. 00	0.00	0.00		0.	00	0.00			0.00		0. 00
TOTAL NET PAID		_	_	3, 600. 00	0.00	0.00		0.	00	0.00			0.00		0. 00
TOTAL NET PAID COUNT' POS CHARGE ALLOWED DEDUCTIBLE CONSURANCE CONFRACTUAL TPP PROV RESP EXPLIADORIS DAYS POS CHARGE ALLOWED DEDUCTIBLE CONSURANCE CONFRACTUAL TPP PROV RESP EXPLIADORIS TOS CONSURANCE TOS T	TOTAL:	_		18, 124. 00	0.00	0.00	0	0.	00	0.00	18, 124. 00		0.00		0.00
NEWICE COUNT POS CHARGE ALLOWED DEDUCTIBLE COPANIENT CONTRACTUAL TOP PROV RESP EXPLACTORERS DAYS POS CHARGE ALLOWED DEDUCTIBLE COPANIENT CONTRACTUAL TOP PROV RESP EXPLACTORERS DEDUCTIBLE COPANIENT CONTRACTUAL TOP PROV RESP EXPLACTORERS DEDUCTIBLE CONTRACTUAL TOP DATE TOP PROV RESP EXPLACTORERS DEDUCTIBLE CONTRACTUAL TOP DATE TOP PROV RESP EXPLACTORERS DEDUCTIBLE COPANIENT CONTRACTUAL TOP DATE TOP PROV RESP EXPLACTORERS DEDUCTIBLE COPANIENT CONTRACTUAL TOP DATE TOP PROV RESP EXPLACTORERS DEDUCTIBLE COPANIENT CONTRACTUAL TOP PROV RESP EXPLACTORERS DATE TOP PROV RESP EXP		TOTAL	NET					,							0. 00
BROWNER, SANOVI A N MEMBER ID: 718271913 STATE/ALT ID: 00001660435 PRG# 10/02/2532634500 TOB: TOB: RECEIVED DATE 10/02/2532634500 TOB: RECEIVED DATE 10/02/253263260 TOB: RECEIVED DATE 10/02/2532634500 TOB: RECEIVED DATE 10/02/2532632600 TOB: RECEIVED DATE 10/02/2532634500 TOB: RECEIVED DATE 10/02/2532634500 T	SERVICE DATE(S	SERVICE/ REVENUE CODE(S)	DAYS POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUA DIFFERENCE		ŏ		EXPL/ANSI CODE(S)	INSURED'S EX RESP C AMOUNT C	EXPL/ANSI CODE(S)	NET PAID
D. 281 373 D. 1755 D. 253 363 34500 TOB. TOB. TOB. TOB. TOB. TOB. TOB. DATE. D	PATIENT				MEMBER ID:	718			001660435	D	RG#:			FOR INQU	FOR INQUIRIES CALL:
BURNS. JONATHAN D. SERVICE PROVIDER ID. 1184745455 AUTH#: EXPLCD: 1 21 1,755.00 0.00	PATIENT ACCC	JUNT#: 0. 28183	373		CLAIM NUMB		255326364500	TOB:		RECEIVED D		0/02/2023			(800) 454-3730
	SERVICE PROVIDER	NAME: BURNS,	JONATHAN D.		SERVICE PRO		34745465	AUTH#:	_	EXP	-CD:	APPE/	APPEALS CODE: ANV	-	
1 21 3,107.00 0.0			<u>ــ</u> د	1 755 00	9			0	9	8			3		5
121 1,800.00 0.00				3 107 00	0 0	0 9		9 9	8 6	9 9		1 0 0 0	9 9		D :
TOTAL NET PAI D COUNT/ POS CHARGE ALLOWED DEDUCTIBLE COUNSURANCE COMPANIENT CONTRACTUAL TPP PROV RESP EXPL/A MOUNIT CODE			2 1	3, 107, 00	0.00	0.00	_	, c	8 6	9 0		TF0 29	0.00		o c.
TOTAL NET PAID COUNTY POS CHARGE ALLOWED DEDUCTIBLE COINSURANCE CONTRACTUAL TPP PROVRESP EXPLANOINT DIFFERENCE CONTRACTUAL TODE CODE				1, 800.00	0.00	0.00		· .	8 6	0.00			0.00		o
TOTAL NET PAID RIVICE/	INTEREST	_		6, 662. 00	0.00	0.00		,	-	0.00	6, 662.00		0.00		0 0 00
RIVICE/ DAYS POS CHARGE ALLOWED DEDUCTIBLE COINSURANCE CONTRACTUAL TPP PROVRESP EXPLANT CODE(S) DAYS TODE(S)		TOTAL													0. 00
MEMBER ID: T19092875 STATE/ALT ID: O0001800552 DRG#: O1000190015 O10001900552 O100019000552 O10001900552 O100019000552 O10001900552 O100001900552 O10001900552 O10001900552	SERVICE DATE(S)	SERVICE/ REVENUE	DAVE POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT	CONTRACTU		Ď		EXPL/ANSI	ဟ	EXPL/ANSI	NET PAID
