

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

1011AI 030122-006049

PROVIDER ID NO 6004701507

TAX ID NO
XXXXX9794

DATE

10/11/23

#BWNCQXF #4899395297///DF3# M001 TCM HEALTHCARE LLC PO BOX 29650 DEPT 880396 PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/11/23

P. O. BOX 105187 ATLANTA, GA 30348-5187

PROVIDER NAME	TCM HEALTHCARE LLC
ADDRESS	PO BOX 29650
ADDRESS	DEPT 880396
	PHOENI X AZ 85038-9650
PROVIDER-NPI IDS	6004701507 - 1336746122
TAX ID NO	XXXXX9794
CHECK NUMBER:	9022096382

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

An independent licensee of the Blue Cross and Blue Shield Association

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.

® 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 TOM HEALTHCARE LLC registered trademark of Anthem Insurance Companies, Inc.

PROVIDER ID NO: 6004701507

CHECK/EFT DT: CHECK/EFT:

10/11/23 9022096382

ITS HOST PPO NATIONAL

	MA	APPEALS CODE:	N/A	DRG RCVD:	PLAN TYPE: PPO		/3294	URED:	RELATIONSHIP TO INSURED	REL	_ ⁷	OUT OF NETWORK	NETWORK: (
FOR INQUIRIES CALL: (866) 594-0521		2023	GOLOB, ROBERT 09/28/	PATIENT NAME: RECEIVED DATE:			11L129042956 2023272BL4902	3 =	INSURED'S ID CLAIM NUMBER		7	GOLOB, ROBERT O. 3071418 TCM HEALTHCABE III	
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	OVIDER RESP. AMOUNT	CO-INSURANCE CONTRACTUAL PROVIDER RESP	CO-INSURANCE (CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
0. 00												TOTAL NET PAID	
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0. 00		0.00	252	5, 225. 00 009	0. 00	0.00	0.00	0.00	0. 00	5, 225. 00	15	95822	09/19/2023 09/19/2023
0. 00		0.00		8, 970. 00 009	0. 00	0.00	0.00	0.00	0.00	8, 970. 00	15	95940	09/19/2023 09/19/2023
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	MA	APPEALS CODE:	:	EXPLCD:	? !		69753	ER ID: 1194269753	SERVICE PROVIDER ID	?	LC	TCM HEALTHCARE LLC	
(866) 594-0521		2023	09/.	RECEIVED DATE:			2023269EX9189		CLAIM NUMBER				
FOR INQUIRIES CALL:	FOR INQU	HEW	KI NG, MATTHEW	PATIENT NAME:			IPM118701585		INSURED'S ID			KING, MATTHEW	INSURED'S NAME: k
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	OVIDER RESP.	CONTRACTUAL PROVIDER RESP	CO-INSURANCE CON	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
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0. 00		0.00	252	9, 000. 00 009	0. 00	0.00	0.00	0.00	0.00	9, 000. 00	15	95999	07/26/2023 07/26/2023
0. 00		0.00	252		0. 00	0.00	0.00	0.00	0.00	4, 200. 00	15	95886 , XU	07/26/2023 07/26/2023
0. 00		0.00		200.00	0. 00	0.00	0.00	0.00	0.00	4, 200. 00	15	95886	07/26/2023 07/26/2023
0. 00		0.00		2, 400. 00 009	0. 00	0.00	0.00	0.00	0.00	2, 400. 00	15	95908	07/26/2023 07/26/2023
0. 00		0.00	252	300.00	0. 00	0.00	0.00	0.00	0.00	3, 300. 00	15	95929	07/26/2023 07/26/2023
0. 00		0.00	252	4, 516. 00 009	0. 00	0.00	0.00	0.00	0.00	4, 516. 00	15	95955	07/26/2023 07/26/2023
0. 00		0.00	252	3, 107. 00 009	0. 00	0.00	0.00	0.00	0.00	3, 107. 00	15	95938	07/26/2023 07/26/2023
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(000)	MA	ALS CODE:		EXPL CD:			73294	1	SERVICE PROVIDER ID		C	TCM HEALTHCARE LLC	
FOR INQUIRIES CALL: (866) 594-0521	FOR INQU	RODRI QUEZ, SANJUANI TA 09/28/2023	RODRI QUEZ,	PATIENT NAME:			1 SM107065977 202327281 4924		INSURED'S ID		NI TA	RODRI QUEZ, SANJUANI TA 0. 3085784	INSURED'S NAME: F
	CODE(S)	AMOUNT	CODE(S)	AMOUNI	DITTERENCE							CODES	
WHAT WE WILL PAY	EXPL/ANSI	RESPONSIBILITY	EXPL/ANSI	OVIDER RESP.	CO-INSURANCE CONTRACTUAL PROVIDER RESP	COLINGIIRANCE (CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	B 000	SERVICE	SERVICE DATE(S)
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07/13/2023 07/13/2023 95940

