



Federal Employee Program.

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

10/18/23 3223884794

1018FP150126-004185

377

1018FP150126-004185

3359481051

PROVIDER ID NO

000001048740

TAX ID NO

XXXXX2508

DATE

10/18/23



#BWNCQXF
#591999998740/DF1# 630
MONITORING ASSOCIATES LLC
9811 W CHARLESTON BLVD
STE 2641
LAS VEGAS NV 89117-7528

PAY EXACTLY

*****554 DOLLARS AND 75 CENTS

DEPOSITED TO:

ABA # 124001545
ACC # XXXXX7975
EFT # 3223884794
ON 10/19/23

ACH DEPOSIT MADE - THIS IS NOT A CHECK

BCBS FEP

DATE 10/18/23

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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	554.75	NET AMOUNT DUE	554.75
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	554.75
NET AMOUNT DUE	554.75	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	

BCBS FEP

CHECK NUMBER

DATE

10/18/23

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PROFESSIONAL PROVIDER VOUCHER - CONTINUED



Federal Employee Program.

CHECK NO

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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	ROWLAND, MI CHELLE		ROWLAND, MI CHELLE J				R59543029		0. 2925369		23220P046980XA	09/21/2023
	MOCHI ZUKI KEVIN S AUD						1871679787					
03/13/2023	95941	2,760.00	2,650.05	0.00	0.00	0.00	0.00		0.00	629	0.00	109.95
		1										
03/13/2023	95939	3,814.00	3,673.25	0.00	0.00	0.00	0.00		0.00	629	0.00	140.75
	26	1										
03/13/2023	95822	1,755.00	1,658.56	0.00	0.00	0.00	0.00		0.00	629	0.00	96.44
	26	1										
03/13/2023	95938	3,107.00	3,053.51	0.00	0.00	0.00	0.00		0.00	629	0.00	53.49
	26	1										
03/13/2023	95861	1,614.00	1,459.88	0.00	0.00	0.00	0.00		0.00	629	0.00	154.12
	26	1										
03/13/2023	95861	1,614.00	1,614.00	0.00	0.00	0.00	0.00		0.00	619	0.00	0.00
	26 XU	1										
03/13/2023	95999	1,800.00	1,800.00	0.00	0.00	0.00	0.00		0.00	619	0.00	0.00
		1										
		16,464.00	15,909.25	0.00	0.00	0.00	0.00		0.00		0.00	554.75

TOTAL FOR: FEDERAL EMPLOYEE PROGRAM 554.75

TOTAL GROSS CLAIM AMOUNT MINUS ADJUSTED AMOUNT: 554.75

REASON CODES

629 SURPRISE BILLING - MEMBER PROTECTED FROM BALANCE BILLING

619 INCIDENTAL PROCEDURES NOT COVERED - SURPRISE BILLING NON PAR PROVIDER LIABLE