



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 9022096382

1011AI 030122-006049000000

1011AI 030122-006049

PROVIDER ID NO

6004701507

TAX ID NO

XXXXX9794

DATE

10/11/23



#BWNCQXF  
#4899395297///DF3# 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 | 6004701507            | - 1336746122 |
| TAX ID NO        | XXXXX9794             |              |
| CHECK NUMBER:    | 9022096382            |              |

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.

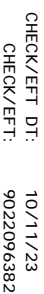
Health Insurance fraud often involves the collection of fees for services never rendered, the payment of claims filed on ineligible patients, and claims filed for services different than those actually received. If after reviewing this Explanation of Benefits, you believe that medical insurance fraud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

An independent licensee of the Blue Cross and Blue Shield Association

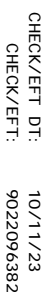
Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.

® Registered Marks Blue Cross and Blue Shield Association



| 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: RODRI QUEZ, SANJUANI TA<br>PATIENT ACCOUNT #: 0.3085784<br>SERVICE PROVIDER NAME: TCM HEALTHCARE LLC<br>NETWORK: OUT OF NETWORK   |               |     |           |         |            |        |              |                        |                       |                   |                               |                   |                  |
| INSURED'S ID: I SM107065977<br>CLAIM NUMBER: 2023272BL4924<br>SERVICE PROVIDER ID: 1225773294<br>RELATIONSHIP TO INSURED:   |               |     |           |         |            |        |              |                        |                       |                   |                               |                   |                  |
| PATIENT NAME: RODRI QUEZ, SANJUANI TA<br>RECEIVED DATE: 09/28/2023<br>EXPL CD: APEALS CODE: MA<br>FOR INQUIRIES CALL: (866) 594-0521  |               |     |           |         |            |        |              |                        |                       |                   |                               |                   |                  |
| 07/26/2023  | 95940         | 15  | 8,970.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 8,970.00              | 009 252           | 0.00                          |                   | 0.00             |
| 07/26/2023  | 95938         | 15  | 3,107.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 3,107.00              | 009 252           | 0.00                          |                   | 0.00             |
| 07/26/2023  | 95955         | 15  | 4,516.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 4,516.00              | 009 252           | 0.00                          |                   | 0.00             |
| 07/26/2023  | 95929         | 15  | 3,300.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 3,300.00              | 009 252           | 0.00                          |                   | 0.00             |
| 07/26/2023  | 95908         | 15  | 2,400.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 2,400.00              | 009 252           | 0.00                          |                   | 0.00             |
| 07/26/2023  | 95886         | 15  | 4,200.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 4,200.00              | 009 252           | 0.00                          |                   | 0.00             |
| 07/26/2023  | 95886 , XU    | 15  | 4,200.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 4,200.00              | 009 252           | 0.00                          |                   | 0.00             |
| 07/26/2023  | 95999         | 15  | 9,000.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 9,000.00              | 009 252           | 0.00                          |                   | 0.00             |
| 07/26/2023  | A4215         | 15  | 180.00    | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 180.00                | 009 252           | 0.00                          |                   | 0.00             |
| 07/26/2023  | A4556         | 15  | 36.00     | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 36.00                 | 009 252           | 0.00                          |                   | 0.00             |
| 07/26/2023  | TOTAL:        |     | 39,909.00 | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 39,909.00             |                   | 0.00                          |                   | 0.00             |
| TOTAL NET PAID  |               |     |           |         |            |        |              |                        |                       |                   |                               |                   |                  |
