



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

10/11/23 9022096033

1011AI 030122-005712000000

1011AI 030122-005712

PROVIDER ID NO

6002720815

TAX ID NO

XXXXX4972

DATE

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	NEUROMONITORING ASSOCIATE	
ADDRESS	PO BOX 29650	
	DEPT 880257	
	PHOENIX AZ 85038-9650	
PROVIDER-NPI IDS	6002720815	- 1659765204
TAX ID NO	XXXXX4972	
CHECK NUMBER:	9022096033	

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

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

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® Registered Marks Blue Cross and Blue Shield Association



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registered trademark of Anthem Insurance Companies, Inc.

NEUROMONI TORI NG ASSOCIATE  
PROVIDER ID NO: 6002720815

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

ITS HOST PPO NATIONAL -

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: MARKI EMI CZ, JOSEPH													
PATIENT ACCOUNT #: 0. 2090684				INSURED'S ID: PLMPF0072107				CLAIM NUMBER: 20232608A3566				FOR INQUIRIES CALL: (866) 594-0521	
SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE				SERVICE PROVIDER ID: 1700337110				RELATIONSHIP TO INSURED:				RECEIVED DATE: 09/14/2023	
NETWORK: OUT OF NETWORK				PLANTYPE: PPO				DRG RCVD: N/A				APPEALS CODE: MA	
03/31/2021	03/31/2021	15	7,190.00	0.00	0.00	0.00	0.00	0.00	7,190.00	009 252	0.00		0.00
03/31/2021	03/31/2021	15	5,225.00	0.00	0.00	0.00	0.00	0.00	5,225.00	009 252	0.00		0.00
03/31/2021	03/31/2021	15	4,163.00	0.00	0.00	0.00	0.00	0.00	4,163.00	009 252	0.00		0.00
03/31/2021	03/31/2021	15	4,163.00	0.00	0.00	0.00	0.00	0.00	4,163.00	009 252	0.00		0.00
03/31/2021	03/31/2021	15	2,904.00	0.00	0.00	0.00	0.00	0.00	2,904.00	009 252	0.00		0.00
03/31/2021	03/31/2021	15	2,070.00	0.00	0.00	0.00	0.00	0.00	2,070.00	009 252	0.00		0.00
03/31/2021	03/31/2021	15	1,400.00	0.00	0.00	0.00	0.00	0.00	1,400.00	009 252	0.00		0.00
03/31/2021	03/31/2021	15	475.00	0.00	0.00	0.00	0.00	0.00	475.00	009 252	0.00		0.00
TOTAL:			27,590.00	0.00	0.00	0.00	0.00	0.00	27,590.00	009 252	0.00		0.00
TOTAL NET PAID													0.00
INTEREST													

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: DEMI TT, KELLY													
PATIENT ACCOUNT #: 1966161				INSURED'S ID: 1PM127901344				CLAIM NUMBER: 20232727A0364				FOR INQUIRIES CALL: (866) 594-0521	
SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE				SERVICE PROVIDER ID: 1659765204				RELATIONSHIP TO INSURED:				RECEIVED DATE: 09/29/2023	
NETWORK: OUT OF NETWORK				PLANTYPE: PPO				DRG RCVD: N/A				APPEALS CODE: MA	
06/02/2021	06/02/2021	21	8,474.00	0.00	0.00	0.00	0.00	0.00	8,474.00	009 252	0.00		0.00
06/02/2021	06/02/2021	21	5,225.00	0.00	0.00	0.00	0.00	0.00	5,225.00	009 252	0.00		0.00
06/02/2021	06/02/2021	21	4,163.00	0.00	0.00	0.00	0.00	0.00	4,163.00	009 252	0.00		0.00
06/02/2021	06/02/2021	21	2,623.00	0.00	0.00	0.00	0.00	0.00	2,623.00	009 252	0.00		0.00
06/02/2021	06/02/2021	21	1,400.00	0.00	0.00	0.00	0.00	0.00	1,400.00	009 252	0.00		0.00
06/02/2021	06/02/2021	21	1,380.00	0.00	0.00	0.00	0.00	0.00	1,380.00	009 252	0.00		0.00
06/02/2021	06/02/2021	21	475.00	0.00	0.00	0.00	0.00	0.00	475.00	009 252	0.00		0.00
TOTAL:			23,740.00	0.00	0.00	0.00	0.00	0.00	23,740.00	009 252	0.00		0.00
TOTAL NET PAID													0.00
INTEREST													

