



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

10/18/23 9022331257

1018AI 030107-015238000000

1018AI 030107-015238

PROVIDER ID NO

000001048740

TAX ID NO

XXXXX2508

DATE

10/18/23



#BWNCQXF  
#591999998740/DF1#  
MONITORING ASSOCIATES LLC  
PO BOX 29650 DEPT 880256  
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/18/23

1222 S PATTERSON BLVD  
DAYTON, OH 45402

ANTHEM.COM

PROVIDER NAME	MONITORING ASSOCIATES LLC
ADDRESS	PO BOX 29650 DEPT 880256 PHOENIX AZ 85038-9650
PROVIDER-NPI IDS	000001048740 - 1174916522
TAX ID NO	XXXXX2508
CHECK NUMBER:	9022331257

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.

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)

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.

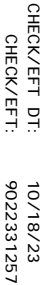
Health Insurance fraud often involves the collection of fees for services never rendered, the payment of claims filed on ineligible patients, and claims filed for services different than those actually received. If after reviewing this Explanation of Benefits, you believe that medical insurance fraud 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

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.

® Registered Marks Blue Cross and Blue Shield Association



CHECK/EFT DT:	10/18/23
CHECK/EFT:	9022331257

[illegible]

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: HEBERER, STEPHEN L PATIENT ACCOUNT #: 0_2862473 CLAIM NUMBER: YRK105250472599 SERVICE PROVIDER NAME: NATH, AUDREY R. SERVICE PROVIDER ID: 1053679019 RELATIONSHIP TO INSURED:  PATIENT NAME: HEBERER, STEPHEN L RECEIVED DATE: 10/13/2023 EXPL CD.:  PLAN TYPE:													
01/17/2023	01/17/2023	9593926	22	3,814.00	0.00	0.00	0.00	0.00	3,814.00	Z33 226	0.00		0.00
01/17/2023	01/17/2023	9593826	22	3,107.00	0.00	0.00	0.00	0.00	3,107.00	Z33 226	0.00		0.00
01/17/2023	01/17/2023	9595526	22	1,755.00	0.00	0.00	0.00	0.00	1,755.00	Z33 226	0.00		0.00
01/17/2023	01/17/2023	9586126	22	1,614.00	0.00	0.00	0.00	0.00	1,614.00	Z33 226	0.00		0.00
01/17/2023	01/17/2023	9586126	22	1,614.00	0.00	0.00	0.00	0.00	1,614.00	Z33 226	0.00		0.00
01/17/2023	01/17/2023	9586826	22	1,310.00	0.00	0.00	0.00	0.00	1,310.00	Z33 226	0.00		0.00
01/17/2023	01/17/2023	9586826	22	1,310.00	0.00	0.00	0.00	0.00	1,310.00	Z33 226	0.00		0.00
01/17/2023	01/17/2023	9587026, XU	22	1,166.00	0.00	0.00	0.00	0.00	1,166.00	Z33 226	0.00		0.00
01/17/2023	01/17/2023	9587026, XU	22	1,166.00	0.00	0.00	0.00	0.00	1,166.00	Z33 226	0.00		0.00
01/17/2023	01/17/2023	9587026, XU	22	1,166.00	0.00	0.00	0.00	0.00	1,166.00	Z33 226	0.00		0.00
01/17/2023	01/17/2023	95999	22	7,200.00	0.00	0.00	0.00	0.00	7,200.00	Z33 226	0.00		0.00
TOTAL:				24,056.00	0.00	0.00	0.00	0.00	24,056.00		0.00		0.00
INTEREST													0.00
TOTAL NET PAID													0.00