| 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: KING, MATTHEW<br>PATIENT ACCOUNT #: 0.3149429<br>SERVICE PROVIDER NAME: TCM HEALTHCARE LLC<br>NETWORK: OUT OF NETWORK   |               |     |           |         |            |        |              |                        |                       |                   |                               |                   |                  |
| INSURED'S ID: IPMT18701585<br>CLAIM NUMBER: 2023269EYX189<br>SERVICE PROVIDER ID: 1194269753<br>RELATIONSHIP TO INSURED:  |               |     |           |         |            |        |              |                        |                       |                   |                               |                   |                  |
| PATIENT NAME: KING, MATTHEW<br>RECEIVED DATE: 09/26/2023<br>EXPL CD: APEALS CODE: MA<br>FOR INQUIRIES CALL: (866) 594-0521  |               |     |           |         |            |        |              |                        |                       |                   |                               |                   |                  |
| 09/19/2023  | 95940         | 15  | 8,970.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 8,970.00              | 009 252           | 0.00                          |                   | 0.00             |
| 09/19/2023  | 95822         | 15  | 5,225.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 5,225.00              | 009 252           | 0.00                          |                   | 0.00             |
| 09/19/2023  | 95938         | 15  | 4,163.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 4,163.00              | 009 252           | 0.00                          |                   | 0.00             |
| 09/19/2023  | 95908         | 15  | 393.00    | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 393.00                | 009 252           | 0.00                          |                   | 0.00             |
| 09/19/2023  | 95886         | 15  | 5,050.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 5,050.00              | 009 252           | 0.00                          |                   | 0.00             |
| 09/19/2023  | 95886 , XU    | 15  | 5,050.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 5,050.00              | 009 252           | 0.00                          |                   | 0.00             |
| 09/19/2023  | 95999         | 15  | 3,600.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 3,600.00              | 009 252           | 0.00                          |                   | 0.00             |
| 09/19/2023  | A4215         | 15  | 100.00    | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 100.00                | 009 252           | 0.00                          |                   | 0.00             |
| 09/19/2023  | A4556         | 15  | 60.00     | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 60.00                 | 009 252           | 0.00                          |                   | 0.00             |
| 09/19/2023  | TOTAL:        |     | 32,611.00 | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 32,611.00             |                   | 0.00                          |                   | 0.00             |
| INTEREST TOTAL NET PAID 0.00  |               |     |           |         |            |        |              |                        |                       |                   |                               |                   |                  |
| 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: GOLDB, ROBERT<br>PATIENT ACCOUNT #: 0.3071418<br>SERVICE PROVIDER NAME: TCM HEALTHCARE LLC<br>NETWORK: OUT OF NETWORK   |               |     |           |         |            |        |              |                        |                       |                   |                               |                   |                  |
| INSURED'S ID: ILL129042956<br>CLAIM NUMBER: 2023272BL4902<br>SERVICE PROVIDER ID: 1225773294<br>RELATIONSHIP TO INSURED:  |               |     |           |         |            |        |              |                        |                       |                   |                               |                   |                  |
| PATIENT NAME: GOLDB, ROBERT<br>RECEIVED DATE: 09/28/2023<br>EXPL CD: APEALS CODE: MA<br>FOR INQUIRIES CALL: (866) 594-0521  |               |     |           |         |            |        |              |                        |                       |                   |                               |                   |                  |
| 07/13/2023  | 95940         | 15  | 2,070.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 2,070.00              | 009 252           | 0.00                          |                   | 0.00             |