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: CI STRUNK, SABRI NA													
PATIENT ACCOUNT #: 0. 2429482				INSURED'S ID: 1SMT27907539				CLAIM NUMBER: 2023242KC0182				FOR INQUIRIES CALL: (866) 594-0521	
SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE				SERVICE PROVIDER ID: 1720672595				RELATIONSHIP TO INSURED:				RECEIVED DATE: 08/30/2023	
NETWORK: OUT OF NETWORK				PLANTYPE: PPO				DRG RCVD: N/A				APPEALS CODE: MA	
01/13/2022	01/13/2022	22	5,225.00	0.00	0.00	0.00	0.00	0.00	5,225.00	009 252	0.00		0.00
01/13/2022	01/13/2022	22	4,163.00	0.00	0.00	0.00	0.00	0.00	4,163.00	009 252	0.00		0.00
01/13/2022	01/13/2022	22	5,520.00	0.00	0.00	0.00	0.00	0.00	5,520.00	009 252	0.00		0.00
01/13/2022	01/13/2022	22	3,139.00	0.00	0.00	0.00	0.00	0.00	3,139.00	009 252	0.00		0.00
01/13/2022	01/13/2022	22	3,139.00	0.00	0.00	0.00	0.00	0.00	3,139.00	009 252	0.00		0.00
TOTAL:			22,186.00	0.00	0.00	0.00	0.00	0.00	22,186.00	009 252	0.00		0.00

NEUROMONI TORI NG ASSOCIATE  
PROVIDER ID NO: 6002720815

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

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: C I STRUNK, SABRI NA													
PATIENT ACCOUNT#: 0. 2429482				INSURED'S ID: 1 SM127907539				PATIENT NAME: C I STRUNK, SABRI NA				FOR INQUIRIES CALL: (866) 594-0521	
SERVICE PROVIDER NAME: NEUROMONTORI NG ASSOCIATE				CLAIM NUMBER: 2023242KC0182				RECEIVED DATE: 08/30/2023					
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1720672595				EXPL CD: APEALS CODE: MA					
RELATIONSHIP TO INSURED:													
PLAN TYPE: PPO													
DRG RCVD: N/A													
01/13/2022	95999	22	7,200.00	0.00	0.00	0.00	0.00	0.00	7,200.00	009 252	0.00		0.00
INTEREST	TOTAL:		28,386.00	0.00	0.00	0.00	0.00	0.00	28,386.00		0.00		0.00
TOTAL NET PAID													
0.00													

