



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

10/11/23 9022096229

1011AI 030122-005900000000

1011AI 030122-005900

PROVIDER ID NO
6002945442

TAX ID NO
XXXXX4972

DATE
10/11/23



#BWNCQXF
#5459397052///DF3# M001
NEUROMONITORING ASSOCIATE
PO BOX 29650 PMB 8800256
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	NEUROMONITORING ASSOCIATE		
ADDRESS	PO BOX 29650		
	PMB 8800256		
	PHOENIX AZ 85038-9650		
PROVIDER-NPI IDS	6002945442	-	1659765204
TAX ID NO	XXXXX4972		
CHECK NUMBER:	9022096229		

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

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



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NEUROMONI TORI NG ASSOCIATE
PROVIDER ID NO: 6002945442
CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022096229

ITS HOST PPO NATIONAL -

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLAN/INSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLAN/INSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: LARSEN, KIMBERLY													
PATIENT ACCOUNT #: 2011858													
INSURED'S ID: SGY000007401													
CLAIM NUMBER: 2023258KCD062													
SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE													
SERVICE PROVIDER ID: 1659765204													
RELATIONSHIP TO INSURED:													
PLAN TYPE: PPO													
PATIENT NAME: LARSEN, KIMBERLY													
RECEIVED DATE: 09/15/2023													
EXPL CD: APPEALS CODE: MA													
DRG RCD: N/A													
FOR INQUIRIES CALL: (866) 594-0521													

07/20/2021	07/20/2021	95955 , XU	21	5,225.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/20/2021	07/20/2021	95940	21	4,830.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/20/2021	07/20/2021	95938	21	4,163.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/20/2021	07/20/2021	95937	21	1,400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/20/2021	07/20/2021	95885 , 59	21	1,204.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/20/2021	07/20/2021	95887 , 59	21	602.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/20/2021	07/20/2021	95927 , 59	21	475.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/20/2021	07/20/2021	95907	21	393.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL:				18,292.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
INTEREST													0.00
TOTAL NET PAID													0.00

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: ITS HOST PPO NATIONAL 0.00
GROSS APPROVED CLAIM AMOUNT 0.00
TOTAL INTEREST 0.00
NET AMOUNT DUE 0.00

EXPL CODES

EXPLANATION

009 This was denied because we have not received the requested information to process the claim. If the requested information is not provided, a benefit determination will be made based upon the information available to us. For the quickest and easiest way to submit the requested documentation, from Availity.com use the Claims & Payments tab to access Claim Status. Find this claim and use the Send Attachments button to send the requested documentation.
252 AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.

APPEALS CODE

APPEALS

MA Non-Contracted Medicare Provider Appeal - Medicare Advantage/Medicare Medical 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.

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 clinical records and other documentation that supports the provider's argument for reimbursement. The appeal must be in writing and mailed.

Please mail the appeal to this address:

Grievances and Appeals

NEUROMONI TORI NG ASSOCI ATE
PROVI DER I D NO: 6002945442

CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022096229

Mail stop: OH0205-A537
4361 Irwin Simpson Rd.
Mason, OH 45040-9398

Non-Contracted Medi care Provi der Payment Di sputes - Medi care Advantage/Medi cal d Plans
A payment di spute is when you bel i eve the amount we pai d is di fferent than what Or-i gi nal Medi care woul d have pai d. I f you di sagree wi th the payment amount, you may fil e a non-contracted Medi care provi der payment di spute i n wri ti ng wi thi n 120 calendar days.

Your payment di spute shoul d be sent to:
Provi der Payment Di sputes
P. O. Box 61599
Virgi ni a Beach, VA 23466-1599