



Federal Employee Program.

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

10/25/23 9022568870

1025FP150126-005139

398

1025FP150126-005139

PROVIDER ID NO

000001048740

TAX ID NO

XXXXX2508

DATE

10/25/23



#BWNCQXF  
#591999998740/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 10/25/23

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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	BRANDENBURG, GAYLENE						R58011632	0.2954548		23219P063590XB	10/09/2023
	MONI TORI NG ASSOCI ATES						1336176387				
04/05/2023	95941	5,520.00 2	0.00	0.00	0.00	0.00	0.00	0.00	5,520.00 561	0.00	0.00
04/05/2023	95861	1,614.00 26 1	0.00	0.00	0.00	0.00	0.00	0.00	1,614.00 561	0.00	0.00
04/05/2023	95861	1,614.00 26 XU 1	0.00	0.00	0.00	0.00	0.00	0.00	1,614.00 561	0.00	0.00
04/05/2023	95999	5,400.00 3	0.00	0.00	0.00	0.00	0.00	0.00	5,400.00 561	0.00	0.00
		14,148.00	0.00	0.00	0.00	0.00	0.00	0.00	14,148.00	0.00	0.00

TOTAL FOR: FEDERAL EMPLOYEE PROGRAM 0.00

TOTAL GROSS CLAIM AMOUNT MINUS ADJUSTED AMOUNT: 0.00
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REASON CODES

561 NEED CORRECT PROCEDURE CODE