

Ameri group I nsurance Company PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908-7368

1011AI 161355-019861

3359874354

Coverage is provided by Amerigroup Insurance Company.

PROVIDER ID NO 111193283

TAX ID NO
XXXXX2508

DATE 10/11/23

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

| The state of the

DEPOSITED TO:

ABA # 124001545 ACC # XXXXX7975 EFT # 3223289210 ON 10/12/23

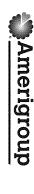
ACH DEPOSIT MADE - THIS IS NOT A CHECK

Ameri group Insurance Company

DATE 10/11/23

PAYMENT SUMMARY

THE REPORT OF THE PROPERTY OF			
GROSS APPROVED CLAIM AMOUNT	79. 27	> 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	79. 27
NET AMOUNT DUE	79. 27 💻 🗕 🗗	RECOUPMENT BALANCE	0.00



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HOUSTON MEDICARE

PROVIDER ID NO: 11193283 MONITORING ASSOCIATES LLC

CHECK/EFT DT: CHECK/EFT:

10/11/23

SERVICE DATE(S) SERVICE DATE(S) SERVICE/ CODE(S) SERVICE/ CODE(S) SERVICE/ CODE(S)	POS CHARGE	ALLOWED DEE	DEDUCTIBLE C	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	ТРР	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: MENDOZA, JUAN PATIENT ACCOUNT#: 0, 2836207		MEMBER ID: CLAIM NUMBER:	813W12525 2556109	55700	STATE/ALT ID: XXXXXG3TE70 TOB:		DRG#: RECEIVED DATE:	10/06/2023		FOR INQU	FOR INQUIRIES CALL: (844) 469-6822
SERVICE PROVIDER NAME: DE JESUS, MARIA A.	RIA A.	SERVICE PROVIDER ID:	13	6387	AUTH#:		EXPL CD:	APPEA	LS CODE: MA	GENERAL I	APPEALS CODE: MA GENERAL INFO CD: CM01
12/21/22 12/21/22 9593826 1	22 3, 107. 00	46.47	0. 00	9. 29	0. 00	0. 00	3, 061. 27 PXN 45	PXN 45	0.00		36. 44
								LS5 253			
12/21/22 12/21/22 9595526 1	1, 755. 00	54.62	0. 00	10. 92	0. 00	0. 00	1, 701. 25	PXN 45 LS5 253	0. 00		42. 83
TOTAL:	4, 862. 00	101.09	0. 00	20. 21	0. 00	0. 00	4, 762. 52		0.00		79. 27
TOTAL NET PAID	PAI D										79. 27

TOTAL INTEREST TOTAL APPROVED AMOUNT

TOTAL NET AMOUNT DUE: HOUSTON MEDICARE

GROSS APPROVED CLAIM AMOUNT TOTAL INTEREST

79. 27 0. 00 79. 27

79. 27 0. 00 79. 27

NET AMOUNT DUE

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)

CM01 - The plan is responsible for coordinating the processing of Medicare primary and secondary claims for its dual eligible members. Please note that any cost share applied will be processed by the plan according to the State's Medicaid COB guidelines. Due to processing time you may receive the secondary claim on this EOP or a subsequent EOP. Per CMS Medicare providers and suppliers may not bill beneficiaries enrolled in the Medicaid/QMB for Medicare cost-sharing.

EXPL CODES	EXPLANATION	GROUP CODE	CARC	RARC
PXN	This was paid in accordance with your contracted or out of network	CO	45	N381
	rates. For additional information related to this amount, consult your contract.			
LS5	This is a reduction in payment due to Federal Sequestration. For	СО	253	
	additional information related to this amount, consult Medicare.			
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.			
253	SEQUESTRATION - REDUCTION IN FEDERAL PAYMENT.			
APPEALS CODE	APPEALS			

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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

MONITORING ASSOCIATES LLC PROVIDER ID NO: 11193283 CHECK/EFT DT: CHECK/EFT: 10/11/23

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: Gri evances and Appeals Mailstop: OHO205-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: Provi der Payment Disputes

P. 0. Box 61599

Virginia Beach, VA 23466-1599