CHECK/EFT DT: 10/11/23  
CHECK/EFT: 9022096382

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| 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: KRETZ, MELI SSA<br>PATIENT ACCOUNT #: 2729897<br>SERVICE PROVIDER NAME: TCM HEALTHCARE LLC<br>NETWORK: OUT OF NETWORK |               |            |        | INSURED'S ID: X0F844896574<br>CLAIM NUMBER: 20232370J0445<br>SERVICE PROVIDER ID: 1225773294<br>RELATIONSHIP TO INSURED: |            |        |              | PATIENT NAME: KRETZ, MELISSA<br>RECEIVED DATE: 08/25/2023<br>EXPL CD: APPEALS CODE: MA<br>FOR INQUIRIES CALL: (866) 594-0521 |                       |                   |                               |                   |                  |
| SERVICE TYPE: PPO DRG RCD: N/A  |               |            |        |  |            |        |              |  |                       |                   |                               |                   |                  |
| 05/24/2023  | 05/24/2023    | 95940      | 15     | 11,730.00  | 0.00       | 0.00   | 0.00         | 0.00   | 11,730.00             | 009 252           | 0.00                          |                   | 0.00             |
| 05/24/2023  | 05/24/2023    | 95822      | 15     | 5,225.00   | 0.00       | 0.00   | 0.00         | 0.00   | 5,225.00              | 009 252           | 0.00                          |                   | 0.00             |
| 05/24/2023  | 05/24/2023    | 95938      | 15     | 4,163.00   | 0.00       | 0.00   | 0.00         | 0.00   | 4,163.00              | 009 252           | 0.00                          |                   | 0.00             |
| 05/24/2023  | 05/24/2023    | 95910      | 15     | 515.00   | 0.00       | 0.00   | 0.00         | 0.00   | 515.00                | 009 252           | 0.00                          |                   | 0.00             |
| 05/24/2023  | 05/24/2023    | 95886      | 15     | 5,050.00   | 0.00       | 0.00   | 0.00         | 0.00   | 5,050.00              | 009 252           | 0.00                          |                   | 0.00             |
| 05/24/2023  | 05/24/2023    | 95886 , XU | 15     | 5,050.00   | 0.00       | 0.00   | 0.00         | 0.00   | 5,050.00              | 009 252           | 0.00                          |                   | 0.00             |
| 05/24/2023  | 05/24/2023    | 95999      | 15     | 7,200.00   | 0.00       | 0.00   | 0.00         | 0.00   | 7,200.00              | 009 252           | 0.00                          |                   | 0.00             |
| 05/24/2023  | 05/24/2023    | A4215      | 15     | 170.00   | 0.00       | 0.00   | 0.00         | 0.00   | 170.00                | 009 252           | 0.00                          |                   | 0.00             |
| 05/24/2023  | 05/24/2023    | A4556      | 15     | 42.00  | 0.00       | 0.00   | 0.00         | 0.00   | 42.00                 | 009 252           | 0.00                          |                   | 0.00             |
|   |               | TOTAL:     |        | 39,145.00  | 0.00       | 0.00   | 0.00         | 0.00   | 39,145.00             |                   | 0.00                          |                   | 0.00             |
| INTEREST  |               |            |        |  |            |        |              |  |                       |                   |                               |                   |                  |
| TOTAL NET PAID  |               | 0.00       |        |  |            |        |              |  |                       |                   |                               |                   |                  |