KINCADE, JENNI EANN MEMBER ID: 71992875 CLAIM NUMBER: 254712120100 TOB: RECEIVED DATE: 09/22/ SEN GUPTA, INDRANI L SERVICE PROVIDER ID: 125391418 AUTH#: NW153162 EXPLCD: EXPLCD: VIIII NW153162 EXPLCD: VIIII NW1531		0001(0)											, and com		
CLAIM NUMBER: 254712120100 TOB: RECEIVED DATE: 09/22/ SEN GUPTA, INDRANI L SERVICE PROVIDER ID: 1235391418 AUTH#: NVW153162 EXPL CD: SEN GUPTA, INDRANI L SERVICE PROVIDER ID: 1235391418 AUTH#: NVW153162 EXPL CD: EXPL CD: EXPL CD: 17.755.00 0.00 0.00 0.00 0.00 0.00 0.00 0	PATIENT		E, JENNI EANN		MEMBER ID:	71			001800552	0				FOR INQU	FOR INQUIRIES CALL:
SEN GUPTA, INDRANIL SERVICE PROVIDER ID: 1235391418 AUTH#: NVW153162 EXPLCD:	PATIENT ACCC				CLAIM NUMB		254712120100	TOB:		RECEIVED D		9/22/2023			(800) 454-3730
26 1 21 1,755.00 50.32 0.00 0.00 0.00 1,704.68 PXN 26 1 21 3,107.00 40.41 0.00 0.00 0.00 0.00 3,066.59 PXN 26 1 21 956.00 198.82 0.00 0.00 0.00 0.00 757.18 PXN 26 2 21 2,972.00 81.42 0.00 0.00 0.00 0.00 2,890.58 PXN 26 2 21 2,972.00 81.42 0.00 0.00 0.00 0.00 2,890.58 PXN 27 200.00 81.42 0.00 0.00 0.00 0.00 0.00 2,890.58 PXN 28 2 21 2,972.00 81.42 0.00 0.00 0.00 0.00 0.00 7.700.00 PXN 29 20 20 20 20 20 20 20 20 20 20 20 20 20	SERVICE PROVIDER			Г	SERVICE PRO		35391418		W153162	EXP	-CB	APPE/	APPEALS CODE: ANV		
26 1 21 1,755.00 50.32 0.00 0.00 0.00 1,704.68 PXN 26 1 21 3,107.00 40.41 0.00 0.00 0.00 0.00 3,666.59 PXN 27 28 29 29 29 29 20 81.42 0.00 0.00 0.00 0.00 0.00 2,890.58 PXN 28 29 21 2,972.00 81.42 0.00 0.00 0.00 0.00 2,890.58 PXN 29 20 20 0.00 0.00 0.00 0.00 0.00 0.00 0															
26 1 21 3, 107. 00 40. 41 0. 00 0. 00 0. 00 3, 066. 59 PXN 26 1 21 956. 00 198. 82 0. 00 0. 00 0. 00 0. 00 757. 18 PXN 26 2 21 2, 972. 00 81. 42 0. 00 0. 00 0. 00 0. 00 2, 890. 58 PXN 26 2 21 2, 972. 00 81. 42 0. 00 0. 00 0. 00 0. 00 2, 890. 58 PXN 26 2 21 2, 972. 00 81. 42 0. 00 0. 00 0. 00 0. 00 2, 890. 58 PXN 27 200. 00 81. 42 0. 00	08/16/23 08/16/		1 21	1, 755. 00	50.32	0.00		0.	00	0.00			0.00		50. 32
26 1 21 956.00 198.82 0.00 0.00 0.00 757.18 PXN 26 2 21 2,972.00 81.42 0.00 0.00 0.00 2,890.58 PXN 26 2 21 2,972.00 81.42 0.00 0.00 0.00 2,890.58 PXN 26 2 21 2,972.00 81.42 0.00 0.00 0.00 0.00 2,890.58 PXN 27 200.00 0.00 0.00 0.00 0.00 7 200.00 9XN			1 21	3, 107. 00	40.41	0.00		0.	00	0.00			0.00		40. 41
26 2 21 2,972.00 81.42 0.00 0.00 0.00 2,890.58 PXN 26 2 21 2,972.00 81.42 0.00 0.00 0.00 0.00 2,890.58 PXN 4 21 7 200.00 0.00 0.00 7 200.00 V93			1 21	956. 00	198. 82	0.00		0.	00	0.00			0.00		198. 82
26 2 21 2,972.00 81.42 0.00 0.00 0.00 0.00 2,890.58 PXN		_		2.972.00	81.42	0.00		0 9	00 0	000			0.00		81.42
4 21 7 200 00 0 00 0 00 0 00 0 00 0 00 0				2 972 00	81 42	0 0		0 9	00 00	0 9			0 9 9		81 42
4 21 7 200 00 0 00 0 00 0 00 0 00 0 00 0				2, 4/2.00	01.42			ç							01.42
- +121 - /,200.00 - 0.00 - 0.00 - 0.00 - 0.00 - /,200.00 - 173	08/16/23 08/16/23 95999	23 95999	4 21	7, 200. 00	0. 00	0.00	0.00	0.	00 —	0.00	7, 200. 00	 	0. 00	_	0. 00