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	MA	APPEALS CODE: 1	CVD: N/A	DRG RCVD:	PIAN TYPE: PPO		3/498	IRFD: 1265/3/498	SERVICE PROVIDER ID:	RFID		OUT OF NETWORK	NETWORK: OF
(866) 594-0521				RECEIVED DATE			20232550J0501	<u>.</u>	CLAIM NUMBER		•	1977654	
FOR INQUIRIES CALL:	FOR INC	MBERLY	ME: SWALLOW, KIMBERLY	PATIENT NAME:			X0F832583889		INSURED'S ID:			SWALLOW, KI MBERLY	INSURED'S NAME: SI
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	PROVIDER RESF	CONTRACTUAL PROVIDER RESP	CO-INSURANCE	CO-PAY (DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
0. 00												TOTAL NET PAID	
0. 00											_		INTEREST
0. 00		0.00		37, 961. 00	0. 00	0.00	0.00	0.00	0.00	37, 961. 00	_	TOTAL:	
0. 00		0.00		36.00	0. 00	0. 00	0. 00	0. 00	0.00	36. 00	15	A4556	07/05/2023 07/05/2023
0. 00		0.00			0.00	0.00	0.00	0.00	0.00	120. 00	15	A4215	07/05/2023 07/05/2023
0. 00		0.00			0. 00	0.00	0. 00	0. 00	0.00	3, 600. 00	15		
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	3		CVD: N/A	O DRG RCVD:	PLAN TYPE: PPO		2070		RELATIONSHIP TO INSURED:	REL		OUT OF NETWORK	NETWORK: 01
(866) 594-0521		09/26/2023		RECEIVED DATE:			2023269EX9392	17	CLAIM NUMBER:		,	0. 3061288	
FOR INQUIRIES CALL:	FOR INC	YCE	SCHULTZ, JO	PATIENT NAME:			WPC20K209145	WP	INSURED'S ID:			SCHULTZ, JOYCE	
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	PROVIDER RESF	CONTRACTUAL PROVIDER RESP	CO-INSURANCE	CO-PAY (DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
0. 00												TOTAL NET PAID	
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o :		9 0	009 252	36.00	o :	9 5	9 9	9 .	0 0	36.00	Ü	A4556	0//13/2023 0//13/2023
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0. 00		0.00		5, 225. 00	0. 00	0.00	0.00	0. 00	0.00	5, 225. 00	15	95955	
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		- (CVD: N/A	D	PLAN TYPE: PPO		-	JRED:	RELATIONSHIP TO INSURED	RELY	-	OUT OF NETWORK	
	MA	APPEALS CODE:		EXPLCD:			3294		SERVICE PROVIDER ID:		,	TCM HEALTHCARE LLC	
FOR INQUIRIES CALL:	FOR IN	TRT	ATE: 09/28/2023	PATIENT NAME:			11 L129042956 202327281 4902		INSURED'S ID:			GOLOB, ROBERT	INSURED'S NAME: GO
	-												

SERVICE DATE(S)

SERVICE CODES

Pos

CHARGE

ALLOWED

DEDUCTIBLE

TCM HEALTHCARE LLC
PROVIDER ID NO: 6004701507 CHECK/EFT DT: CHECK/EFT: 10/11/23 9022096382

CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLYANSI RESPONSIBILITY

CODE(S)

AMOUNT

AMOUNT

EXPL/ANSI CODE(S)

WHAT WE WILL PAY

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 TOM HEALTHCARE LLC registered trademark of Anthem Insurance Companies, Inc.