|  |            |            |    |                                 |      |      |      |                                   |      |      |      |                    |  |
|--|------------|------------|----|---------------------------------|------|------|------|-----------------------------------|------|------|------|--------------------|--|
| INSURED'S NAME: LOVIN G, ELI ZABETH        |            |            |    | INSURED'S ID: MOE876458540      |      |      |      | PATIENT NAME: LOVIN G, ELI ZABETH |      |      |      | FOR INQUIRES CALL: |  |
| PATIENT ACCOUNT #: 0. 3090680              |            |            |    | CLAIM NUMBER: 2023272EF5292     |      |      |      | RECEIVED DATE: 09/29/2023         |      |      |      | (866) 594-0521     |  |
| SERVICE PROVIDER NAME: TCM HEALTHCARE, LLC |            |            |    | SERVICE PROVIDER ID: 1225773294 |      |      |      | EXPL CD: N/A                      |      |      |      | APPEALS CODE: MA   |  |
| NETWORK: OUT OF NETWORK                    |            |            |    | RELATIONSHIP TO INSURED:        |      |      |      | PLAN TYPE: PPO                    |      |      |      | DRG RCVD: N/A      |  |
| 08/01/2023                                 | 08/01/2023 | 95940      | 15 | 6,210.00                        | 0.00 | 0.00 | 0.00 | 0.00                              | 0.00 | 0.00 | 0.00 | 0.00               |  |
| 08/01/2023                                 | 08/01/2023 | 95938      | 15 | 4,163.00                        | 0.00 | 0.00 | 0.00 | 0.00                              | 0.00 | 0.00 | 0.00 | 0.00               |  |
| 08/01/2023                                 | 08/01/2023 | 95955      | 15 | 5,225.00                        | 0.00 | 0.00 | 0.00 | 0.00                              | 0.00 | 0.00 | 0.00 | 0.00               |  |
| 08/01/2023                                 | 08/01/2023 | 95929      | 15 | 1,378.00                        | 0.00 | 0.00 | 0.00 | 0.00                              | 0.00 | 0.00 | 0.00 | 0.00               |  |
| 08/01/2023                                 | 08/01/2023 | 95861      | 15 | 3,139.00                        | 0.00 | 0.00 | 0.00 | 0.00                              | 0.00 | 0.00 | 0.00 | 0.00               |  |
| 08/01/2023                                 | 08/01/2023 | 95861 , XU | 15 | 3,139.00                        | 0.00 | 0.00 | 0.00 | 0.00                              | 0.00 | 0.00 | 0.00 | 0.00               |  |
| 08/01/2023                                 | 08/01/2023 | 95999      | 15 | 7,200.00                        | 0.00 | 0.00 | 0.00 | 0.00                              | 0.00 | 0.00 | 0.00 | 0.00               |  |
| 08/01/2023                                 | 08/01/2023 | A4215      | 15 | 170.00                          | 0.00 | 0.00 | 0.00 | 0.00                              | 0.00 | 0.00 | 0.00 | 0.00               |  |
| 08/01/2023                                 | 08/01/2023 | A4556      | 15 | 36.00                           | 0.00 | 0.00 | 0.00 | 0.00                              | 0.00 | 0.00 | 0.00 | 0.00               |  |
|  |            | TOTAL:     |    | 30,660.00                       | 0.00 | 0.00 | 0.00 | 0.00                              | 0.00 | 0.00 | 0.00 | 0.00               |  |
| INTEREST                                   |            |            |    |                                 |      |      |      |                                   |      |      |      |                    |  |
| TOTAL NET PAID                             |            |            |    |                                 |      |      |      |                                   |      |      |      |                    |  |
| 0.00                                       |            |            |    |                                 |      |      |      |                                   |      |      |      |                    |  |

TCM HEALTHCARE LLC  
PROVIDER ID NO: 6004701507  
CHECK/EFT DT: 10/11/23  
CHECK/EFT: 9022096382

ITS HOST PPO NATIONAL

| 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: WILLIS, MARISSA<br>PATIENT ACCOUNT #: 0.3135860<br>SERVICE PROVIDER NAME: TCM HEALTHCARE LLC<br>NETWORK: OUT OF NETWORK<br>INSURED'S ID: GHP921402212<br>CLAIM NUMBER: 2023276EG7233<br>SERVICE PROVIDER ID: 1265737498<br>RELATIONSHIP TO INSURED:<br>PATIENT NAME: WILLIS, MARISSA<br>RECEIVED DATE: 10/03/2023<br>EXPL CD: APPEALS CODE: MA<br>FOR INQUIRIES CALL: (866) 594-0521 |               |     |           |         |            |        |              |                        |                       |                  |                               |                  |                  |
| 09/11/2023   | 09/11/2023    | 15  | 4,140.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 4,140.00              | 009 252          | 0.00                          |                  | 0.00             |
| 09/11/2023   | 09/11/2023    | 15  | 6,489.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 6,489.00              | 009 252          | 0.00                          |                  | 0.00             |
| 09/11/2023   | 09/11/2023    | 15  | 4,163.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 4,163.00              | 009 252          | 0.00                          |                  | 0.00             |
| 09/11/2023   | 09/11/2023    | 15  | 5,225.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 5,225.00              | 009 252          | 0.00                          |                  | 0.00             |
| 09/11/2023   | 09/11/2023    | 15  | 5,400.00  | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 5,400.00              | 009 252          | 0.00                          |                  | 0.00             |
| 09/11/2023   | 09/11/2023    | 15  | 140.00    | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 140.00                | 009 252          | 0.00                          |                  | 0.00             |
| 09/11/2023   | 09/11/2023    | 15  | 54.00     | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 54.00                 | 009 252          | 0.00                          |                  | 0.00             |
| 09/11/2023   | 09/11/2023    | 15  | 25,611.00 | 0.00    | 0.00       | 0.00   | 0.00         | 0.00                   | 25,611.00             | 009 252          | 0.00                          |                  | 0.00             |
| TOTAL: 0.00  |               |     |           |         |            |        |              |                        |                       |                  |                               |                  |                  |
| TOTAL NET PAID 0.00  |               |     |           |         |            |        |              |                        |                       |                  |                               |                  |                  |

