



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

10/25/23 9022575412

1025AI 030107-014984000000

1025AI 030107-014984

PROVIDER ID NO

000001048740

TAX ID NO

XXXXXX2508

DATE

10/25/23



#BWNCQXF
#591999998740/DF1# M001
MONITORING ASSOCIATES LLC
9811 W CHARLESTON BLVD STE 2641
LAS VEGAS NV 89117-7528

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/25/23

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

PROVIDER NAME MONITORING ASSOCIATES LLC
ADDRESS 9811 W CHARLESTON BLVD STE 2641
LAS VEGAS NV 89117-7528

PROVIDER-NPI IDS	000001048740 - 1174916522
TAX ID NO	XXXXXX2508
CHECK NUMBER:	9022575412

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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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 000001048740

CHECK/EFT DT: 10/25/23
CHECK/EFT: 9022575412

ANTHEM 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: STEPHENS, JENNI FER PATIENT ACCOUNT #: 0. 2634497 SERVICE PROVIDER NAME: MOCHI ZUKI, KEVIN S NETWORK: OUT OF NETWORK INSURED'S ID: YZD884M70022 CLAIM NUMBER: 2022337B60378 SERVICE PROVIDER ID: 1871679787 RELATIONSHIP TO INSURED: SUBSCRIBER PATIENT NAME: STEPHENS, JENNI FER RECEIVED DATE: 12/03/2022 EXPL CD: (833) 578-4441 PLAN TYPE: PPO DRG RCD: N/A													
07/13/2022	07/13/2022	22	2,760.00-	0.00	0.00	0.00	0.00	0.00	2,760.00-	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,755.00-	0.00	0.00	0.00	0.00	0.00	1,755.00-	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	3,107.00-	0.00	0.00	0.00	0.00	0.00	3,107.00-	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,614.00-	0.00	0.00	0.00	0.00	0.00	1,614.00-	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,614.00-	0.00	0.00	0.00	0.00	0.00	1,614.00-	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,502.00-	0.00	0.00	0.00	0.00	0.00	1,502.00-	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,502.00-	0.00	0.00	0.00	0.00	0.00	1,502.00-	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,310.00-	0.00	0.00	0.00	0.00	0.00	1,310.00-	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,310.00-	0.00	0.00	0.00	0.00	0.00	1,310.00-	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	5,400.00-	0.00	0.00	0.00	0.00	0.00	5,400.00-	AJR 234	0.00		0.00
TOTAL:			21,874.00-	0.00	0.00	0.00	0.00	0.00	21,874.00-		0.00		0.00
TOTAL NET PAID													0.00

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: STEPHENS, JENNI FER PATIENT ACCOUNT #: 0. 2634497 SERVICE PROVIDER NAME: MOCHI ZUKI, KEVIN S NETWORK: OUT OF NETWORK INSURED'S ID: YZD884M70022 CLAIM NUMBER: 2022337B60378 SERVICE PROVIDER ID: 1871679787 RELATIONSHIP TO INSURED: SUBSCRIBER PATIENT NAME: STEPHENS, JENNI FER RECEIVED DATE: 12/03/2022 EXPL CD: (833) 578-4441 PLAN TYPE: PPO DRG RCD: N/A													
07/13/2022	07/13/2022	22	2,760.00	0.00	0.00	0.00	0.00	0.00	2,760.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,502.00	0.00	0.00	0.00	0.00	0.00	1,502.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,502.00	0.00	0.00	0.00	0.00	0.00	1,502.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	22	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	AJR 234	0.00		0.00
TOTAL:			21,874.00	0.00	0.00	0.00	0.00	0.00	21,874.00		0.00		0.00
TOTAL NET PAID													0.00

IN BLUE CARD PPO -

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

CHECK/EFT DT: 10/25/23
CHECK/EFT: 9022575412

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[illegible]