PROVIDER ID NO: 6004701507

CHECK/EFT DT: CHECK/EFT:

10/11/23 9022096382

ITS HOST PPO NATIONAL

E CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLANSS 1844896574 8448966574 8448966674 844996674 844996674 844996674 844996674 844996674 84496674 844996674 844996674 844996674 844996674 844996674 84496674 8449	_	_		_		_	_	_	_	_	_	TOTAL NET PAID	INTEREST
CODES POS CHARGE ALLONED DEDUCTIBLE CO-PAY CO-INSURANCE DIFFERENCE PATIENT CONTROL RESPONDER RES		0.00		660.00	8	0.00	0.00	0.00	0. 00	30, 660. 00		TOTAL:	
CODES POS CHARGE ALLONED DEDUCTIBLE CC-PAY CO-MISURANCE COMPANCIJAL PROVIDER RESP. EXPLANSIS RESPONSIBILITY COMPANDITE CC-PAY CO-MISURANCE COMPANDITE CC-PAY CC-MISURANCE COMPANDITE CC-PAY CC-MISURANCE CC-PAY CC-PAY CC-MISURANCE CC-PAY CC-MISURANCE CC-PAY		0.00		_	0. 00	0. 00	0.00	0. 00	0.00	36. 00	15	A4556	08/01/2023 08/01/2023
CODES POS CHARGE ALLONED DEDUCTIBLE CO-PAY CO-INSURANCE COMPRACTIVAL PROVIDER RESP. EXPLANSIS RESPONSIBILITY CONTRICT CO-PAY CO-INSURANCE COMPRACTIVAL PROVIDER RESP. EXPLANSIS RESPONSIBILITY CONTRICT CO-INSURANCE COMPRACTIVAL PROVIDER RESP. EXPLANSIS RESPONSIBILITY CONTRICT CO-INSURANCE CO-INSURANCE COMPRACTIVAL PROVIDER RESP. CO-INSURANCE CO-INSURANCE COMPRACTIVAL PROVIDER RESP. CO-INSURANCE		0.00		170. 00		0.00	0.00	0.00	0.00	170. 00	15	A4215	08/01/2023 08/01/2023
SERVICE CODES CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTIAL PROVIDER RESP EXPLANSION RESPNANCIBLY CAPAL PROVIDER RESP EXPLANSION RESPNANCIBLY CAPAL PROVIDER RESP EXPLANSION CAPAL PROVIDER RESP CAPAL		0. 00		200.00		0.00	0.00	0.00	0.00	7, 200. 00	15	95999	08/01/2023 08/01/2023
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SERVICE COORS CHANGE ALLOWED DEDUCTIBLE CO-PAY CO-NISURANCE CONTRACTUAL ROYJOER RESP. EXPLANS RESPNASE MACOUNT CODES MACOUNT		0.00		139.00	0. 00	0.00	0.00	0.00	0.00	3, 139. 00	15	95861	08/01/2023 08/01/2023
SERVICE CODES CHANGE ALLOWED DEDUCTIBLE CO-PAY CO-NISURANCE CONTRACTUAL ROYJOER RESP. EXPLANS RESPINANCH CODES RESPINANCH COD		0.00		378.00	0. 00	0.00	0.00	0.00	0.00	1, 378. 00	15	95929	08/01/2023 08/01/2023
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SERVICE CODES CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTIVAL PROVIDER RESP. EXPLANSIS RESPONSIBILITY CODES		0.00		163.00	0.00	0.00	0.00	0.00	0.00	4, 163.00	Ü	95938	08/01/2023 08/01/2023
CODERS POS CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSUANCE CONTRACTIVAL PROVIDER RESP. EXPLANSIS RESPONSIBILITY EXPLORED NATE CONTRACTIVAL PROVIDER RESP. EXPLANSIBILITY EXPLORED NATE CONTRACTIVAL PROVIDER RESP. EXPLANSIBILITY EXPLORED NATE CONTRACTIVAL PROVIDER RESPONSIBILITY		0.00			0. 00	0. 00	0.00	0.00	0. 00	6, 210. 00	15	95940	08/01/2023 08/01/2023