|  |            |    |           |      |      |      |      |      |           |         |      |  |      |
|--|------------|----|-----------|------|------|------|------|------|-----------|---------|------|--|------|
| INSURED'S NAME: BARSI, DAVE<br>PATIENT ACCOUNT #: 0.3082956<br>SERVICE PROVIDER NAME: TCM HEALTHCARE LLC<br>NETWORK: OUT OF NETWORK<br>INSURED'S ID: YSW970885066<br>CLAIM NUMBER: 2023272BL5766<br>SERVICE PROVIDER ID: 1215629993<br>RELATIONSHIP TO INSURED:<br>PATIENT NAME: BARSI, DAVE<br>RECEIVED DATE: 09/28/2023<br>EXPL CD: APPEALS CODE: MA<br>FOR INQUIRIES CALL: (866) 594-0521 |            |    |           |      |      |      |      |      |           |         |      |  |      |
| 07/24/2023   | 07/24/2023 | 15 | 2,070.00  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,070.00  | 009 252 | 0.00 |  | 0.00 |
| 07/24/2023   | 07/24/2023 | 15 | 4,163.00  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,163.00  | 009 252 | 0.00 |  | 0.00 |
| 07/24/2023   | 07/24/2023 | 15 | 5,225.00  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,225.00  | 009 252 | 0.00 |  | 0.00 |
| 07/24/2023   | 07/24/2023 | 15 | 497.00    | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 497.00    | 009 252 | 0.00 |  | 0.00 |
| 07/24/2023   | 07/24/2023 | 15 | 5,050.00  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,050.00  | 009 252 | 0.00 |  | 0.00 |
| 07/24/2023   | 07/24/2023 | 15 | 5,050.00  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,050.00  | 009 252 | 0.00 |  | 0.00 |
| 07/24/2023   | 07/24/2023 | 15 | 5,400.00  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,400.00  | 009 252 | 0.00 |  | 0.00 |
| 07/24/2023   | 07/24/2023 | 15 | 27,455.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 27,455.00 | 009 252 | 0.00 |  | 0.00 |
| TOTAL: 0.00  |            |    |           |      |      |      |      |      |           |         |      |  |      |
| TOTAL NET PAID 0.00  |            |    |           |      |      |      |      |      |           |         |      |  |      |

TOTAL APPROVED AMOUNT 0.00  
TOTAL INTEREST 0.00  
TOTAL NET AMOUNT DUE: ITS HOST PPO NATIONAL 0.00  
GROSS APPROVED CLAIM AMOUNT 0.00  
TOTAL INTEREST 0.00  
NET AMOUNT DUE 0.00



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registered trademark of Anthem Insurance Companies, Inc.

TOM HEALTHCARE LLC  
PROVIDER ID NO: 6004701507

CHECK/EFT DT: 10/11/23  
CHECK/EFT: 9022096382

ITS HOST PPO NATIONAL -

**EXPL CODES**

009

**EXPLANATION**

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.

AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.

252

**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](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

Mailstop: OH0205-A537

4361 Irwin Simpson Rd.

Mason, OH 45040-9398

Non-Contracted Medicare Provider Payment 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:

Provider Payment Disputes

P.O. Box 61599

Virginia Beach, VA 23466-1599

