



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 9022096396

1011AI 030122-006063000000

1011AI 030122-006063

PROVIDER ID NO
6004970252

TAX ID NO
XXXXX9794

DATE
10/11/23



#BWNCQXF
#7949395022///DF8# M001
TCM HEALTHCARE LLC
PO BOX 29650
DEPT 880396
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	TCM HEALTHCARE LLC		
ADDRESS	PO BOX 29650		
	DEPT 880396		
	PHOENIX AZ 85038-9650		
PROVIDER-NPI IDS	6004970252	-	1336746122
TAX ID NO	XXXXX9794		
CHECK NUMBER:	9022096396		

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

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® Registered Marks Blue Cross and Blue Shield Association



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TCM HEALTHCARE LLC
PROVIDER ID NO: 6004970252
CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022096396

ITS HOST PPO NATIONAL

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: JOHNSTON JR, WAYNE													
PATIENT ACCOUNT #: 0.3124969													
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC													
NETWORK: OUT OF NETWORK													
				INSURED'S ID: ISMT25638968		CLAIM NUMBER: 20232638F4820							
				SERVICE PROVIDER ID: 1851085898		RELATIONSHIP TO INSURED:							
						PATIENT NAME: JOHNSTON JR, WAYNE		RECEIVED DATE: 09/19/2023		EXPL CD: N/A		APPEALS CODE: MA	
						PLANTYPE: PPO		DRG RCD: N/A					
FOR INQUIRIES CALL: (866) 594-0521													

08/30/2023	08/30/2023	15	2,760.00	0.00	0.00	0.00	0.00	0.00	2,760.00	009 252	0.00	0.00	0.00
08/30/2023	08/30/2023	15	6,489.00	0.00	0.00	0.00	0.00	0.00	6,489.00	009 252	0.00	0.00	0.00
08/30/2023	08/30/2023	15	5,225.00	0.00	0.00	0.00	0.00	0.00	5,225.00	009 252	0.00	0.00	0.00
08/30/2023	08/30/2023	15	4,163.00	0.00	0.00	0.00	0.00	0.00	4,163.00	009 252	0.00	0.00	0.00
08/30/2023	08/30/2023	15	3,139.00	0.00	0.00	0.00	0.00	0.00	3,139.00	009 252	0.00	0.00	0.00
08/30/2023	08/30/2023	15	3,139.00	0.00	0.00	0.00	0.00	0.00	3,139.00	009 252	0.00	0.00	0.00
08/30/2023	08/30/2023	15	2,904.00	0.00	0.00	0.00	0.00	0.00	2,904.00	009 252	0.00	0.00	0.00
08/30/2023	08/30/2023	15	2,904.00	0.00	0.00	0.00	0.00	0.00	2,904.00	009 252	0.00	0.00	0.00
08/30/2023	08/30/2023	15	2,904.00	0.00	0.00	0.00	0.00	0.00	2,904.00	009 252	0.00	0.00	0.00
08/30/2023	08/30/2023	15	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	009 252	0.00	0.00	0.00
08/30/2023	08/30/2023	15	190.00	0.00	0.00	0.00	0.00	0.00	190.00	009 252	0.00	0.00	0.00
08/30/2023	08/30/2023	15	36.00	0.00	0.00	0.00	0.00	0.00	36.00	009 252	0.00	0.00	0.00
TOTAL:			36,349.00	0.00	0.00	0.00	0.00	0.00	36,349.00		0.00		0.00
TOTAL NET PAID													0.00

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

0.00
0.00
0.00
0.00
0.00
0.00

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. 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.

TOM HEALTHCARE LLC
PROVIDER ID NO: 6004970252

CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022096396

Please mail the appeal to this address:

Grievances and Appeals
Mailstop: OH0205-A537
4361 Irwin Simpson Rd.
Mason, OH 45040-9398

Non-Contracted Medical Care Provider Payment Disputes - Medical Care Advantage/Medical Plans
A payment dispute is when you believe the amount we paid is different than what Original Medical Care would have paid. If you disagree with the payment amount, you may file a non-contracted Medical Care provider payment dispute in writing within 120 calendar days.

Your payment dispute should be sent to:

Provider Payment Disputes
P.O. Box 61599
Virginia Beach, VA 23466-1599