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MONITORING ASSOCIATES LLC PROVIDER ID NO: 03095460

CHECK/EFT DT: CHECK/EFT:

10/06/23

PROV RESP EXPLANS INSURED'S

-	TOTAL NET PAID	2	12/07/22 12/07/22 95999 4 21 7 200 00	12/07/22 12/07/22 9587026 2 21 2,332.00	12/07/22 12/07/22 9587026 2 21 2, 332.	, XU	12/07/22 7380826 1 21	12/07/22 959526 1 21	12/07/22 9593826 21	12/07/22 9593926 1 21		SERVICE PROVIDER NAME: BURNS, JONATHAN D.	PATIENT NAME: DELAURA, MI CHELLE A PATIENT ACCOUNT#: 0. 2816183	SERVICE DATE(S) REVENUE COUNT/ POS CHARGE CODE(S)	TOTAL NET PAID	TOTAL: 12,05/22 95999 2 2 1 3,600.00 TOTAL: 18,124.00	12 / 05 / 22 / 3000 / XU	12/05/22 12/05/22 9586826 1 21 1 310 00	, XU	12/05/22 12/05/22 9586126	12/05/22 9595526 1 21	12/05/22 9593826 1 21	12/05/22 12/05/22 9593926 1 21 3,814.00	SERVICE PROVIDER NAME: MCAULIFFE, MATTHEW B.	0	SERVICE DATE(S) REVENUE COUNT/ POS CHARGE CODE(S)	TOTAL NET PAID	TOTAL: 18, 962. 00	SERVICE PROVIDER NAME: SEN GUPTA, INDRANI L	PATIENT NAME: KINCADE, JENNIEANN PATIENT ACCOUNT#: 0.3109015	SERVICE DATE(S) REVENUE COUNT/ POS CHARGE CODE(S) CODE(S)
	-	0.00	0	0.00	0.00		0 0	0 0	0 0	0.00		SERVICE PROVIDER ID:	MEMBER ID: CLAIM NUMBER:	ALLOWED DEDUCTIBLE		0.00	o (0 0 0	3	0.00	0.00	0.00	0. 00	SERVICE PROVIDER ID:	MEMBER ID: CLAIM NUMBER:	ALLOWED DEDUCTIBLE	-	452.39	SERVICE PROVIDER ID:	MEMBER ID: CLAIM NUMBER:	ALLOWED DEDUCTIBLE
	-		0 00 00	0.00 0.00	0. 00 0. 00		_					1184745465	726370784 STATE / 255324111300	COINSURANCE COPAYMENT AMOUNT		0.00		0.00		0.00			0. 00 0. 00	1821388562	4300	COINSURANCE COPAYMENT AMOUNT	-	0.00 0.00	1235391418	719092875 STATE / 254712120100	COPAYMENT AMOUNT
	_	0.00	0 00	0. 00	0. 00		000	0.00	0.00	0.00		AUTH#:	STATE/ALT ID: 00002478713 TOB:	CONTRACTUAL DIFFERENCE		0.00	o	0 0 00	}	0.00	0.00	0.00	0. 00	AUTH#:	STATE/ALT ID: 00001793318 TOB:	CONTRACTUAL DIFFERENCE	-	0. 00	AUTH#: NVW153162	STATE/ALT ID: 00001800552 TOB:	DIFFERENCE
	-	0.00 23, 160.00		0.00 2, 332.00	0. 00 2, 332. 00	1, 810.00	0.00			0.00 3, 814.00	_	EXPL CD:	DRG#: RECEIVED DATE:	TPP PROV RESP AMOUNT		0.00 3,600.00		0.00 1,310.00		0.00 1,614.00 0.00 1,614.00		0.00 3, 107.00		EXPL CD:	DRG#: RECEIVED DATE:	TPP PROV RESP AMOUNT	-	0.00 18,509.61	EXPL CD:	DRG#: RECEIVED DATE: 09/22	TPP AMOUNT
	-	=	TFO 29	TF0 29	TF0 29	-		1 0	T 0	TFO		APPEAL	10/02/2023	EXPL/ANSI CODE(S)		110 29	-	TEO 29) TFO 29) TFO 29	TF0		TFO	APPEAL	10/02/2023	EXPL/ANSI CODE(S)	-		APPEAL	09/22/2023	CODE(S)
	_	0.00	0 00	0.00	0.00		0 9	0 0	0 0	0.00		APPEALS CODE: ANV	FOR INC	INSURED'S EXPL/ANSI RESP CODE(S) AMOUNT CODE(S)		0.00	o (0 0 0	}	0.00	0.00	0.00	0. 00	APPEALS CODE: ANV		RESP EXPL/ANSI AMOUNT CODE(S)	-	0. 00	APPEALS CODE: ANV		AMOUNT CODE(S)
9	0 9	0.00	0 00	0. 00	0. 00	ç	9 9	0 5	9 5	0. 00			FOR INQUIRIES CALL: (800) 454-3730	NET PAID	0. 00	0 0 0	o 9	0 0)	0.00	0. 00	0. 00	0. 00		FOR INQUIRIES CALL: (800) 454-3730	NET PAID	452. 39	452. 39		FOR INQUIRIES CALL: (800) 454-3730	NEI PAID