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: RILEY, BLAKE													
PATIENT ACCOUNT#: 0. 2065184				INSURED'S ID: CZP302754598				PATIENT NAME: RILEY, BLAKE					
SERVICE PROVIDER NAME: NEUROMONITORING ASSOCIATE				CLAIM NUMBER: 20232727A0346				RECEIVED DATE: 09/29/2023					
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1548792401				EXPL CD: APEALS CODE: MA					
RELATIONSHIP TO INSURED:				PLAN TYPE: PPO				DRG RCVD: N/A					
03/05/2021	03/05/2021	15	10,062.00	0.00	0.00	0.00	0.00	0.00	10,062.00	009 252	0.00		0.00
03/05/2021	03/05/2021	15	7,590.00	0.00	0.00	0.00	0.00	0.00	7,590.00	009 252	0.00		0.00
03/05/2021	03/05/2021	15	5,616.00	0.00	0.00	0.00	0.00	0.00	5,616.00	009 252	0.00		0.00
03/05/2021	03/05/2021	15	4,163.00	0.00	0.00	0.00	0.00	0.00	4,163.00	009 252	0.00		0.00
03/05/2021	03/05/2021	15	4,163.00	0.00	0.00	0.00	0.00	0.00	4,163.00	009 252	0.00		0.00
03/05/2021	03/05/2021	15	1,400.00	0.00	0.00	0.00	0.00	0.00	1,400.00	009 252	0.00		0.00
03/05/2021	03/05/2021	15	475.00	0.00	0.00	0.00	0.00	0.00	475.00	009 252	0.00		0.00
TOTAL:			33,469.00	0.00	0.00	0.00	0.00	0.00	33,469.00		0.00		0.00
INTEREST													0.00
TOTAL NET PAID													

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: DAVIS, KIMBERLY													
PATIENT ACCOUNT#: 2079523				INSURED'S ID: TEA806057264				PATIENT NAME: DAVIS, KIMBERLY				FOR INQUIRIES CALL: (866) 594-0521	
SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE				CLAIM NUMBER: 20232727A0407				RECEIVED DATE: 09/29/2023				APPEALS CODE: MA	
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1659765204				EXPL CD: APEALS CODE: MA					
RELATIONSHIP TO INSURED:				PLAN TYPE: PPO				DRG RCVD: N/A					
09/15/2021	09/15/2021	22	8,474.00	0.00	0.00	0.00	0.00	0.00	8,474.00	009 252	0.00		0.00
09/15/2021	09/15/2021	22	6,489.00	0.00	0.00	0.00	0.00	0.00	6,489.00	009 252	0.00		0.00
09/15/2021	09/15/2021	22	5,225.00	0.00	0.00	0.00	0.00	0.00	5,225.00	009 252	0.00		0.00
09/15/2021	09/15/2021	22	4,163.00	0.00	0.00	0.00	0.00	0.00	4,163.00	009 252	0.00		0.00
09/15/2021	09/15/2021	22	2,904.00	0.00	0.00	0.00	0.00	0.00	2,904.00	009 252	0.00		0.00
09/15/2021	09/15/2021	22	2,760.00	0.00	0.00	0.00	0.00	0.00	2,760.00	009 252	0.00		0.00
09/15/2021	09/15/2021	22	1,400.00	0.00	0.00	0.00	0.00	0.00	1,400.00	009 252	0.00		0.00
09/15/2021	09/15/2021	22	475.00	0.00	0.00	0.00	0.00	0.00	475.00	009 252	0.00		0.00
TOTAL:			31,890.00	0.00	0.00	0.00	0.00	0.00	31,890.00		0.00		0.00
INTEREST													0.00
TOTAL NET PAID													0.00

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: MALMSTEADT, RYAN													
PATIENT ACCOUNT#: 0. 2046908				INSURED'S ID: X0F836680304				PATIENT NAME: MALMSTEADT, RYAN				FOR INQUIRIES CALL: (866) 594-0521	
SERVICE PROVIDER NAME: NEUROMONTORI NG ASSOCIATE				CLAIM NUMBER: 2023265BA4554				RECEIVED DATE: 09/21/2023					
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1972149474				EXPL CD: APEALS CODE: MA					
RELATIONSHIP TO INSURED:													
PLAN TYPE: PPO													
DRG RCVD: N/A													
02/16/2021	02/16/2021	15	16,948.00	0.00	0.00	0.00	0.00	0.00	16,948.00	009 252	0.00		0.00
02/16/2021	02/16/2021	15	5,520.00	0.00	0.00	0.00	0.00	0.00	5,520.00	009 252	0.00		0.00



