



Federal Employee Program.

BCBS FEP
IN - FEDERAL EMPLOYEE PROGRAM
3075 VANDERCAR WAY
CINCINNATI, OH 45209

10/16/23 9022217393

1016FP150126-005272

663

1016FP150126-005272

PROVIDER ID NO

000001048740

TAX ID NO

XXXXX2508

DATE

10/16/23



#BWNCQXF
#59199998740/DF1# 630
MONITORING ASSOCIATES LLC
9811 W CHARLESTON BLVD
STE 2641
LAS VEGAS NV 89117-7528

ZERO AMOUNT -- THIS IS NOT A CHECK

BCBS FEP

DATE 10/16/23

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PO BOX 105557
ATLANTA, GA 30348-5557
1 (800) 382-5520

PROVIDER NAME	MONITORING ASSOCIATES LLC		
ADDRESS	9811 W CHARLESTON BLVD		
	STE 2641		
	LAS VEGAS NV 89117-7528		
PROVIDER ID NO	000001048740	-	1174916522
TAX ID NO	XXXXX2508		

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	0.00	NET AMOUNT DUE	0.00
ADJUSTMENT AMOUNT	0.00	IRS WITHHELD	0.00
		STATE WITHHELD	0.00
PRIOR BALANCE	0.00	INTEREST	0.00
LEVY/GARNISHMENT	0.00	AMOUNT DISBURSED	0.00
NET AMOUNT DUE	0.00	NEW BALANCE	0.00

STARTING 10/18/2010, ALL FEP CLAIMS MUST INCLUDE THE FEDERAL SUBSCRIBER ID NUMBER, WHICH IS R FOLLOWED BY 8 DIGITS. CLAIMS WITHOUT THE R NUMBER WILL BE RETURNED. ANTHEM IS UNABLE TO CORRECT THE ID NUMBER FOR YOU. PLEASE CALL YOUR PROVIDER REPRESENTATIVE IF YOU ARE UNSURE WHERE TO ENTER THE R NUMBER ON YOUR CLAIM FORM.

If you have any questions, please contact toll free:
(800) 382-5520.

Important message for Providers within Anthem's designated service area: Please submit Service Benefit Plan (also called Federal Employee Program or FEP) claims electronically to the Anthem Clearinghouse in the same manner as Anthem Blue Cross and Blue Shield Commercial lines of business. Service Benefit Plan member identification numbers have the prefix "R" followed by 8 digits.

Information only: "Medicare's Timely Filing requirement has recently changed to 12 months from the date of service effective January 1, 2010. Please submit any request for reimbursement of applicable service to Medicare as soon as possible."

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.

ADMIN	PATIENT'S NAME				INSURED'S NAME			INSURED'S ID		PATIENT'S ACCOUNT NBR.		CLAIM NUMBER		RECEIVED DATE
SERVICING PROVIDER NAME								SERVICING PROVIDER ID						EXPLANATION CODE
DATE OF SERVICE	PROC. CODE/ MQDS	BILLED AMOUNT/ UNITS	CONTRACT DIFF.	CO-INSURANCE	CO-PAY	DEDUCTIBLE	INSURED OTHER RESP. AMOUNT	EXPL. CODE	PROVIDER RESP. AMT.	EXPL. CODE	OTHER CARRIER AMOUNT	AMOUNT PAID		

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PROFESSIONAL PROVIDER VOUCHER - CONTINUED



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PROFESSIONAL PROVIDER VOUCHER - CONTINUED

ADMIN	PATIENT'S NAME			INSURED'S NAME			INSURED'S ID		PATIENT'S ACCOUNT NBR.		CLAIM NUMBER		RECEIVED DATE
SERVICING PROVIDER NAME							SERVICING PROVIDER ID						EXPLANATION CODE
DATE OF SERVICE	PROC. CODE/ MODS	BILLED AMOUNT/ UNITS	CONTRACT DIFF.	CO-INSURANCE	CO-PAY	DEDUCTIBLE	INSURED OTHER RESP AMOUNT	EXPL. CODE	PROVIDER RESP. AMT.	EXPL. CODE	OTHER CARRIER AMOUNT	AMOUNT PAID	

FEDERAL EMPLOYEE PROGRAM -

630	CHEKY, REBECCA			CHEKY SR, ANTHONY C			R61223643	0. 3001014		23219P063837XB		10/04/2023
	MONI TORI NG ASSOCI ATES						1336176387					
05/10/2023	95941	5, 520. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	5, 520. 00	565	0. 00	0. 00
		2								801		
05/10/2023	95822	1, 755. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	1, 755. 00	565	0. 00	0. 00
	26	1								801		
05/10/2023	95938	3, 107. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	3, 107. 00	565	0. 00	0. 00
	26	1								801		
05/10/2023	95861	1, 614. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	1, 614. 00	565	0. 00	0. 00
	26	1								801		
05/10/2023	95861	1, 614. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	1, 614. 00	565	0. 00	0. 00
	26 XU	1								801		
05/10/2023	95999	3, 600. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	3, 600. 00	565	0. 00	0. 00
		2								801		
		17, 210. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	17, 210. 00		0. 00	0. 00

630	CHEKY, REBECCA			CHEKY SR, ANTHONY C			R61223643	0. 3040289		23236P041130XA		09/29/2023
	MONI TORI NG ASSOCI ATES						1912298423					
06/14/2023	95822	1, 755. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	1, 755. 00	561	0. 00	0. 00
	26	1										
06/14/2023	95938	3, 107. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	3, 107. 00	561	0. 00	0. 00
	26	1										
06/14/2023	95908	437. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	437. 00	561	0. 00	0. 00
	26	1										
06/14/2023	95886	2, 972. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	2, 972. 00	561	0. 00	0. 00
	26	2										
06/14/2023	95886	2, 972. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	2, 972. 00	561	0. 00	0. 00
	26 XU	2										
06/14/2023	95999	7, 200. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	7, 200. 00	561	0. 00	0. 00
		4										
		18, 443. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	18, 443. 00		0. 00	0. 00

TOTAL FOR: FEDERAL EMPLOYEE PROGRAM 0. 00

TOTAL GROSS CLAIM AMOUNT MINUS ADJUSTED AMOUNT: 0. 00

REASON CODES

- 565 NEED MEDICAL RECORDS THAT SUPPORT SERVICES
- 801 REQUESTED INFORMATION MUST BE RETURNED W/I N 60 DAYS OF DATE OF LETTER
- 561 NEED CORRECT PROCEDURE CODE