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SERVICE POS CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTIVAL PROVIDER RESPONSIBILITY EXPLICATION CONTRACTIVAL PROVIDER RESPONSIBILITY CONTRACT			l		PLAN TYPE: PPO			JRED:	ATIONSHIP TO INS	REL		UT OF NETWORK	NETWORK: 0
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CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTIVAL PROVIDER RESP. EXPLANS RESPONSIBILITY CODE! MANORITY CODE! CO				RECEIVED DATE			3272EF5292	;	CLAIM NU		•		
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CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTIVAL PROVIDER RESP. EXPL/ANS RESPONSIBILITY CODE(S)			EXPL/ANSI CODE(S)	OVIDER RESP.	CONTRACTUAL PR	CO-INSURANCE	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
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CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLANSI INSUREITY EXPLANSI CODE(S) INSUREITY EXPLANSI INSUREITY EXPLANSI CODE(S) INSUREITY EXPLANSI CODE(S) INSUREITY EXPLANSI CODE(S) INSUREITY EXPLANSI		0.00				0.00	0.00	0.00	0.00	170. 00	15	A4215	05/24/2023 05/24/2023
POS CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLANSI INSURENT CODE(S) EXPLANSI CODE(S) EXPLANSI CODE(S) EXPLANSI CODE(S) EXPLANSI CODE(S) EXPLANSI		0.00		200.00	0. 00	0.00	0.00	0.00	0.00	7, 200. 00	15	95999	05/24/2023 05/24/2023
CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLANSI INSURED EXPLANSI CODE(S) RESPONSIBILITY RESPON		0.00			0. 00	0.00	0.00	0.00	0.00	5, 050. 00	15	_	
CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLANSI INSURED EXPLANSI CODE(S) CODE(S) CODE(S) CODE(S) CODE(S) CODE(S)		0.00		050.00	0. 00	0.00	0.00	0.00	0.00	5, 050. 00	15	95886	05/24/2023 05/24/2023
POS CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE COMTRACTUAL PROVIDER RESP. EXPLANSI INSUREUT EXPLANSI CODE(S) EXPLANSI EXPLANSI EXPLANSI CODE(S) EXPLANSI EXPLANSI EXPLANSI CODE(S) EXPLANSI		0.00			0. 00	0.00	0.00	0.00	0.00	515. 00	15	95910	
POS CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLANSI RESPUANSI EXPLANSI CODE(S) PATIENT NAME: KRETZ, MELI SSA AMOUNT CODE(S) MAOUNT CODE(S) PATIENT NAME: KRETZ, MELI SSA PATIENT NAME: PATIENT NAME: PATIENT NAME: PATIENT NAME: PATIENT NAME: RESPONSIBILITY PATIENT NAME: PATIENT NA		0.00		163.00	0. 00	0.00	0.00	0.00	0.00	4, 163. 00	15	95938	05/24/2023 05/24/2023
POS CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLANSI RESPUANSI CODE(S) EXPLANSI CODE(S) PATIENT NAME: KRETZ, MELI SSA AMOUNT CODE(S) MAOUNT CODE(S) FOR INQUISTRED: SERVICE PROVIDER ID: 1225773294 PLAN TYPE: PPO DRG RCVD: N/A		0.00			0. 00	0.00	0.00	0.00	0.00	5, 225. 00	15	95822	05/24/2023 05/24/2023
