



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

10/13/23 0014405556 1013AI 060356-072102

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#BWNCQXF
#025416770///DF8# M001
TCM HEALTHCARE LLC
PO BOX 29650
DEPT 880396
PHOENIX AZ 85038-9650

ANTHEM BC LIFE & HEALTH INS CO

CHECK NUMBER 0014405556

DATE 10/13/23

PROVIDER NAME	TCM HEALTHCARE LLC
ADDRESS	PO BOX 29650 DEPT 880396 PHOENIX AZ 85038-9650
PROVIDER-NPI IDS	XXXXX9794 - 1336746122
TAX ID NO	XXXXX9794

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	1,676.76	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	1,676.76
NET AMOUNT DUE	1,676.76	RECOUPMENT BALANCE	0.00

DETACH CHECK AT PERFORATION BEFORE DEPOSITING



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

BANK OF AMERICA
ATLANTA, GEORGIA

1013AI 060356-072102

CHECK NUMBER
0014405556
0064-1278/0611

PROVIDER ID NO

XXXXXX9794

TAX ID NO

XXXXXX9794

DATE

10/13/23

3359983593

CHECK AMOUNT

\$*****1,676.76

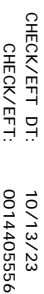
*****ONE THOUSAND SIX HUNDRED SEVENTY-SIX 76/100 DOLLARS

TO THE ORDER OF:

TCM HEALTHCARE LLC
PO BOX 29650
DEPT 880396
PHOENIX AZ 85038-9650



0014405556 061112788 3359983593



PPO PB INCENTIVE

[illegible]

TOTAL NET PAID	1,676.76
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PPO PB INCENTIVE

TOTAL APPROVED AMOUNT	1,676.76
TOTAL INTEREST	0.00
TOTAL NET AMOUNT DUE: PPO PB INCENTIVE	1,676.76
GROSS APPROVED CLAIM AMOUNT	1,676.76
TOTAL INTEREST	0.00
NET AMOUNT DUE	1,676.76

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.

015 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.

252 AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.

45 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.

APPEALS CODE

APPEALS

AS0 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 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.