



Anthem Blue Cross and Blue Shield Healthcare Solutions is the trade name of Community Care Health Plan of Nevada, Inc., an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Anthem BCBS Healthcare Solutions
3075 VANDERCAR WAY
CINCINNATI, OH 45209

10/20/23 9022448370

1020AI 160955-006896000000

1020AI 160955-006896

PROVIDER ID NO
03095460

TAX ID NO
XXXXX2508

DATE
10/20/23



#BWNCQXF
#93/699045///DF1#
MONITORING ASSOCIATES LLC
DEPT 880256 PO BOX 29650
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

Anthem BCBS Healthcare Solutions

DATE 10/20/23

PROVIDER NAME	MONITORING ASSOCIATES LLC	
ADDRESS	DEPT 880256 PO BOX 29650 PHOENIX AZ 85038-9650	
PROVIDER-NPI IDS	03095460	- 1174916522
TAX ID NO	XXXXX2508	
CHECK NUMBER:	9022448370	

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



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MONI TORING ASSOCIATES, LLC
PROVIDER ID NO: 03095460

CHECK/EFT DT: 10/20/23
CHECK/EFT: 9022448370

BCBS HEALTHCARE SOL FC -

SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPLANSI CODE(S)	INSURED'S RESP AMOUNT	EXPLANSI CODE(S)	NET PAID
PATIENT NAME: BUTLER, NAHLA J													
PATIENT ACCOUNT #: 0.2878969				MEMBER ID: 717864380		STATE/ALT ID: 00001565346		RECEIVED DATE: 10/17/2023		DRG#: 10/17/2023		FOR INQUIRIES CALL: (800) 454-3730	
SERVICE PROVIDER NAME: MCAULIFFE, MATTHEW B.				CLAIM NUMBER: 256363114400		SERVICE PROVIDER ID: 1821388562		TOB: AUTH#:		EXP. CD:		APPEALS CODE: ANV	
01/31/23	01/31/23	9593926	1 21	3,814.00	0.00	0.00	0.00	0.00	3,814.00	TFO 29	0.00		0.00
01/31/23	01/31/23	9593826	1 21	3,107.00	0.00	0.00	0.00	0.00	3,107.00	TFO 29	0.00		0.00
01/31/23	01/31/23	9595526	1 21	1,755.00	0.00	0.00	0.00	0.00	1,755.00	TFO 29	0.00		0.00
01/31/23	01/31/23	9591326	1 21	1,224.00	0.00	0.00	0.00	0.00	1,224.00	TFO 29	0.00		0.00
01/31/23	01/31/23	9588626	2 21	5,944.00	0.00	0.00	0.00	0.00	5,944.00	TFO 29	0.00		0.00
01/31/23	01/31/23	XU	2 21	5,944.00	0.00	0.00	0.00	0.00	5,944.00	TFO 29	0.00		0.00
01/31/23	01/31/23	9588726	1 21	583.00	0.00	0.00	0.00	0.00	583.00	TFO 29	0.00		0.00
01/31/23	01/31/23	9588726	1 21	583.00	0.00	0.00	0.00	0.00	583.00	TFO 29	0.00		0.00
01/31/23	01/31/23	XU	5 21	9,000.00	0.00	0.00	0.00	0.00	9,000.00	TFO 29	0.00		0.00
TOTAL:				31,954.00	0.00	0.00	0.00	0.00	31,954.00	TFO 29	0.00		0.00
TOTAL NET PAID													

SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPLANSI CODE(S)	INSURED'S RESP AMOUNT	EXPLANSI CODE(S)	NET PAID
PATIENT NAME: BASKERVILLE, NOVA													
PATIENT ACCOUNT #: 0.2867956				MEMBER ID: 732560867		STATE/ALT ID: 00002870847		RECEIVED DATE: 10/16/2023		DRG#: 10/16/2023		FOR INQUIRIES CALL: (800) 454-3730	
SERVICE PROVIDER NAME: MCAULIFFE, MATTHEW B.				CLAIM NUMBER: 256267851100		SERVICE PROVIDER ID: 1821388562		TOB: AUTH#:		EXP. CD:		APPEALS CODE: ANV	
01/23/23	01/23/23	9593826	1 21	3,107.00	0.00	0.00	0.00	0.00	3,107.00	TFO 29	0.00		0.00
01/23/23	01/23/23	9595526	1 21	1,755.00	0.00	0.00	0.00	0.00	1,755.00	TFO 29	0.00		0.00
01/23/23	01/23/23	9586126	1 21	1,614.00	0.00	0.00	0.00	0.00	1,614.00	TFO 29	0.00		0.00
01/23/23	01/23/23	9586126	1 21	1,614.00	0.00	0.00	0.00	0.00	1,614.00	TFO 29	0.00		0.00
01/23/23	01/23/23	XU	1 21	1,800.00	0.00	0.00	0.00	0.00	1,800.00	TFO 29	0.00		0.00
TOTAL:				9,890.00	0.00	0.00	0.00	0.00	9,890.00	TFO 29	0.00		0.00
TOTAL NET PAID													