POS CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLANSI PROSVIBLITY CODE(S) INSURED'S ID: XOF844896574 COLAIM NUMBER: 2023/370,00445 PATIENT NAME: KRETZ, MELI SSA FOR INQUIT LLC SERVICE PROVIDER ID: 1225773294 PLAN TYPE: PPO DRG RCVD: N/A PATIENT NAME: KRETZ, MELI SSA FOR INQUIT RECEIVED DATE: 08/25/2023 EXPL. APPEALS CODE: MA PLAN TYPE: PPO DRG RCVD: N/A PLAN TYPE: PPO DRG RCVD: N/A		0.00		730. 00		0.00	0.00	0.00	0.00	11, 730. 00	15	95940	05/24/2023 05/24/2023
POS CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLIANSI PROVIDER RESP. EXPLIANSI PROVIDER RESP. EXPLIANSI PROVIDER RESPONSIBILITY CODE(S) INSURED'S ID: NOF844896574 PATIENT NAME: KRETZ, MELI SSA FOR INQUIS CLAIM NUMBER: 20232370,J0445 RECEIVED DATE: 08/25/2023 LLC SERVICE PROVIDER ID: 1225773294 PLAN TYPE: PPO DRG RCVD: N/A RELATIONSHIP TO INSURED: CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLANSI PROVIDER RESPONSIBILITY CODE(S) PATIENT NAME: KRETZ, MELI SSA RESPONSIBILITY CODE(S) POS CHARGE ALLOWED ODE(S) PATIENT NAME: KRETZ, MELI SSA POS INQUIS FOR INSURANCE PROVIDER RESP. EXPLANSI PATIENT NAME: KRETZ, MELI SSA POS INQUIS FOR INSURED'S ID: NOS INSURED: MACHINE PROVIDER RESP. EXPLANSIBILITY CODE(S) PATIENT NAME: KRETZ, MELI SSA POS INQUIS RECEIVED DATE: 08/25/2023 APPEALS CODE: MA				_							-		
POS CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLIANSI RESPONSIBILITY CODE(S) INSURED'S ID: XOF844896574 PATIENT NAME: KRETZ, MELI SSA CLAIM NUMBER: 20232370J0445 RECEIVED DATE: 08/25/2023 LLC SERVICE PROVIDER ID: 1225773294 EXPLCD: APPEALS CODE: MA					PLAN TYPE: PPO				ATIONSHIP TO INS	REL		UT OF NETWORK	NETWORK: 0
SERVICE POS CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLIANSI RESPONSIBILITY CODE(S) ME: KRETZ, MELI SSA INSURED'S ID: XOF844896574 OTHER COOPERS CLAIM NUMBER: 20232370J0445 CLAIM NUMBER: 20232370J0445 SERVICE CONTRACTUAL PROVIDER RESP. EXPLIANSI RESPONSIBILITY CODE(S) AMOUNT CODE(S) AMOUNT PATIENT NAME: KRETZ, MELI SSA PATIENT NAME: KRETZ, MELI SSA RECEIVED DATE: 08/25/2023	Α	APPEALS CODE: M/		EXPLCD			73294		SERVICE PROVID		C	CM HEALTHCARE LL	SERVICE PROVIDER NAME: T
SERVICE POS CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP. EXPLIANSI RESPONSIBILITY EXPLIANSI CODE(S) AMOUNT CODE(S)	FOR INQUI	1 SSA 25/2023	KRETZ,	RECEIVED DATE			4896574 3237QJ0445	č	CLAIM NUI			729897	PATIENT ACCOUNT#: 2
SERVICE POS CHARGE ALLOWED DEDUCTIBLE CO-PAY CO-INSURANCE DIFFERENCE AMOUNT CODE(S) RESPUANSI CODE(S) AMOUNT CODE(S) AMOUNT CODE(S)	70, 110			7								7111	
		ПТҮ	EXPL/ANSI CODE(S)	OVIDER RESP.	CONTRACTUAL PR	CO-INSURANCE	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	POS	SERVICE CODES	SERVICE DATE(S)