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NEUROMONI TORI NG ASSOCIATE  
PROVIDER ID NO: 6002720815

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

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANIS CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANIS CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: MALMSTEADT, RYAN													
PATIENT ACCOUNT #: 0. 2046908				INSURED'S ID: XOF836680304				FOR INQUIRIES CALL: (866) 594-0521					
SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE				CLAIM NUMBER: 2023265BA4554									
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1972149474				APPEALS CODE: MA					
				RELATIONSHIP TO INSURED:				PLAN TYPE: PPO					
								DRG RCVD: N/A					

02/16/2021	02/16/2021	95937	15	1,400.00	0.00	0.00	0.00	0.00	1,400.00	009 252	0.00		0.00
TOTAL:		95937		23,868.00	0.00	0.00	0.00	0.00	23,868.00		0.00		0.00
INTEREST													
TOTAL NET PAID													

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANIS CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANIS CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: CLINE, TINA L													
PATIENT ACCOUNT #: 2285275				INSURED'S ID: MSH92326779				FOR INQUIRIES CALL: (866) 594-0521					
SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE				CLAIM NUMBER: 20232727A0382									
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1659765204				APPEALS CODE: MA					
				RELATIONSHIP TO INSURED:				PLAN TYPE: PPO					
								DRG RCVD: N/A					

03/18/2022	03/18/2022	95955	21	5,225.00	0.00	0.00	0.00	0.00	5,225.00	009 252	0.00		0.00
03/18/2022	03/18/2022	95938	21	4,163.00	0.00	0.00	0.00	0.00	4,163.00	009 252	0.00		0.00
03/18/2022	03/18/2022	95861	21	3,139.00	0.00	0.00	0.00	0.00	3,139.00	009 252	0.00		0.00
03/18/2022	03/18/2022	95940	21	2,070.00	0.00	0.00	0.00	0.00	2,070.00	009 252	0.00		0.00
03/18/2022	03/18/2022	95937	21	1,400.00	0.00	0.00	0.00	0.00	1,400.00	009 252	0.00		0.00
03/18/2022	03/18/2022	95927	21	475.00	0.00	0.00	0.00	0.00	475.00	009 252	0.00		0.00
TOTAL:		95927		16,472.00	0.00	0.00	0.00	0.00	16,472.00		0.00		0.00
INTEREST													
TOTAL NET PAID													

TOTAL APPROVED AMOUNT  
TOTAL INTEREST  
TOTAL NET AMOUNT DUE: ITS HOST PPO NATIONAL  
GROSS APPROVED CLAIM AMOUNT  
TOTAL INTEREST  
NET AMOUNT DUE

EXPL CODES

EXPLANATION

009 This was denied because we have not received the requested information to process 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 Availability.com use the Claims & Payments tab to access Claim Status. Find this claim and use the Send Attachments button to send the requested documentation.  
252 AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.

APPEALS CODE

APPEALS

MA Non-Contracted Medicare Provider Appeal - Medicare Advantage/Medicare Medical 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/MACs/Downloads/Model-Waiver-of-Liability\\_Feb2019v508.zip](https://www.cms.gov/Medicare/Appeals-and-Grievances/MACs/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:

NEUROMONI TORI NG ASSOCI ATE  
PROVI DER I D NO: 6002720815

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

ITS HOST PPO NATI ONAL -

Grievances and Appeals  
Mail stop: 0H0205-A537  
4361 Irwin Simpson Rd.  
Mason, OH 45040-9398

Non-Contracted Medi care Provider Payment Disputes - Medi care Advantage/Medi care Medi cal d Plans  
A payment di spute is when you bel i eve the amount we pai d is di fferent than what Ori gi nal Medi care woul d have pai d. I f you di sagree wi th the payment amount, you may fi le  
a non-contracted Medi care provi der payment di spute i n wri ti ng wi thi n 120 calendar days.

Your payment di spute shoul d be sent to:  
Provider Payment Disputes  
P.O. Box 61599  
Vir gi ni a Beach, VA 23466-1599