



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 9022096298

1011AI 030122-005966000000

1011AI 030122-005966

PROVIDER ID NO
6003035176

TAX ID NO
XXXXX2508

DATE
10/11/23



#BWNCQXF
#8429396966///DF1# M001
MONITORING ASSOCIATES LLC
9811 W CHARLESTON BLVD STE 2641
LAS VEGAS NV 89117-7528

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	MONITORING ASSOCIATES LLC	
ADDRESS	9811 W CHARLESTON BLVD STE 2641 LAS VEGAS NV 89117-7528	
PROVIDER-NPI IDS	6003035176	- 1174916522
TAX ID NO	XXXXX2508	
CHECK NUMBER:	9022096298	

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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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 6003035176

CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022096298

ITS HOST PPO NATIONAL

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLAN/INSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLAN/INSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: BOTHWELL, HEATHER													
PATIENT ACCOUNT #: 012427688													
SERVICE PROVIDER NAME: UNGAR SARCON, JULIAN													
NETWORK: OUT OF NETWORK													
				INSURED'S ID: IWIN0074348		CLAIM NUMBER: 20232737A0127		SERVICE PROVIDER ID: 1376642900		RELATIONSHIP TO INSURED:			
				PATIENT NAME: BOTHWELL, HEATHER		RECEIVED DATE: 09/30/2023		EXPL CD: APPEALS CODE: MA		(866) 594-0521			
				PLAN TYPE: PPO		DRG RCVD: N/A							
01/11/2022	01/11/2022	21	3,814.00	0.00	0.00	0.00	0.00	0.00	3,814.00	009252	0.00		0.00
01/11/2022	01/11/2022	21	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	009252	0.00		0.00
01/11/2022	01/11/2022	21	2,760.00	0.00	0.00	0.00	0.00	0.00	2,760.00	009252	0.00		0.00
01/11/2022	01/11/2022	21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	009252	0.00		0.00
01/11/2022	01/11/2022	21	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	009252	0.00		0.00
01/11/2022	01/11/2022	21	1,166.00	0.00	0.00	0.00	0.00	0.00	1,166.00	009252	0.00		0.00
01/11/2022	01/11/2022	21	500.00	0.00	0.00	0.00	0.00	0.00	500.00	009252	0.00		0.00
01/11/2022	01/11/2022	21	287.00	0.00	0.00	0.00	0.00	0.00	287.00	009252	0.00		0.00
TOTAL:		21	14,699.00	0.00	0.00	0.00	0.00	0.00	14,699.00		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

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 Availity.com use the Claims & Payments tab to access Claim Status. Find this claim and use the Send Attachments button to send the requested documentation.
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/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.

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

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 6003035176

CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022096298

Mail stop: OH0205-A537
4361 Irwin Simpson Rd.
Mason, OH 45040-9398

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

Your payment di spute should be sent to:
Provider Payment Disputes
P.O. Box 61599
Virginia Beach, VA 23466-1599