

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

1025AI 030107-014984

PROVIDER ID NO

000001048740

TAX ID NO
XXXXX2508

DATE 10/25/23

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

P. O. BOX 105187 ATLANTA, GA 30348-5187 DATE 10/25/23

PROVIDER NAME MONITORING ASSOCIATES LLC
9811 W CHARLESTON BLVD STE 2641
LAS VEGAS NV 89117-7528

 PROVIDER-NPI IDS
 000001048740
 - 1174916522

 TAX ID NO
 XXXXX2508

 CHECK NUMBER:
 9022575412

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	0.00	r> 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

Anthem. 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 MONI TORI NG ASSOCIATES LLC registered trademark of Anthem Insurance Companies, Inc.
PROVIDER ID NO: 000001048740

CHECK/EFT DT: CHECK/EFT:

10/25/23 9022575412

ANTHEM	
BLUE	
ACCESS	
PPO	

0. 00												TOTAL NET PAID	
0.00		_			_	_			_		_		INTEREST
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0. 00		0.00	R 234	5, 400. 00 AJR	0. 00	0. 00	0.00	0.00	0.00	5, 400. 00	22	95999	07/13/2022 07/13/2022
0. 00		0.00	R 234	1, 310. 00 AJR	0. 00	0. 00	0.00	0.00	0.00	1, 310. 00	22	95868 , XU	07/13/2022 07/13/2022
0. 00		0.00	R 234	1, 310.00 AJR	0. 00	0. 00	0.00	0.00	0.00	1, 310. 00	22	95868 , XU	07/13/2022 07/13/2022
0. 00		0.00	R 234	1, 502. 00 AJR	0. 00	0. 00	0.00	0.00	0.00	1, 502. 00	22	95865 , XU	07/13/2022 07/13/2022
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0. 00		0.00	R 234	1, 614. 00 AJR	0. 00	0.00	0.00	0.00	0.00	1, 614. 00	22	95861 , XU	07/13/2022 07/13/2022
0. 00		0.00	R 234	1, 614. 00 AJR	0. 00	0.00	0.00	0.00	0.00	1, 614. 00	22	95861	07/13/2022 07/13/2022
0.00		0.00	R 234	3, 107. 00 AJR	0. 00	0. 00	0.00	0.00	0.00	3, 107. 00	22	95938	
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0. 00		0.00				0.00	0.00	0.00	0.00	2, 760. 00	22	95941	
			: N/A	D	PLAN TYPE: PPO		श BER		RELATIONSHIP TO INSURED	REU		OUT OF NETWORK	NETWORK: OU
(833) 578-4441		12/03/2022	12/	RECEIVED DATE: EXPL CD:			2022337BG0378 71679787		CLAIM NUMBER SERVICE PROVIDER ID		S	0. 2634497 MOCHI ZUKI, KEVI N S	SERVICE PROVIDER NAME: MO
FOR INQUIRIES CALL:	FOR INQ	JENNI FER	STEPHENS, JENNI FER	PATIENT NAME:			YZD884M70022	Ϋ́Z	INSURED'S ID			STEPHENS, JENNI FER	
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	PROVIDER RESP. AMOUNT	TRACTUAL FERENCE	CO-INSURANCE CON	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
0. 00												TOTAL NET PAID	
0.00					_					_	_		INTEREST
0.00		0.00		874.00-	8	0. 00	0.00	0.00	0.00	21, 874, 00-	_	TOTAL:	_
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0.00		0.00			0.00	0.00	0.00	0.00	0.00	1, 310, 00-	22	95868 XU	
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0. 00		0.00	R 234	1, 755. 00- AJR		0. 00	0.00	0.00	0.00	1, 755. 00-	22	95822	07/13/2022 07/13/2022
0. 00		0.00	R 234	2, 760.00- AJR	0. 00	0. 00	0.00	0.00	0. 00	2, 760. 00-	22	95941	07/13/2022 07/13/2022
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			: N/A	D	PLAN TYPE: PPO		र। BER		RELATIONSHIP TO INSURED	REU			NETWORK: OU
(833) 5/8-4441		12/03/2022	12/	RECEIVED DATE:			2022337BG0378 371679787	<u></u>	SERVICE PROVIDER ID		S	MOCHI ZUKI KEVI N	SERVICE PROVIDER NAME: MO
FOR INQUIRIES CALL:	FOR INQU	JENNI FER	STEPHENS, JENNI FER	PATIENT NAME:			YZD884M70022	 X	INSURED'S ID			STEPHENS, JENNI FER	
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	RESPONSIBILITY AMOUNT	CODE(S)	AMOUNT	DIFFERENCE AMOUNT	CO-INSURANCE CON	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	8	SERVICE	SERVICE DATE(S)
	!	INSURED	!	!	2)) 	

