



ANTHEM INSURANCE COMPANIES, INC.
DBA ANTHEM BLUE CROSS AND BLUE SHIELD
3075 VANDERCAR WAY
CINCINNATI, OH 45209

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.

11/01/23 0313714689 1101AI 030107-074573



#BWNCQXF
#025416770///DF8# M001
TCM HEALTHCARE LLC
PO BOX 29650
DEPT 880396
PHOENIX AZ 85038-9650

ANTHEM INSURANCE COMPANIES, INC.

CHECK NUMBER 0313714689

DATE 11/01/23

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

PROVIDER NAME	TCM HEALTHCARE LLC
ADDRESS	PO BOX 29650 DEPT 880396 PHOENIX AZ 85038-9650
PROVIDER-NPI IDS	XXXXX9794 - 1336746122
TAX ID NO	XXXXX9794

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	368.30	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	368.30
NET AMOUNT DUE	368.30	RECOUPMENT BALANCE	0.00

DETACH CHECK AT PERFORATION BEFORE DEPOSITING



ANTHEM INSURANCE COMPANIES, INC.
DBA ANTHEM BLUE CROSS AND BLUE SHIELD
3075 VANDERCAR WAY
CINCINNATI, OH 45209

BANK OF AMERICA
ATLANTA, GEORGIA

1101AI 030107-074573

PROVIDER ID NO

XXXXXX9794

TAX ID NO

XXXXXX9794

DATE

11/01/23

CHECK NUMBER
0313714689

0064-1278/0611

3299777138

CHECK AMOUNT

\$*****368.30

*****THREE HUNDRED SIXTY-EIGHT 30/100 DOLLARS

TO THE ORDER OF:

TCM HEALTHCARE LLC
PO BOX 29650
DEPT 880396
PHOENIX AZ 85038-9650

VOID
ANTHEM INSURANCE COMPANIES, INC.

0313714689 061112788 3299777138

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

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® Registered Marks Blue Cross and Blue Shield Association



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TCM HEALTHCARE LLC
PROVIDER ID NO: 853229794

CHECK/EFT DT: 11/01/23
CHECK/EFT: 0313714689

PLEASE GO TO URL: enrolsafe.payeehub.org FOR ENROLLING INTO
ELECTRONIC FUNDS TRANSFER (EFT).

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.

ANTHEM HEALTHSYNC POS -

SERVICE DATE(S)	SERVICE CODES	POS	CHANGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: VANAT, JENNIFER													
PATIENT ACCOUNT#: 0.2794178				CLAIM NUMBER: 2023080DA9306		RECEIVED DATE: 03/21/2023		FOR INQUIRIES CALL: (877) 814-9709					
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC				SERVICE PROVIDER ID: 1225773294		EXPLCD: N/A							
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SUBSCRIBER		PLAN TYPE: POS		DRG RCVD: N/A					
11/17/2022	95940	15	4,140.00	156.90	0.00	0.00	78.45	0.00	0.00		4,061.55	067 2	015 45
11/17/2022	95822	15	4,516.00	81.09	0.00	0.00	40.55	0.00	0.00		4,475.46	067 2	015 45
11/17/2022	95938	15	3,107.00	219.28	0.00	0.00	109.64	0.00	0.00		2,997.36	067 2	015 45
11/17/2022	95861	15	2,400.00	34.85	0.00	0.00	17.43	0.00	0.00		2,382.58	067 2	015 45
11/17/2022	95861	15	2,400.00	0.00	0.00	0.00	0.00	0.00	2,400.00	777 119	0.00		0.00
11/17/2022	95999	15	5,400.00	244.50	0.00	0.00	122.25	0.00	0.00		5,277.75	067 2	015 45
11/17/2022	A4215	15	170.00	0.00	0.00	0.00	0.00	0.00	170.00	164 97	0.00		0.00
11/17/2022	A4556	15	36.00	0.00	0.00	0.00	0.00	0.00	36.00	164 97	0.00		0.00
TOTAL:				736.62	0.00	0.00	368.32	0.00	2,606.00		19,194.70		
INTEREST													
TOTAL NET PAID													

BLUE ACCESS PPO -

TOTAL APPROVED AMOUNT 368.30
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: ANTHEM HEALTHSYNC POS 368.30

TCM HEALTHCARE LLC
PROVIDER ID NO: 853229794
CHECK/EFT DT: 11/01/23
CHECK/EFT: 0313714689

BLUE ACCESS PPO

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: KNAPP, JEFFERY L PATIENT ACCOUNT#: 0. 3134269 SERVICE PROVIDER NAME: TCM HEALTHCARE LLC NETWORK: OUT OF NETWORK INSURED'S ID: M9PAN7423433 CLAIM NUMBER: 2023278ES9137 SERVICE PROVIDER ID: 1265737498 RELATIONSHIP TO INSURED: SPOUSE PATIENT NAME: KNAPP, JUDITH RECEIVED DATE: 10/05/2023 EXPL CD: N/A PLAN TYPE: PPO DRG RCVD: N/A FOR INQUIRIES CALL: (833) 392-2324													