ITS HOST PPO NATIONAL

TCM HEALTHCARE LLC
PROVIDER ID NO: 6004701507

CHECK/EFT DT: CHECK/EFT: 10/11/23 9022096382

TOTAL INTEREST TOTAL NET AMOUNT DUE: ITS HOST PPO NATIONAL	TOTAL APPROVED AMOUNT	
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GROSS APPROVED CLAIM AMOUNT TOTAL INTEREST NET AMOUNT DUE

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	INTEREST		07/24/2023 07/24/2023	07/24/2023 07/24/2023	07/24/2023 07/24/2023	07/24/2023 07/24/2023	07/24/2023 07/24/2023	0//24/2023 0//24/2023	07/24/2023 07/24/2023	INSURED'S NAME: BARSI C, DAVE PATIENT ACCOUNT#: 0.3082956 SERVICE PROVIDER NAME: TCM HEALTHCARE NETWORK: OUT OF NETWORK	SERVICE DATE(S)		INTEREST		09/11/2023 09/11/2023	09/11/2023 09/11/2023	09/11/2023 09/11/2023	09/11/2023 09/11/2023	09/11/2023 09/11/2023	09/11/2023 09/11/2023	09/11/2023 09/11/2023		PATIENT ACCOUNT#: SERVICE PROVIDER NAME:		
TOTAL NET PAID		TOTAL:	3 95999	3 95886 , XU	3 95886	3 95908	3 95955			 BARSI C, DAVE O. 3082956 TCM HEALTHCARE LLC OUT OF NETWORK	SERVICE CODES	TOTAL NET PAID		TOTAL:	3 A4556	3 A4215	3 95999	3 95955	3 95938	3 95939	3 95940	NETWORK: OUT OF NETWORK	0.3135860 TCM HEALTHCARE LLC		CODES
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		27, 455. 00	5, 400. 00	5, 050. 00	5, 050. 00	497. 00	5, 225. 00	4, 163.00	2, 070. 00	RE	CHARGE		_	25, 611. 00	54. 00	140.00	5, 400. 00	5, 225. 00	4, 163. 00	6, 489. 00	4, 140. 00	RE			
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	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YSW970885066 2023272BL5766 1215629993	CO-PAY		_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		2023276EG7233 1265737498		
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	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	 09/28/2023 APPEALS CODE: MA	INSURED RESPONSIBILITY AMOUNT		_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0. 00		10/03/2023 APPEALS CODE: MA		AMOUNT
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0. 00	0. 00	0.00	0. 00	0. 00	0.00	0. 00	0. 00	0.00	0. 00	 FOR INQUIRIES CALL: (866) 594-0521	WHAT WE WILL PAY	0. 00	0.00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00		(866) 594-0521	211212	***************************************

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 TOM HEALTHCARE LLC registered trademark of Anthem Insurance Companies, Inc.
PROVIDER ID NO: 600

PROVIDER ID NO: 6004701507

CHECK/EFT DT:

10/11/23

ITS HOST PPO NATIONAL

EXPL CODES **EXPLANATION**

9

to access Claim Status. Find this claim and use the Send Attachments button to send submit the requested documentation, from Availity.com use the Claims & Payments tab made based upon the information available to us. For the quickest and easiest way to claim. If the requested information is not provided, a benefit determination will be This was denied because we have not received the requested information to process the the requested documentation.

AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE

APPEALS CODE

252

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Non-Contracted Medicare Provider Appeal - Medicare Advantage/Medicare Medicaid Plans

If a claim is partially or fully denied for payment, the non-contracted provider must request an appeal of the denial within 60 calendar days from the remittance notification. When submitting the appeal, a signed Waiver of Liability form must be included. To obtain this form, please go to https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Model-Waiver-of-Liability_Feb2019v508.zip. The purpose of the Waiver of Liability form is to hold the enrollee harmless regardless of the outcome of the appeal

clinical records and other documentation that supports the provider's argument for reimbursement. The appeal must be in writing and mailed. With the appeal, the non-contracted provider should include documentation such as a copy of the original claim, remittance notification showing the denial, and any

Please mail the appeal to this address:

Gri evances and Appeals

Mailstop: 0H0205-A537

4361 Irwin Simpson Rd

Mason, OH 45040-9398

Non-Contracted Medicare Provider Payment Disputes - Medicare Advantage/Medicare Medicaid Plans

A payment dispute is when you believe the amount we paid is different than what Original Medicare would have paid. If you disagree with the payment amount, you may file a non-contracted Medicare provider payment dispute in writing within 120 calendar days.

Your payment dispute should be sent to:

P. 0. Box 61599 Provider Payment Disputes

Virginia Beach, VA 23466-1599