BCBS HEALTHCARE SOL MD

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))))		9	1)			
(000) 454-5750	ANV	ALS CODE:	APPE		EXPL CD:	AUTH#:	1184745465	DER ID: 11	SERVICE PROVIDER ID		JONATHAN D.	BURNS,	SERVICE PROVIDER NAME:	SERVIC
FOR INQUIRIES CALL:	FOR	~	20/22/202			STATE/ALT ID: 00002601538		72	MEMBER ID:		1, I MRAN		PATIENT NAME:	
NET PAID	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	PROV RESP AMOUNT	ТРР	CONTRACTUAL DIFFERENCE	COINSURANCE COPAYMENT AMOUNT	DEDUCTIBLE	ALLOWED [CHARGE	COUNT/ POS DAYS	SERVICE/ REVENUE C CODE(S)	SERVICE DATE(S)	SER
0. 00											NET PAID	TOTAL		
0.00				10.00				0.00	0.00	0, 10, 00			EST	INTEREST
0. 00	8 8	0.00	TFO 29	5, 400. 00	0.00	0.00	0.00	0.00	0.00	5, 400. 00	3 21	9	/22 12/05/22	12/05/22
0. 00	8	0. 00	TF0 29	1, 310. 00	0. 00	0. 00	0.00	0. 00	0.00	1, 310. 00	1 21	9586826 XU	/22 12/05/22	12/05/22
0. 00	8	0.00	TF0 29	1, 310. 00	0. 00	0. 00	0. 00	0.00	0.00	1, 310. 00	1 21		/22 12/05/22	12/05/22
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	_													
	ANV	ALS CODE:	APP		Ď	AUTH#:	1184745465	DER ID: 11	SERVICE PROVIDER ID		JONATHAN D.	BURNS,	SERVICE PROVIDER NAME:	SERVIC
(800) 454-3730		ω	10/02/2023		RECEIVED DATE:	TOB:	255283678500		CLAIM NUMBER:		361	NT#: 0.2812361	PATIENT ACCOUNT#:	Q.
FOR INQUIRIES CALL:	FOR			DRG#:	-	STATE/ALT ID: 00002703691	729229944 STAT	7292	MEMBER ID:		WEYANT, PRI SCI LLA A		PATIENT NAME:	
NET PAID	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	PROV RESP AMOUNT	TPP	CONTRACTUAL DIFFERENCE	COINSURANCE COPAYMENT AMOUNT	DEDUCTIBLE	ALLOWED	CHARGE	COUNT/ POS DAYS	SERVICE/ REVENUE C CODE(S)	SERVICE DATE(S)	SER
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0.00		(TST	INTEREST
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	ANV	ALS CODE:	APP		, p	AUTH#:	1821388562	DER ID: 18	SERVICE PROVIDER ID	В.	MATTHEW	ME MCAULIF	SERVICE PROVIDER NAME: MCAULI FFE,	SERVIC
(800) 454-3730	Ş	w	10/02/2023		RECEIVED DATE	TOB: /8402600001	255353260400		CLAIM NUMBER		0. 2819035		PATIENT ACCOUNT#:	
EOR INOLIIBIES CALL:				DBC#				100	MEMBER ID:		- 1	- 1	DATIENT NA	
NET PAID	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	PROV RESP AMOUNT	TPP	CONTRACTUAL DIFFERENCE	COINSURANCE COPAYMENT AMOUNT	DEDUCTIBLE	ALLOWED	CHARGE	COUNT/ POS	SERVICE/ REVENUE C CODE(S)	SERVICE DATE(S)	SER