09/08/2023	09/08/2023	09/08/2023	95940	15	6,210.00	0.00	0.00	0.00	0.00	0.00	6,210.00	164.97	0.00	038.1	015.45	0.00
09/08/2023	09/08/2023	09/08/2023	95938	15	4,163.00	219.28	0.00	0.00	0.00	0.00	0.00		4,163.00	038.1	015.45	0.00
09/08/2023	09/08/2023	09/08/2023	95955	15	5,225.00	93.33	0.00	0.00	0.00	0.00	0.00		5,225.00	038.1	015.45	0.00
09/08/2023	09/08/2023	09/08/2023	95908	15	393.00	50.07	0.00	0.00	0.00	0.00	0.00		393.00	038.1	015.45	0.00
09/08/2023	09/08/2023	09/08/2023	95886	15	5,050.00	69.76	0.00	0.00	0.00	0.00	0.00		5,050.00	038.1	015.45	0.00
09/08/2023	09/08/2023	09/08/2023	95886	15	5,050.00	69.76	0.00	0.00	0.00	0.00	0.00		5,050.00	038.1	015.45	0.00
09/08/2023	09/08/2023	09/08/2023	95999 , XU	15	7,200.00	0.00	0.00	0.00	0.00	0.00	0.00		7,200.00	015.45		0.00
09/08/2023	09/08/2023	09/08/2023	A4215	15	130.00	0.00	0.00	0.00	0.00	0.00	130.00	164.97	0.00			0.00
09/08/2023	09/08/2023	09/08/2023	A4556	15	60.00	0.00	0.00	0.00	0.00	0.00	60.00	164.97	0.00			0.00
09/08/2023	09/08/2023	09/08/2023	TOTAL:		33,481.00	502.20	502.20	0.00	0.00	0.00	6,400.00		27,081.00			0.00
INTEREST																0.00
TOTAL NET PAID																0.00

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: BLUE ACCESS PPO 0.00

I N HSA

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: KINOLA, BRIAN PATIENT ACCOUNT#: 0. 3134823 SERVICE PROVIDER NAME: TCM HEALTHCARE LLC NETWORK: OUT OF NETWORK INSURED'S ID: NI0AN1056412 CLAIM NUMBER: 2023278ES9158 SERVICE PROVIDER ID: 1720672595 RELATIONSHIP TO INSURED: SUBSCRIBER PATIENT NAME: KINOLA, BRIAN RECEIVED DATE: 10/05/2023 EXPL CD: N/A PLAN TYPE: PPO DRG RCVD: N/A FOR INQUIRIES CALL: (800) 228-2891													

09/08/2023	09/08/2023	09/08/2023	95940	15	13,110.00	0.00	0.00	0.00	0.00	0.00	13,110.00	164 97	0.00	038 1	015 45	0.00
09/08/2023	09/08/2023	09/08/2023	95939	15	6,489.00	302.75	0.00	0.00	0.00	0.00	0.00		6,489.00	038 1	015 45	0.00
09/08/2023	09/08/2023	09/08/2023	95938	15	4,163.00	219.28	0.00	0.00	0.00	0.00	0.00		4,163.00	038 1	015 45	0.00
09/08/2023	09/08/2023	09/08/2023	95955	15	5,225.00	93.33	0.00	0.00	0.00	0.00	0.00		5,225.00	038 1	015 45	0.00
09/08/2023	09/08/2023	09/08/2023	95861	15	3,139.00	34.85	0.00	0.00	0.00	0.00	0.00		3,139.00	038 1	015 45	0.00
09/08/2023	09/08/2023	09/08/2023	95861	15	3,139.00	0.00	0.00	0.00	0.00	0.00	0.00		3,139.00	038 1	015 45	0.00
09/08/2023	09/08/2023	09/08/2023	95868	15	2,904.00	32.73	0.00	0.00	0.00	0.00	0.00		2,904.00	038 1	015 45	0.00
09/08/2023	09/08/2023	09/08/2023	95868	15	2,904.00	0.00	0.00	0.00	0.00	0.00	0.00		2,904.00			0.00
09/08/2023	09/08/2023	09/08/2023	95999	15	7,200.00	0.00	0.00	0.00	0.00	0.00	0.00		7,200.00	015 45		0.00
09/08/2023	09/08/2023	09/08/2023	A4215	15	220.00	0.00	0.00	0.00	0.00	0.00	220.00	164 97	0.00			0.00
09/08/2023	09/08/2023	09/08/2023	A4556	15	36.00	0.00	0.00	0.00	0.00	0.00	36.00	164 97	0.00			0.00
TOTAL:					48,529.00	682.94			682.94			19,409.00	29,120.00			0.00



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TCM HEALTHCARE LLC
PROVIDER ID NO: 853229794

