



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 9022331258

1018AI 030107-015239000000

1018AI 030107-015239

PROVIDER ID NO

000001048740

TAX ID NO

XXXXX2508

DATE

10/18/23



#BWNCQXF
#591999998740/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 10/18/23

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	000001048740 - 1174916522
TAX ID NO	XXXXX2508
CHECK NUMBER:	9022331258

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: 000001048740

CHECK/EFT DT: 10/18/23
CHECK/EFT: 9022331258

BLUE ACCESS PPO

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: WHI TLOCK, CARL T													
PATIENT ACCOUNT #: 1947848				CLAIM NUMBER: 20221570A7058				PATIENT NAME: WHI TLOCK, SHELLEY D					
SERVICE PROVIDER NAME: UNGAR SARAGON, JULIAN				SERVICE PROVIDER ID: 1376642900				RECEIVED DATE: 06/06/2022					
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SPOUSE				PLAN TYPE: PPO					
				RELATIONSHIP TO INSURED: SPOUSE				PLANTYPE: PPO					
								DRG RCD: N/A					
05/27/2021	05/27/2021	22	5,520.00-	0.00	0.00	0.00	0.00	0.00	5,520.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	3,814.00-	0.00	0.00	0.00	0.00	0.00	3,814.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	3,107.00-	0.00	0.00	0.00	0.00	0.00	3,107.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	1,755.00-	0.00	0.00	0.00	0.00	0.00	1,755.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	1,310.00-	0.00	0.00	0.00	0.00	0.00	1,310.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	95868.59	0.00	0.00	0.00	0.00	0.00	1,166.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	95870.59	0.00	0.00	0.00	0.00	0.00	500.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	500.00-	0.00	0.00	0.00	0.00	0.00	287.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	95927.59	0.00	0.00	0.00	0.00	0.00	17,459.00-	AJR 234	0.00		0.00
TOTAL:				0.00	0.00	0.00	0.00	0.00			0.00		0.00
TOTAL NET PAID													

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SERVICE PROVIDER NAME: UNGAR SARAGON, JULIAN				SERVICE PROVIDER ID: 1376642900				RECEIVED DATE: 06/06/2022					
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SPOUSE				PLAN TYPE: PPO					
				RELATIONSHIP TO INSURED: SPOUSE				PLANTYPE: PPO					
								DRG RCD: N/A					
05/27/2021	05/27/2021	22	5,520.00-	0.00	0.00	0.00	0.00	0.00	5,520.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	3,814.00-	0.00	0.00	0.00	0.00	0.00	3,814.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	3,107.00-	0.00	0.00	0.00	0.00	0.00	3,107.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	1,755.00-	0.00	0.00	0.00	0.00	0.00	1,755.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	1,310.00-	0.00	0.00	0.00	0.00	0.00	1,310.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	95868.59	0.00	0.00	0.00	0.00	0.00	1,166.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	95870.59	0.00	0.00	0.00	0.00	0.00	500.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	500.00-	0.00	0.00	0.00	0.00	0.00	287.00-	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	95927.59	0.00	0.00	0.00	0.00	0.00	17,459.00-	AJR 234	0.00		0.00
TOTAL:				0.00	0.00	0.00	0.00	0.00			0.00		0.00
TOTAL NET PAID													

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SERVICE PROVIDER NAME: UNGAR SARAGON, JULIAN				SERVICE PROVIDER ID: 1376642900				RECEIVED DATE: 06/06/2022					
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SPOUSE				PLAN TYPE: PPO					
				RELATIONSHIP TO INSURED: SPOUSE				PLANTYPE: PPO					
								DRG RCD: N/A					
05/27/2021	05/27/2021	22	5,520.00	0.00	0.00	0.00	0.00	0.00	5,520.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	3,814.00	0.00	0.00	0.00	0.00	0.00	3,814.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	95868.59	0.00	0.00	0.00	0.00	0.00	1,166.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	95870.59	0.00	0.00	0.00	0.00	0.00	500.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	500.00	0.00	0.00	0.00	0.00	0.00	287.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	95927.59	0.00	0.00	0.00	0.00	0.00	17,459.00	AJR 234	0.00		0.00
TOTAL:				0.00	0.00	0.00	0.00	0.00			0.00		0.00
TOTAL NET PAID													

INSURED'S NAME: WHI TLOCK, CARL T													
PATIENT ACCOUNT #: 1947848				CLAIM NUMBER: 20221570A7058				PATIENT NAME: WHI TLOCK, SHELLEY D					
SERVICE PROVIDER NAME: UNGAR SARAGON, JULIAN				SERVICE PROVIDER ID: 1376642900				RECEIVED DATE: 06/06/2022					
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SPOUSE				PLAN TYPE: PPO					
				RELATIONSHIP TO INSURED: SPOUSE				PLANTYPE: PPO					
								DRG RCD: N/A					
05/27/2021	05/27/2021	22	5,520.00	0.00	0.00	0.00	0.00	0.00	5,520.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	3,814.00	0.00	0.00	0.00	0.00	0.00	3,814.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	95868.59	0.00	0.00	0.00	0.00	0.00	1,166.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	95870.59	0.00	0.00	0.00	0.00	0.00	500.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	500.00	0.00	0.00	0.00	0.00	0.00	287.00	AJR 234	0.00		0.00
05/27/2021	05/27/2021	22	95927.59	0.00	0.00	0.00	0.00	0.00	17,459.00	AJR 234	0.00		0.00
TOTAL:				0.00	0.00	0.00	0.00	0.00			0.00		0.00
TOTAL NET PAID													

PPO HSA

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: BLUE ACCESS PPO 0.00

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 000001048740
CHECK/EFT DT: 10/18/23
CHECK/EFT: 9022331258