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

IN BLUE CARD PPO

07/13/2022 07/13/2022 95865			07/13/2022 07/13/2022 95938	07/13/2022 07/13/2022 95822	07/13/2022 07/13/2022 95941	PATIENT ACCOUNT#: 0. 2634865 SERVICE PROVIDER NAME: MOCHI ZUKI, KEVI N NETWORK: OUT OF NETWORK	INSURED'S NAME: NEW, SHEI LA	SERVICE DATE(S)	TOTA	TOTAL		07/13/2022 07/13/2022 95868		07/13/2022 07/13/2022 95865		07/13/2022 07/13/2022 95861	07/13/2022 07/13/2022 95861	07/13/2022 07/13/2022 95938			07/13/2022 07/13/2022 95941	NETWORK: MOCHI ZUKI, KEV	INSURED'S NAME: NEW, SHEI LA PATIENT ACCOUNT#: 0.2634865
	, X		80	Ñ	<u> </u>	MOCHIZUKI, KEVIN S OUT OF NETWORK	EI LA	SERVICE CODES	TOTAL NET PAID	<u>.</u>		, XU	, XU			, XU	<u></u>	88	2			NETWORK	
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1, 502. 00	1, 614. 00	1, 614. 00	3, 107. 00	1, 755. 00	2, 760. 00	REL		CHARGE	_	21, 874. 00-	5, 400. 00-	1, 310. 00-	1, 310. 00-	1, 502. 00-	1, 502. 00-	1, 614. 00-	1, 614. 00-	3, 107. 00-	1, 755. 00-		2.760.00-	REL	
97. 58	0.00	0. 00 143. 12	0. 00 49. 68	0. 00 89. 56	0. 00 102. 10	CLAIM NUMBER SERVICE PROVIDER ID RELATIONSHIP TO INSURED	INSURED'S ID	ALLOWED	_	0.00	0.00	0.00	0. 00 117. 99-	0.00	0. 00 97 58-	0.00	0. 00 143. 12-	0. 00 49. 68-	89. 56-	102. 10-	0.00	RELATIONSHIP TO INSURED	INSURED'S ID
0.00	0.00	0. 00	0. 00	0.00	0.00	St. 18	 F4	DEDUCTIBLE	_	0. 00	0.00	0.00	0. 00	0.00	0.00	0.00	0. 00	0. 00	0.00	· !	0.00	URED: SUBSCRIBER	
0.00	0.00	0.00	0. 00	0.00	0.00	2022336DF96T0 871679787 JBSCRI BER	F4R0526551LB	CO-PAY	_	0. 00	0.00	0.00	0. 00	0.00	0. 00	0.00	0. 00	0. 00	0.00		0.00	N BER	F4R0526551LB 2022336DF9610
0.00	0.00	0.00	0. 00	0. 00	0. 00			CO-INSURANCE CON	_	0. 00	0. 00	0.00	0. 00	0.00	0. 00	0.00	0. 00	0. 00	0.00	· !	0.00		
0. 00	0. 00	0.00	0. 00	0. 00	0. 00	PLAN TYPE: PPO		CONTRACTUAL DIFFERENCE		0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	· !	0.00	PLAN TYPE: PPO	
1, 502.00			3, 107. 00	1, 755. 00	2, 760.00	RECEIVED DATE: EXPL CD: O DRG RCVD:	PATIENT NAME:	TRACTUAL PROVIDER RESP.		21, 874. 00-	400. 00-	1, 310.00-	1, 310. 00-	1, 502. 00-	1, 502. 00-	1, 614. 00-	1, 614. 00- AJR	3, 107. 00- AJR	1, 755.00- AJR 234		2. 760. 00- AJR 234	O DRG RCVD:	PATIENT NAME: RECEIVED DATE:
AJR 234	AJR 234	AJR 234	AJR 234	AJR 234	AJR 234	·· N/A	NEW, SH	EXPL/ANSI CODE(S)			AJR 234	AJR 234		AJR 234	AJR 234	AJR 234	AJR 234	AJR 234	AJR 234		AJR 234	CD: N/A	NEW, SHI
0.00	0.00	0.00	0. 00	0.00	0.00	12/02/2022	.A	INSURED RESPONSIBILITY AMOUNT	_	0.00	0.00	0.00	0. 00	0.00	0.00	0.00	0.00	0. 00	0.00) !	0.00		EI LA 12/02/2022
							FOR INC	EXPL/ANSI CODE(S)															FOR ING
0.00	0.00	0. 00	0. 00	0. 00	0. 00	(8//) 812-9///	FOR INQUIRIES CALL:	WHAT WE WILL PAY	0.00	0.00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00) !	0.00		FOR INQUIRIES CALL: (877) 812-9777

SERVICE DATE(S)

SERVICE CODES

g S

CHARGE

ALLOWED

DEDUCTIBLE

CO-PAY

CO-INSURANCE CONTRACTUAL PROVIDER RESP.
AMOUNT

EXPL/ANSI CODE(S) NEW, SHEILA

INSURED RESPONSIBILITY AMOUNT

EXPL/ANSI CODE(S)