MONI TORI NG ASSOCIATES, LLC  
PROVIDER ID NO: 000001048740  
CHECK/EFT DT: 10/18/23  
CHECK/EFT: 9022331257

I NDI ANA HI P 2.0

-

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: VALENTI N SANTI A, DAWI N													
PATIENT ACCOUNT #: 0.2863982				INSURED'S ID: YRK120279594299				PATIENT NAME: VALENTI N SANTI A, DAWI N				FOR INQUIRIES CALL: (844) 533-1995	
SERVICE PROVIDER NAME: THOMAS, GEORGE P.				CLAIM NUMBER: 256124202600				RECEIVED DATE: 10/13/2023					
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1912298423				EXPL CD:					
RELATIONSHIP TO INSURED:				PLAN TYPE:									
01/18/2023	01/18/2023	21	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	Z33 226	0.00		0.00
01/18/2023	01/18/2023	21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	Z33 226	0.00		0.00
01/18/2023	01/18/2023	21	437.00	0.00	0.00	0.00	0.00	0.00	437.00	Z33 226	0.00		0.00
01/18/2023	01/18/2023	21	2,972.00	0.00	0.00	0.00	0.00	0.00	2,972.00	Z33 226	0.00		0.00
01/18/2023	01/18/2023	21	2,972.00	0.00	0.00	0.00	0.00	0.00	2,972.00	Z33 226	0.00		0.00
01/18/2023	01/18/2023	21	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	Z33 226	0.00		0.00
01/18/2023	01/18/2023	21	16,643.00	0.00	0.00	0.00	0.00	0.00	16,643.00		0.00		0.00
TOTAL:				0.00	0.00	0.00	0.00	0.00					
TOTAL NET PAID				0.00									

TOTAL APPROVED AMOUNT 0.00  
TOTAL INTEREST 0.00  
TOTAL NET AMOUNT DUE: I NDI ANA HI P 2.0 0.00

I NDI ANA MEDI CARE WLP

-

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: BLOCK, GARY A													
PATIENT ACCOUNT #: 0.2850754				INSURED'S ID: VOK340M06691				PATIENT NAME: BLOCK, GARY A				FOR INQUIRIES CALL: (800) 676-2583	
SERVICE PROVIDER NAME: THOMAS, GEORGE P.				CLAIM NUMBER: 255794740000				RECEIVED DATE: 10/09/2023					
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1912298423				EXPL CD:				APPEALS CODE: MA	
				RELATIONSHIP TO INSURED:				PLAN TYPE:					
01/06/2023	01/06/2023	21	3,814.00	0.00	0.00	0.00	0.00	0.00	3,814.00	M45 252	0.00		0.00
01/06/2023	01/06/2023	21	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	M45 252	0.00		0.00
01/06/2023	01/06/2023	21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	M45 252	0.00		0.00
01/06/2023	01/06/2023	21	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	M45 252	0.00		0.00
01/06/2023	01/06/2023	21	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	M45 252	0.00		0.00
01/06/2023	01/06/2023	21	7,200.00	0.00	0.00	0.00	0.00	0.00	7,200.00	M45 252	0.00		0.00
01/06/2023	01/06/2023	21	19,104.00	0.00	0.00	0.00	0.00	0.00	19,104.00		0.00		0.00
TOTAL:				0.00	0.00	0.00	0.00	0.00					
TOTAL NET PAID													

I NTEREST



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.

Inc.

MONITORING ASSOCIATES, LLC

PROVIDER ID NO: 000001048740

CHECK/EFT DT:

10/18/23

CHECK/EFT:

9022331257

INDIANA MEDI CARE WLP -

INSURED'S NAME: BASHAM, JUANITA K				INSURED'S ID: VOK49W05403				PATIENT NAME: BASHAM, JUANITA K				FOR INQUIRIES CALL: (800) 676-2583			
PATIENT ACCOUNT #: 0.2826240				CLAIM NUMBER: 255409595400				RECEIVED DATE: 10/03/2023							
SERVICE PROVIDER NAME: THOMAS, GEORGE P.				SERVICE PROVIDER ID: 1912298423				EXPL CD:				APPEALS CODE: MA			
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED:				PLAN TYPE:							