SERVICE DATE(S)

SERVICE/ REVENUE CODE(S)

DAYS POS

CHARGE

ALLOWED

DEDUCTIBLE

COINSURANCE COPAYMENT AMOUNT

CONTRACTUAL DIFFERENCE

TPP

Anthem Blue Cross and Blue Shield Healthcare Solutions is the trade name of Community Care Health Plan of Nevada, Inc., an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

PROVIDER ID NO: 03095460 MONITORING ASSOCIATES LLC

CHECK/EFT DT: CHECK/EFT:

PROV RESP AMOUNT

10/06/23

EXPL/ANSI CODE(S)

EXPL/ANSI CODE(S) INSURED'S RESP AMOUNT NET PAID

PATIENT NAME: BRAHIM, IMRAN		MEMBER ID:	729574694	STATE/ALT ID	STATE/ALT ID: 00002601538	DRG#	3#			FOR INQUIRIES CALL:
PATIENT ACCOUNT#: 0.3148379		CLAIM NUMBER:	254711979900	ТОВ:		RECEIVED DATE:	TE: 09/22/202	023		(800) 454-3730
SERVICE PROVIDER NAME: BURNS, JONATHAN D.		SERVICE PROVIDER ID:		AUTH#:		EXPL CD:	D	APPEA	APPEALS CODE: ANV	
09/20/23 09/20/23 9586126 1 22	1, 614. 00	0.00	0.00	0. 00	0. 00	0. 00	1, 614. 00 Y41 197	Y41 197	0.00	0. 00
09/20/23 09/20/23 95999 2 22	3, 600. 00	0.00	0.00	0.00	0. 00	0. 00	3, 600. 00 Y93 252	Y93 252	0.00	0.00
TOTAL:	11, 690. 00	0.00	0.00	0.00	0.00	0.00	11, 690. 00		0.00	0. 00
INTEREST	_	_	_	_	_	_	_	_	_	0.00
TOTAL NET PAID										0.00

TOTAL APPROVED AMOUNT TOTAL INTEREST

TOTAL NET AMOUNT DUE: BCBS HEALTHCARE SOL MD

GROSS APPROVED CLAIM AMOUNT TOTAL INTEREST

NET AMOUNT DUE

0. 00 1, 349. 22 1, 349. 22

452. 39 0. 00 452. 39

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	CARC	RARC	I
PXN	This was paid in accordance with your contracted or out of network	CO	45	N381	
	rates. For additional information related to this amount, consult your				
γ93	CONTRACT. Submit medical records for review	CO	252	M127	
TF0	This was not paid because it was not filed within the claim timely	СО	29		
	filing limit. If you disagree with our decision, and have documents to support the claim, the fastest and easiest way to dispute a claim is				
	through Availity.com. Log onto Availity.com and use the Claims & Payments tab to access Claims Status. Find the claim, select the				
	Dispute button, and attach supporting documentation. If the Dispute button function is not available, refer to your provider manual for				
	additional information about how to file a claims dispute.				
Y41	Deny no authorization on file	00	197		
45	CHARGE EXCEEDS FEE SCHEDULE/MAXI MUM ALLOWABLE OR CONTRACTED/LEGI SLATED FEE ARRANGEMENT.				
	USAGE: IHIS ADJUSIMENT 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.				
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.				
29	THE TIME LIMIT FOR FILING HAS EXPIRED.				
197	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.				
APPEALS CODE	APPEALS				

ANV

Payment Disputes-If you disagree with a claim determination, you may file a payment dispute in writing within that prescribed period mandated by the state which you do business. Your payment dispute should be directed to Anthem Blue Cross and Blue Shield Healthcare Solutions Payment Dispute Unit at P.O. Box 61599, Virginia Beach, VA 23466 or call 1-844-396-2330.