WHAT WE WILL PAY

IN BLUE CARD PPO

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PROVIDER ID NO: 000001048740

CHECK/EFT DT: CHECK/EFT: 10/25/23 9022575412

							!			_	TOTAL NET PALD	INTEREST
	0.00		21, 874, 00	0. 00	0.00	0.00	0. 00	1, 785. 24 0. 00	21, 874, 00		TOTAL:	
	0.00	R 234	5, 400. 00 AJR 234	0. 00	0.00	0.00	0.00	0. 00	5, 400. 00	22	95999	07/13/2022 07/13/2022 95999
	0.00	R 234	1, 310. 00 AJR	0. 00	0.00	0.00	0. 00	0.00	1, 310. 00	22	95868 , XU	07/13/2022 07/13/2022
	0.00	R 234	1, 310. 00 AJR 234	0. 00	0.00	0.00	0.00	0.00	1, 310. 00	22	95868 , XU	07/13/2022 07/13/2022 95868
	0.00	R 234	1, 502. 00 AJR 234	0. 00	0.00	0.00	0.00	0. 00	1, 502. 00	22	95865 , XU	07/13/2022 07/13/2022 95865
EXPL/ANSI WHAT WE WILL PAY CODE(S) FOR INQUIRIES CALL: (877) 812-9777	RESPONSIBILITY AMOUNT 11 LA 1022	EXPL/ANSI CODE(S) NEW, SHE 12/02/2	PROVIDER RESP. CON AMOUNT CO AMOUNT CO PATIENT NAME: NE RECEIED DATE: 12 EXPL CD: DRG RCVD: N/A	CO-INSURANCE CONTRACTUAL PROVIDER RESP. AMOUNT PATIENT NAT RECEIVED DA EXPL PLAN TYPE: PPO DRG RC	CO-INSURANCE	D-PAY LB 610	DEDUCTIBLE D'S ID: F4RO! MBER: 2022: ER ID: 18711 URED: SUBS!	ALLOWED DEDUCTIBLE CO INSURED'S ID: F4R0526551 CLAIM NUMBER: 2022336DF9 SERVICE PROVIDER ID: 1871679787 RELATIONSHIP TO INSURED: SUBSCRI BER	CHARGE	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ATE(S) SERVICE CODES D'S NAME: NEW, SHEI LA ACCOUNT#: 0.2634865 DER NAME: MOCHI ZUKI, KEVI N NETWORK: OUT OF NETWORK	SERVICE DATE(S) INSURED'S NAME: NEW, SHEI LA PATIENT ACCOUNT#: 0.2634865 SERVICE PROVIDER NAME: MOCHI ZUKI , KEVI N S NETWORK: OUT OF NETWORK

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: IN BLUE CARD PPO

GROSS APPROVED CLAIM AMOUNT TOTAL INTEREST
NET AMOUNT DUE

o. o. o. o. o. o.

EXPL CODES **EXPLANATION**

ΑJR

234

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.

THIS PROCEDURE IS NOT PAID SEPARATELY.

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RECOUPMENT NOTIFICATION

PROVIDER: PAYEE ID: CHECK AMT: 000001048740 MONITORING ASSOCIATES LLC

10/25/23

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 'NEGATIVE BALANCE DEFERRED' SECTION SHOWS DEFERRED (FUTURE) RECOUPMENTS WHERE REFUNDS ARE DUE. THESE ARE NOT REFLECTED ON THIS REMITTANCE ADVICE.
A SEPERATE LETTER HAS BEEN SENT WITH FURTHER DETAILS AND OVERPAYMENT RECOVERY WILL COMMEMCE 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. 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.

CREDITS ADJICD CHARGE
CREDITS ADJ C

NEGATI VE BALANCE HI STORY:

PRI OR RECOUPMENT:

CURRENT RECOUPMENT:

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

NEGATI VE BALANCE DEFERRED:

	387. 08-	ALANCE DEFERRED	TOTAL NEGATI VE BALANCE DEFERREI			
14, 699. 00 15126680	98. 77- 12/31/99	2022034DT243898 06/04/21 2022034DT243898	363M99926	0. 2171874	SHEILAH 0.217187. PAULETTE 1945879 GEORGANNA 0.209037	10/24/23 KEEFER
13, 304. 00 12936090	45. 82- 12/31/99	20212230A186896 05/19/21 20212230A186896	359M54867	1945879		10/24/23 REI LLY
14, 328. 00 12482503	242. 49- 12/31/99	2021152EP429896 03/31/21 2021152EP429896	007M72156	0. 2090377		10/24/23 STEWART

RECOUPMENT NOTIFICATION

PAGE

TOTAL PRI OR RECOUPMENT
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