



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

10/25/23 9022575411

1025AI 030107-014983000000

1025AI 030107-014983

PROVIDER ID NO

000001048740

TAX ID NO

XXXXX2508

DATE

10/25/23



#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 10/25/23

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:	9022575411	

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

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

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® Registered Marks Blue Cross and Blue Shield Association



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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 000001048740

CHECK/EFT DT: 10/25/23
CHECK/EFT: 9022575411

INDIANA MEDICARE WLP -

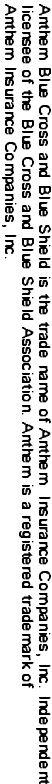
SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANIS CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANIS CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: ERIKSON, KRISTEN J PATIENT ACCOUNT #: 0.2866064 SERVICE PROVIDER NAME: NATH, AUDREY R. NETWORK: OUT OF NETWORK CLAIM NUMBER: 256228927500 SERVICE PROVIDER ID: 1053679019 RELATIONSHIP TO INSURED: PATIENT NAME: ERIKSON, KRISTEN J RECEIVED DATE: 10/16/2023 EXPL CD: MA GENERAL INFO CD: CM02 FOR INQUIRIES CALL: (800) 676-2583													
01/20/2023	01/20/2023	21	3,814.00	0.00	0.00	0.00	0.00	0.00	3,814.00	M45 252	0.00		0.00
01/20/2023	01/20/2023	21	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	M45 252	0.00		0.00
01/20/2023	01/20/2023	21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	M45 252	0.00		0.00
01/20/2023	01/20/2023	21	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	M45 252	0.00		0.00
01/20/2023	01/20/2023	21	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	M45 252	0.00		0.00
01/20/2023	01/20/2023	21	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	M45 252	0.00		0.00
01/20/2023	01/20/2023	21	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	M45 252	0.00		0.00
01/20/2023	01/20/2023	21	7,200.00	0.00	0.00	0.00	0.00	0.00	7,200.00	M45 252	0.00		0.00
01/20/2023	01/20/2023	21	21,724.00	0.00	0.00	0.00	0.00	0.00	21,724.00	M45 252	0.00		0.00
TOTAL:				0.00	0.00	0.00		0.00			0.00		0.00
TOTAL NET PAID													0.00
INSURED'S NAME: PRYLE, DALE A PATIENT ACCOUNT #: 0.2859127 SERVICE PROVIDER NAME: NATH, AUDREY R. NETWORK: OUT OF NETWORK INSURED'S ID: VOK721W13341 CLAIM NUMBER: 255899576100 SERVICE PROVIDER ID: 1053679019 RELATIONSHIP TO INSURED: PATIENT NAME: PRYLE, DALE A RECEIVED DATE: 10/10/2023 EXPL CD: MA APPEALS CODE: MA FOR INQUIRIES CALL: (800) 676-2583													
01/13/2023	01/13/2023	22	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	M45 252	0.00		0.00
01/13/2023	01/13/2023	22	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	M45 252	0.00		0.00
01/13/2023	01/13/2023	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	M45 252	0.00		0.00
01/13/2023	01/13/2023	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	M45 252	0.00		0.00
01/13/2023	01/13/2023	22	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	M45 252	0.00		0.00
01/13/2023	01/13/2023	22	13,490.00	0.00	0.00	0.00	0.00	0.00	13,490.00	M45 252	0.00		0.00
TOTAL:				0.00	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: INDIANA MEDICARE WLP 0.00
GROSS APPROVED CLAIM AMOUNT 0.00
TOTAL INTEREST 0.00
NET AMOUNT DUE 0.00

CM02 - The member is eligible for both Medicaid and Medicaid. Verify the member's secondary Medicaid coverage and send all claims for Medicaid cost sharing to the State or the appropriate Medicaid MCO. Per CMS guidelines, Medicaid providers and suppliers may not bill beneficiaries enrolled in the Medicaid/OMB program for Medicaid cost-sharing.

INDIANA MEDICARE WLP -

EXPL CODES	EXPLANATION
M45 252	Submit medical records for review AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.
APPEALS CODE	APPEALS
MA	<p>Non-Contracted Medicare Provider Appeal - Medicare Advantage/Medicare Medical Plans</p> <p>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/MMCAG/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.</p> <p>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.</p> <p>Please mail the appeal to this address:</p> <p>Grievances and Appeals Mailstop: OH0205-A537 4361 Irwin Simpson Rd. Mason, OH 45040-9398</p> <p>Non-Contracted Medicare Provider Payment Disputes - Medicare Advantage/Medicare Medical Plans</p> <p>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.</p> <p>Your payment dispute should be sent to:</p> <p>Provider Payment Disputes P.O. Box 61599 Virginia Beach, VA 23466-1599</p>



1025AI 030107-014983

RECOUPMENT NOTIFICATION

PROVIDER: MONITORING ASSOCIATES LLC
PAYEE ID: 000001048740
NEG BAL REF #:
DATE: 10/25/23
CHECK AMT: 0.00

THIS IS A DETAILED NOTIFICATION OF THE RECOUPMENT PROCESSED BY AUTHITEM 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 RECOUPMENT SECTIONS BELOW SHOW THE RECOUPMENT DETAILS FOR EACH ORIGINAL NEGATIVE CLAIM LISTED IN THE NEGATIVE BALANCE HISTORY.

THE "NEGATIVE BALANCE DEFERRED" SECTION SHOWS DEFERRED (FUTURE) RECOUPMENTS 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 RECOUPMENT, PLEASE CONTACT PROVIDER SERVICE AT NUMBER NOTED ON REMITTANCE ADVICE.

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[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-