SERVICE DATE(S)		SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: NEW, SHEI LA														
PATIENT ACCOUNT#: 0.2634865														
CLAIM NUMBER: 2022336DF9610														
SERVICE PROVIDER NAME: MOCHI ZUKI, KEVIN N S														
SERVICE PROVIDER ID: 1871679787														
RELATIONSHIP TO INSURED: SUBSCRIBER														
PLAN TYPE: PPO														
PATIENT NAME: NEW, SHEI LA														
RECEIVED DATE: 12/02/2022														
EXPL CD: N/A														
DRG RCVD: N/A														
(877) 812-9777														
FOR INQUIRIES CALL														
07/13/2022	07/13/2022	95941	22	2,760.00	0.00	0.00	0.00	0.00	0.00	2,760.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	95822	22	1,755.00	102.10	0.00	0.00	0.00	0.00	1,755.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	95938	22	3,107.00	89.56	0.00	0.00	0.00	0.00	3,107.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	95861	22	1,614.00	49.68	0.00	0.00	0.00	0.00	1,614.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	95861, XU	22	1,614.00	143.12	0.00	0.00	0.00	0.00	1,614.00	AJR 234	0.00		0.00
07/13/2022	07/13/2022	95865	22	1,502.00	0.00	0.00	0.00	0.00	0.00	1,502.00	AJR 234	0.00		0.00
					97.58									



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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 000001048740

CHECK/EFT DT: 10/25/23
CHECK/EFT: 9022575412

FOR INQUIRIES CALL:
(877) 812-9777

SERVICE DATE(S)	SERVICE CODES	POS	CHANGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANIS CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANIS CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: NEW, SHEILA				INSURED'S ID: F4R0526551LB				PATIENT NAME: NEW, SHEILA				FOR INQUIRIES CALL:	
PATIENT ACCOUNT #: 0.2634865				CLAIM NUMBER: 2022336DF9610				RECEIVED DATE: 12/02/2022					
SERVICE PROVIDER NAME: MOCHI ZUKI, KEVIN S				SERVICE PROVIDER ID: 1871679787				EXPL CD: N/A					
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SUBSCRIBER				PLAN TYPE: PPO					
07/13/2022	07/13/2022	07/13/2022	95865, XU	22	1,502.00	0.00	0.00	0.00	0.00	0.00	1,502.00	AJR 234	0.00
07/13/2022	07/13/2022	07/13/2022	95868, XU	22	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	AJR 234	0.00
07/13/2022	07/13/2022	07/13/2022	95868, XU	22	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	AJR 234	0.00
07/13/2022	07/13/2022	07/13/2022	95999	22	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	AJR 234	0.00
TOTAL:					21,874.00	0.00	0.00	0.00	0.00	0.00	21,874.00		0.00
INTEREST					0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
TOTAL NET PAID													

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: IN BLUE CARD PPO 0.00
GROSS APPROVED CLAIM AMOUNT 0.00
TOTAL INTEREST 0.00
NET AMOUNT DUE 0.00

EXPL CODES

EXPLANATION

AJR WE DENIED THIS CLAIM BECAUSE WE COVERED THE CARE AS PART OF ANOTHER SERVICE. THE MEMBER IS NOT RESPONSIBLE FOR THIS AMOUNT UNLESS THEY CHOSE TO RECEIVE CARE FROM A DOCTOR OR FACILITY NOT IN THEIR PLAN'S NETWORK.

234

THIS PROCEDURE IS NOT PAID SEPARATELY.

RECOUPMENT NOTIFICATION

PROVIDER: MONITORING ASSOCIATES LLC
PAYEE ID: 000001048740
NEG BAL REF #: 10/25/23
DATE: 10/25/23
CHECK AMT: 0.00

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:

10/24/23	KEEFER										
10/24/23	REILLY										
10/24/23	STEWART										
TOTAL NEGATIVE BALANCE DEFERRED							387.08-				

THIS IS NOT A BILL

PLEASE RETAIN FOR YOUR RECORDS. THIS IS THE ONLY COPY YOU WILL RECEIVE.

RECOUPMENT NOTIFICATION

PAGE 2

TOTAL PRIOR RECOUPMENT	0.00
TOTAL CURRENT RECOUPMENT	0.00
TOTAL OUTSTANDING NEGATIVE BAL.	0.00
TOTAL DEFERRED	387.08-
OUTSTANDING NEGATIVE BAL WITH DEFER	387.08-