12/14/2022	12/14/2022	9593926	21	3,814.00	0.00	0.00	0.00	0.00	3,814.00	M45 252	0.00		0.00
12/14/2022	12/14/2022	9593826	21	3,107.00	0.00	0.00	0.00	0.00	3,107.00	M45 252	0.00		0.00
12/14/2022	12/14/2022	9595526	21	1,755.00	0.00	0.00	0.00	0.00	1,755.00	M45 252	0.00		0.00
12/14/2022	12/14/2022	9590826	21	437.00	0.00	0.00	0.00	0.00	437.00	M45 252	0.00		0.00
12/14/2022	12/14/2022	9588626	21	2,972.00	0.00	0.00	0.00	0.00	2,972.00	M45 252	0.00		0.00
12/14/2022	12/14/2022	9588626, XU	21	2,972.00	0.00	0.00	0.00	0.00	2,972.00	M45 252	0.00		0.00
12/14/2022	12/14/2022	95999	21	7,200.00	0.00	0.00	0.00	0.00	7,200.00	M45 252	0.00		0.00
TOTAL:				22,257.00	0.00	0.00	0.00	0.00	22,257.00		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	EXPLANSI CODE(S)	RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY				
INSURED'S NAME: SCHEFFER, PATRICIA D																	
PATIENT ACCOUNT #:			0. 2830033			INSURED'S ID:			VOK534W12004			PATIENT NAME:		SCHEFFER, PATRICIA D		FOR INQUIRIES CALL:	
SERVICE PROVIDER NAME:			NATH, AUDREY R.			CLAIM NUMBER:			255535974000			RECEIVED DATE:		10/04/2023		(800) 676-2583	
NETWORK:			OUT OF NETWORK			RELATIONSHIP TO INSURED:			1053679019			EXPL CD:				APPEALS CODE: MA	
PLAN TYPE:																	

12/16/2022	12/16/2022	9593826	22	3,107.00	0.00	0.00	0.00	0.00	3,107.00	M45 252	0.00		0.00
12/16/2022	12/16/2022	9595526	22	1,755.00	0.00	0.00	0.00	0.00	1,755.00	M45 252	0.00		0.00
12/16/2022	12/16/2022	9586526	22	1,502.00	0.00	0.00	0.00	0.00	1,502.00	M45 252	0.00		0.00
12/16/2022	12/16/2022	9586526, XU	22	1,502.00	0.00	0.00	0.00	0.00	1,502.00	M45 252	0.00		0.00
12/16/2022	12/16/2022	95999	22	3,600.00	0.00	0.00	0.00	0.00	3,600.00	M45 252	0.00		0.00
TOTAL:				11,466.00	0.00	0.00	0.00	0.00	11,466.00		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	EXPLANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: ALEXANDER, PATRICIA A													
PATIENT ACCOUNT #: 0.2844637				INSURED'S ID: XPF995W08472				PATIENT NAME: ALEXANDER, PATRICIA A		FOR INQUIRIES CALL: (800) 676-2583			
SERVICE PROVIDER NAME: THOMAS, GEORGE P.				CLAIM NUMBER: 255793008000				RECEIVED DATE: 10/09/2023					
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1912298423				EXPL CD:		APPEALS CODE: MA			
RELATIONSHIP TO INSURED: PLAN TYPE:													

12/30/2022	12/30/2022	9593926	22	3,107.00	0.00	0.00	0.00	0.00	3,107.00	M45 252	0.00		0.00
12/30/2022	12/30/2022	9593826	22	3,814.00	0.00	0.00	0.00	0.00	3,814.00	M45 252	0.00		0.00
12/30/2022	12/30/2022	9595526	22	1,755.00	0.00	0.00	0.00	0.00	1,755.00	M45 252	0.00		0.00
12/30/2022	12/30/2022	9590826	22	437.00	0.00	0.00	0.00	0.00	437.00	M45 252	0.00		0.00

MONITORING ASSOCIATES, LLC  
PROVIDER ID NO: 000001048740

CHECK/EFT DT: 10/18/23  
CHECK/EFT: 9022331257

SERVICE DATE(S)	SERVICE CODES	POS	CHANGE	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: ALEXANDER, PATRICIA A				INSURED'S ID: XPF995W08472				PATIENT NAME: ALEXANDER, PATRICIA A				FOR INQUIRIES CALL: (800) 676-2583	
PATIENT ACCOUNT #: 0.2844637				CLAIM NUMBER: 255793008000				RECEIVED DATE: 10/09/2023					
SERVICE PROVIDER NAME: THOMAS, GEORGE P.				SERVICE PROVIDER ID: 1912298423				EXPL CD: APPEALS CODE: MA					
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED:				PLAN TYPE:					