BCBS HEALTHCARE SOL MD -

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: BCBS HEALTHCARE SOL FC

0.00
0.00
0.00

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 03095460

CHECK/EFT DT: 10/20/23
CHECK/EFT: 9022448370

BCBS HEALTHCARE SOL MD -

SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: KONDI LES, HARRY														
PATIENT ACCOUNT#: 0. 2873975					MEMBER ID: 718506654					STATE/ALT ID: 00000183089				
SERVICE PROVIDER NAME: HSL, ANDREW C.					CLAIM NUMBER: 256363113700					TOB: 00000183089				
					SERVICE PROVIDER ID: 1881910255					AUTH#: 00000183089				
					DRG#: 10/17/2023					RECEIVED DATE: 10/17/2023				
					APPEALS CODE: ANV					FOR INQUIRIES CALL: (800) 454-3730				
01/26/23	01/26/23	9593826	1 21	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	TFO 29	0.00		0.00
01/26/23	01/26/23	9595526	1 21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	TFO 29	0.00		0.00
01/26/23	01/26/23	9590726	1 21	138.00	0.00	0.00	0.00	0.00	0.00	138.00	TFO 29	0.00		0.00
01/26/23	01/26/23	9588626	2 21	5,944.00	0.00	0.00	0.00	0.00	0.00	5,944.00	TFO 29	0.00		0.00
01/26/23	01/26/23	9588626	2 21	5,944.00	0.00	0.00	0.00	0.00	0.00	5,944.00	TFO 29	0.00		0.00
01/26/23	01/26/23	95999	4 21	7,200.00	0.00	0.00	0.00	0.00	0.00	7,200.00	TFO 29	0.00		0.00
TOTAL:				24,088.00	0.00	0.00	0.00	0.00	0.00	24,088.00		0.00		0.00
INTEREST														
TOTAL NET PAID														

SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: BURKE, JERI D														
PATIENT ACCOUNT#: 0. 2878681					MEMBER ID: 727271554					STATE/ALT ID: 00001704794				
SERVICE PROVIDER NAME: BURNS, JONATHAN D.					CLAIM NUMBER: 256359642800					TOB: 00001704794				
					SERVICE PROVIDER ID: 1184745465					AUTH#: 00001704794				
					DRG#: 10/17/2023					RECEIVED DATE: 10/17/2023				
					APPEALS CODE: ANV					FOR INQUIRIES CALL: (800) 454-3730				
01/31/23	01/31/23	9593826	1 22	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	TFO 29	0.00		0.00
01/31/23	01/31/23	9595526	1 22	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	TFO 29	0.00		0.00
01/31/23	01/31/23	9586126	1 22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	TFO 29	0.00		0.00
01/31/23	01/31/23	9586126	1 22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	TFO 29	0.00		0.00
01/31/23	01/31/23	9587026	1 22	1,166.00	0.00	0.00	0.00	0.00	0.00	1,166.00	TFO 29	0.00		0.00
01/31/23	01/31/23	9587026	1 22	1,166.00	0.00	0.00	0.00	0.00	0.00	1,166.00	TFO 29	0.00		0.00
01/31/23	01/31/23	95999	3 22	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	TFO 29	0.00		0.00
TOTAL:				15,822.00	0.00	0.00	0.00	0.00	0.00	15,822.00		0.00		0.00
INTEREST														
TOTAL NET PAID														

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: BCBS HEALTHCARE SOL MD 0.00
GROSS APPROVED CLAIM AMOUNT 0.00
TOTAL INTEREST 0.00
NET AMOUNT DUE 0.00



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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 03095460

CHECK/EFT DT: 10/20/23
CHECK/EFT: 902248370

BCBS HEALTHCARE SOL MD -

GENERAL INFORMATION

PAYEE ENDORSEMENT ACKNOWLEDGEMENT: "I UNDERSTAND THAT PAYMENT OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSIFICATION, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER FEDERAL AND STATE LAWS." (42 CFR 455.19)

EXPL CODES	EXPLANATION	GROUP CODE	CARC	RARC
TFO	This was not paid because it was not filed within the claim timely filing limit. If you disagree with our decision, and have documents to support the claim, the fastest and easiest way to dispute a claim is through Availity.com. Log onto Availity.com and use the Claims & Payments tab to access Claims Status. Find the claim, select the Dispute button, and attach supporting documentation. If the Dispute button function is not available, refer to your provider manual for additional information about how to file a claim dispute. THE TIME LIMIT FOR FILING HAS EXPIRED.	CO	29	
29				
APPEALS CODE	APPEALS			

ANV Payment Disputes-If you disagree with a claim determination, you may file a payment dispute in writing within that prescribed period mandated by the state which you do business. Your payment dispute should be directed to Anthem Blue Cross and Blue Shield Healthcare Solutions Payment Dispute Unit at P.O. Box 61599, Virginia Beach, VA 23466 or call 1-844-396-2330.