



Healthy Blue

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Heal thy Blue  
PO BOX 7368 / GA081W-0014  
COLUMBUS, GA 31908-7368

11/02/23 3225116561

1102AI 161155-016661000000

1102AI 161155-016661

3359874339

PROVIDER ID NO

11193283

TAX ID NO

XXXXX2508

DATE

11/02/23



#BWNCQXF  
#61/888067////DF4#  
MONITORING ASSOCIATES LLC  
PO BOX 29650 DEPT 880256  
PHOENIX AZ 85038-9650

PAY EXACTLY

\*\*\*\*\*123 DOLLARS AND 01 CENTS

DEPOSITED TO:

ABA # 124001545  
ACC # XXXXX7975  
EFT # 3225116561  
ON 11/03/23

ACH DEPOSIT MADE - THIS IS NOT A CHECK

Heal thy Blue

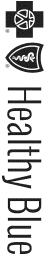
DATE 11/02/23

PROVIDER NAME	MONI TORING ASSOCI ATES LLC	
ADDRESS	PO BOX 29650 DEPT 880256 PHOENI X AZ 85038-9650	
PROVIDER-NPI IDS	11193283	- 1174916522
TAX ID NO	XXXXX2508	
CHECK NUMBER:		

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	123. 01	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	123. 01
NET AMOUNT DUE	123. 01	RECOUPMENT BALANCE	0. 00





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MONITORING ASSOCIATES, LLC  
PROVIDER ID NO: 11193283

CHECK/EFT DT: 11/02/23  
CHECK/EFT:

HEALTHY BLUE

SERVICE DATE(S)/ RULE TYPE	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: SMITH, ELIVANA F PATIENT ACCOUNT#: 0.2822831 SERVICE PROVIDER NAME: THOMAS, GEORGE P. MEMBER ID: 716542021 CLAIM NUMBER: 256890969300 SERVICE PROVIDER ID: 1912298423 STATE/ALT ID: 5685580170055 TOB: LAM336470 AUTH#: 10/26/2023 APPEALS CODE: ALA FOR INQUIRIES CALL: (800) 454-3730														
12/12/22	12/12/22	9590826	1	21	393.00	30.77	0.00	0.00	0.00	0.00	362.23	PXN 45	0.00	30.77
12/12/22	12/12/22	9588626	2	21	5,944.00	46.12	0.00	0.00	0.00	0.00	5,897.88	PXN 45	0.00	46.12
12/12/22	12/12/22	9588626	2	21	5,944.00	46.12	0.00	0.00	0.00	0.00	5,897.88	PXN 45	0.00	46.12
12/12/22	12/12/22	95999	2	21	3,600.00	0.00	0.00	0.00	0.00	0.00	3,600.00	YAA 252	0.00	0.00
TOTAL:					15,881.00	123.01	0.00	0.00	0.00	0.00	15,757.99		0.00	123.01
TOTAL NET PAID														123.01

TOTAL APPROVED AMOUNT 123.01  
TOTAL INTEREST 0.00  
TOTAL NET AMOUNT DUE: HEALTHY BLUE 123.01  
GROSS APPROVED CLAIM AMOUNT 123.01  
TOTAL INTEREST 0.00  
NET AMOUNT DUE 123.01

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)

FOR DETAIL EXPLANATION ON DENIED LINES WHERE RULE TYPE CODE IS POPULATED (BELOW THE SERVICE DATE), PLEASE GO TO [https://providers.healthisblue.com/Documents/LA\\_CAI\\_D\\_RP\\_EOP\\_PoI/cyCrosswalk.pdf](https://providers.healthisblue.com/Documents/LA_CAI_D_RP_EOP_PoI/cyCrosswalk.pdf) AND ENTER THE RULE TYPE CODE.

EXPL CODES	EXPLANATION	GROUP CODE	CARC	RARC
PXN	This was paid in accordance with your contracted or out of network rates. For additional information related to this amount, consult your contract.	CO	45	N381
YAA	Resubmit with invoice	CO	252	M23
45	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. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.			
252				
APPEALS CODE	APPEALS			

ALA 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 HEALTHY BLUE's Payment Dispute Unit at P.O. Box 61599, Virginia Beach, VA 23466 or call 1-844-521-6942.