12/30/2022	12/30/2022	9588626	22	2,972.00	0.00	0.00	0.00	0.00	2,972.00	M45 252	0.00		0.00
12/30/2022	12/30/2022	9588626, XU	22	2,972.00	0.00	0.00	0.00	0.00	2,972.00	M45 252	0.00		0.00
12/30/2022	12/30/2022	95999	22	7,200.00	0.00	0.00	0.00	0.00	7,200.00	M45 252	0.00		0.00
		TOTAL:		22,257.00	0.00	0.00	0.00	0.00	22,257.00		0.00		0.00
INTEREST													0.00
TOTAL NET PAID													0.00

TOTAL APPROVED AMOUNT	0.00
TOTAL INTEREST	0.00
TOTAL NET AMOUNT DUE: INDIANA MEDICARE WLP	0.00
GROSS APPROVED CLAIM AMOUNT	0.00
TOTAL INTEREST	0.00
NET AMOUNT DUE	0.00

EXPL CODES

EXPLANATION

233 This was denied because the billing provider NPI is not registered with the state. 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 claim dispute. As a reminder, the member is not responsible for the unpaid amount.

M45 Submit medical records for review

226 INFORMATION REQUESTED FROM THE BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.

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/MACAG/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:

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

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

Your payment dispute should be sent to:

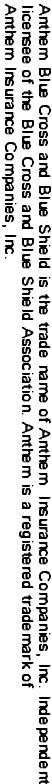


Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.  
Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a  
registered trademark of Anthem Insurance Companies, Inc.

MONITORING ASSOCIATES, LLC  
PROVIDER ID NO: 000001048740

CHECK/EFT DT: 10/18/23  
CHECK/EFT: 9022331257

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



1018AI 030107-015238

PROVIDER:	<b>MONITORING ASSOCIATES LLC</b>
PAYEE ID:	<b>0000001068740</b>
NEG BAL REF #:	
DATE:	<b>10/18/23</b>
CHECK AMT:	<b>0.00</b>

THIS IS A DETAILED NOTIFICATION OF THE RECOMPMENT PROCESSED BY ANTHEM FOR OVERPAYMENTS MADE TO YOUR ACCOUNT AS INDICATED ON THE ENCLOSED REMITTANCE ADVICE.

THE "ORIGINAL NEGATIVE CLAIM NUMBER" COLUMN CONTAINS THE ORIGINAL CLAIM ID THAT CREATED THE NEGATIVE BALANCE. THE CORRESPONDING PRIOR AND CURRENT RECOMPMENT SECTIONS BELOW SHOW THE RECOMPMENT DETAILS FOR EACH ORIGINAL NEGATIVE CLAIM LISTED IN THE NEGATIVE BALANCE HISTORY. THE "NEGATIVE BALANCE DEFERRED" SECTION SHOWS DEFERRED (FUTURE) RECOMPMENTS WHERE REFUNDS ARE DUE. THESE ARE NOT REFLECTED ON THIS REMITTANCE ADVICE. A SEPARATE LETTER HAS BEEN SENT WITH FURTHER DETAILS AND OVERPAYMENT RECOVERY WILL COMMENCE FOLLOWING EXISTING PROCESSES IF A REFUND IS NOT RECEIVED. IF YOU HAVE QUESTIONS REGARDING A RECOMPMENT, PLEASE CONTACT PROVIDER SERVICE AT NUMBER NOTED ON REMITTANCE ADVICE.

REMIT. DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/ REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	CREDITS RECOVERED	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
----------------	--------------	--------------	---------------	----------------------------	--------------------	-----------------------------------	--------------	----------------------	--------	---------------	-----------------------

### NEGATIVE BALANCE HISTORY:

--

**PRIOR RECOUPMENT:**

\_\_\_\_\_

**CURRENT RECOUPMENT:**

--

REMIT. DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	EXPECTED RECUP DATE	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
----------------	--------------	--------------	---------------	---------------------------	--------------------	-----------------------------------	--------------	------------------------	--------	---------------	-----------------------

NEGATIVE BALANCE DEFERRED:

[illegible]



RECOUPMENT NOTIFICATION

PAGE 2

TOTAL PRIOR RECOUPMENT	0.00
TOTAL CURRENT RECOUPMENT	0.00
TOTAL OUTSTANDING NEGATIVE BAL.	0.00
TOTAL DEFERRED	387.08-
OUTSTANDING NEGATIVE BAL WITH DEFER	387.08-