PPO HSA

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: HART III, JIM D PATIENT ACCOUNT#: 1856670 SERVICE PROVIDER NAME: NATH, AUDREY R NETWORK: OUT OF NETWORK INSURED'S ID: BDAN5301620 CLAIM NUMBER: 20232290A3808 SERVICE PROVIDER ID: 1053679019 RELATIONSHIP TO INSURED: SUBSCRIBER PATIENT NAME: HART III, JIM D RECEIVED DATE: 08/17/2023 EXPL CD: (855) 316-9179 PLAN TYPE: PPO DRG RCVD: N/A FOR INQUIRIES CALL:													
02/22/2021	02/22/2021	21	3,814.00	104.33	104.33	0.00	0.00	0.00	0.00	0.00	3,814.00	015 45 038 1	0.00
02/22/2021	02/22/2021	21	3,814.00	0.00	0.00	0.00	0.00	0.00	3,814.00	777 119	0.00	0.00	0.00
02/22/2021	02/22/2021	21	95938	39.65	39.65	0.00	0.00	0.00	0.00	0.00	3,107.00	015 45 038 1	0.00
02/22/2021	02/22/2021	21	95938 , XU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
02/22/2021	02/22/2021	21	95941	81.50	81.50	0.00	0.00	0.00	3,107.00	777 119	0.00	0.00	0.00
02/22/2021	02/22/2021	21	95870 , 59	27.88	27.88	0.00	0.00	0.00	0.00	0.00	2,760.00	015 45 038 1	0.00
02/22/2021	02/22/2021	21	95955 , XU	78.46	78.46	0.00	0.00	0.00	0.00	0.00	2,332.00	015 45 038 1	0.00
02/22/2021	02/22/2021	21	95868	94.18	94.18	0.00	0.00	0.00	0.00	0.00	1,755.00	015 45 038 1	0.00
02/22/2021	02/22/2021	21	95937	500.00	0.00	0.00	0.00	0.00	500.00	164 97	0.00	0.00	0.00
02/22/2021	02/22/2021	21	95927 , 59	287.00	45.39	0.00	0.00	0.00	0.00	0.00	287.00	015 45 038 1	0.00
TOTAL:		21	22,786.00	471.39	471.39	0.00	0.00	0.00	7,421.00		15,365.00		0.00
INTEREST													0.00
TOTAL NET PAID													0.00

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: PPO HSA 0.00
GROSS APPROVED CLAIM AMOUNT 0.00
TOTAL INTEREST 0.00
NET AMOUNT DUE 0.00

EXPL CODES

EXPLANATION

AJR WE DENIED THIS CLAIM BECAUSE WE COVERED THE CARE AS PART OF ANOTHER SERVICE. THE MEMBER IS NOT RESPONSIBLE FOR THIS AMOUNT UNLESS THEY CHOSE TO RECEIVE CARE FROM A DOCTOR OR FACILITY NOT IN THEIR PLAN'S NETWORK.
015 This was processed, and as an out of network provider, the maximum amount has been paid. The remaining balance can be billed to the member only if it was non-emergent or was not authorized.
038 This amount was applied to the member's deductible. For the quickest and easiest way to check a member's benefits, from Availability.com use the Patient Registration tab to access Eligibility and Benefits Inquiry. The member is responsible for the unpaid amount.
777 THE DOCTOR/FACILITY BILLED FOR THIS CARE MORE TIMES THAN OUR GUIDELINES ALLOW. THEREFORE, THE MEMBER'S PLAN DOESN'T PAY FOR IT. THE MEMBER MIGHT BE RESPONSIBLE FOR THIS AMOUNT IF THEY CHOSE TO RECEIVE CARE FROM A DOCTOR/FACILITY NOT IN THEIR PLAN'S NETWORK.
164 This was denied because it was covered as part of another service. Review our medical



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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 000001048740

CHECK/EFT DT: 10/18/23
CHECK/EFT: 9022331258

PPO HSA

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poli cles, located on our publ ic websi te, for addi tional i nformation about thi s
medi cal procedure. As a reminder, the member is not responsible for the balance
unless they chose to receive care from a doctor or facility not in thei r plan's
network.

234

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THIS PROCEDURE IS NOT PAID SEPARATELY.
CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
USAGE: THIS ADJUSTMENT AMOUNT CANNOT EQUAL THE TOTAL SERVICE OR CLAIM CHARGE AMOUNT;
AND MUST NOT DUPLICATE PROVIDER ADJUSTMENT AMOUNTS (PAYMENTS AND CONTRACTUAL REDUCTIONS)
THAT HAVE RESULTED FROM PRIOR PAYER(S) ADJUDICATION.

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119

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DEDUCTIBLE AMOUNT
BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.
THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/
PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. USAGE: REFER TO THE 835 HEALTHCARE
POLICY IDENTIFICATION SEGMENT, IF PRESENT.

RECOUPMENT NOTIFICATION

PROVIDER: MONITORING ASSOCIATES LLC
PAYEE ID: 000001048740
NEG BAL REF #: 10/18/23
DATE: 10/18/23
CHECK AMT: 0.00

THIS IS A DETAILED NOTIFICATION OF THE RECOUPMENT 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 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.

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
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NEGATIVE BALANCE HISTORY:

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PRIOR RECOUPMENT:

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CURRENT RECOUPMENT:

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REMIT DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/ REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	EXPECTED RECOUP DATE	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
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NEGATIVE BALANCE DEFERRED:

10/17/23	KEEFER										
10/17/23	REILLY										
10/17/23	STEWART										
TOTAL NEGATIVE BALANCE DEFERRED							387.08-				

THIS IS NOT A BILL

PLEASE RETAIN FOR YOUR RECORDS. THIS IS THE ONLY COPY YOU WILL RECEIVE.

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-