CHECK/EFT DT: 11/01/23
CHECK/EFT: 0313714689

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: KNIOLA, BRIAN													
PATIENT ACCOUNT#: 0.3134823				INSURED'S ID: NI0AN1055412				CLAIM NUMBER: 2023278ES9158				FOR INQUIRIES CALL: (800) 228-2891	
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC				SERVICE PROVIDER ID: 1720672595				RECEIVED DATE: 10/05/2023					
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SUBSCRIBER				EXPL CD: DRG RCD: N/A					
				PLAN TYPE: PPO									

TOTAL APPROVED AMOUNT	0.00
TOTAL INTEREST	0.00
TOTAL NET AMOUNT DUE: IN HSA	0.00
GROSS APPROVED CLAIM AMOUNT	368.30
TOTAL INTEREST	0.00
NET AMOUNT DUE	368.30

EXPL CODES

EXPLANATION

- 067

This amount was applied to the member's coinsurance. For the quickest and easiest way to check a member's benefits, from Availability.com use the Patient Registration tab to access Eligibility and Benefits Inquiry. The member is responsible for the unpaid amount.
- 015

This was processed, and as an out of network provider, the maximum amount has been paid. The remaining balance can be billed to the member only if it was non-emergent or was not authorized.
- 777

THE DOCTOR/FACILITY BILLED FOR THIS CARE MORE TIMES THAN OUR GUIDELINES ALLOW. THEREFORE, THE MEMBER'S PLAN DOESN'T PAY FOR IT. THE MEMBER MIGHT BE RESPONSIBLE FOR THIS AMOUNT IF THEY CHOSE TO RECEIVE CARE FROM A DOCTOR/FACILITY NOT IN THEIR PLAN'S NETWORK.
- 164

This was denied because it was covered as part of another service. Review our medical policies, located on our public website, for additional information about this medical procedure. As a reminder, the member is not responsible for the balance unless they chose to receive care from a doctor or facility not in their plan's network.
- 038

This amount was applied to the member's deductible. For the quickest and easiest way to check a member's benefits, from Availability.com use the Patient Registration tab to access Eligibility and Benefits Inquiry. The member is responsible for the unpaid amount.
- 2

COINSURANCE AMOUNT
- 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.
- 119

BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.
- 97

THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. USAGE: REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT, IF PRESENT.
- 1

DEDUCTIBLE AMOUNT

RECOUPMENT NOTIFICATION

PROVIDER: TCM HEALTHCARE LLC
PAYEE ID: 853229794
NEG BAL REF #: 11/01/23
DATE: 11/01/23
CHECK AMT: 368.30

THIS IS A DETAILED NOTIFICATION OF THE RECOUPMENT PROCESSED BY ANTHEM FOR OVERPAYMENTS MADE TO YOUR ACCOUNT AS INDICATED ON THE ENCLOSED REMITTANCE ADVICE.
THE "ORIGINAL NEGATIVE CLAIM NUMBER" COLUMN CONTAINS THE ORIGINAL CLAIM ID THAT CREATED THE NEGATIVE BALANCE. THE CORRESPONDING PRIOR AND CURRENT RECOUPMENT SECTIONS BELOW SHOW THE RECOUPMENT DETAILS FOR EACH ORIGINAL NEGATIVE CLAIM LISTED IN THE NEGATIVE BALANCE HISTORY.
THE "NEGATIVE BALANCE DEFERRED" SECTION SHOWS DEFERRED (FUTURE) RECOUPMENTS WHERE REFUNDS ARE DUE. THESE ARE NOT REFLECTED ON THIS REMITTANCE ADVICE.
A SEPARATE LETTER HAS BEEN SENT WITH FURTHER DETAILS AND OVERPAYMENT RECOVERY WILL COMMENCE FOLLOWING EXISTING PROCESSES IF A REFUND IS NOT RECEIVED.
IF YOU HAVE QUESTIONS REGARDING A RECOUPMENT, PLEASE CONTACT PROVIDER SERVICE AT NUMBER NOTED ON REMITTANCE ADVICE.

REMIT DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/ REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	CREDITS RECOVERED	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
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NEGATIVE BALANCE HISTORY:

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PRIOR RECOUPMENT:

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CURRENT RECOUPMENT:

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REMIT DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/ REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	EXPECTED RECOUP DATE	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
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NEGATIVE BALANCE DEFERRED:

10/31/23	KRAITZ	MI CHAEL	0.2913388	406M6935	2023117DY334498	03/01/23	2023117DY334498	1,599.09-	12/31/99	22,847.00	15524688
TOTAL NEGATIVE BALANCE DEFERRED							1,599.09-				

RECOUPMENT NOTIFICATION

PAGE 2

TOTAL PRIOR RECOUPMENT	0.00
TOTAL CURRENT RECOUPMENT	0.00
TOTAL OUTSTANDING NEGATIVE BAL.	0.00
TOTAL DEFERRED	1,599.09-
OUTSTANDING NEGATIVE BAL WITH DEFER	1,599.09-