



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

10/16/23 902225354

1016AI 030107-076213000000

1016AI 030107-076213

PROVIDER ID NO
271622508102

TAX ID NO
XXXXX2508

DATE
10/16/23



#BWNCQXF
#941278377102/DF9#
MONITORING ASSOCIATES LLC
DEPT 880256 PO BOX 29650
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE **10/16/23**

1222 S PATTERSON BLVD
DAYTON, OH 45402

ANTHEM.COM

| | | | |
|------------------|---|---|------------|
| PROVIDER NAME | MONITORING ASSOCIATES LLC | | |
| ADDRESS | DEPT 880256 PO BOX 29650 PHOENIX AZ 85038-9650 | | |
| PROVIDER-NPI IDS | 271622508102 | - | 1174916522 |
| TAX ID NO | XXXXX2508 | | |
| CHECK NUMBER: | 902225354 | | |

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 |

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)

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

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® Registered Marks Blue Cross and Blue Shield Association



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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 271622508102
CHECK/EFT DT: 10/16/23
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INDIANA MEDICARE WLP -

| SERVICE DATE(S) | SERVICE CODES | POS | CHARGE | ALLOWED | DEDUCTIBLE | CO-PAY | CO-INSURANCE | CONTRACTUAL DIFFERENCE | PROVIDER RESP. AMOUNT | EXPLAN/ CODE(S) | INSURED RESPONSIBILITY AMOUNT | EXPLAN/ CODE(S) | WHAT WE WILL PAY |
|---|---------------|-----|--------|---------------------------------|------------|----------------------------|--------------|--|-----------------------|-----------------|-------------------------------|-----------------|------------------|
| INSURED'S NAME: CARTER, BRIANNA J | | | | | | | | | | | | | |
| PATIENT ACCOUNT #: 0.2832674 | | | | INSURED'S ID: XPK303M63390 | | CLAIM NUMBER: 255676845600 | | FOR INQUIRIES CALL: (800) 676-2583 | | | | | |
| SERVICE PROVIDER NAME: UNGAR SARCON, JULIAN | | | | SERVICE PROVIDER ID: 1376642900 | | RECEIVED DATE: 10/06/2023 | | APPEALS CODE: MA GENERAL INFO CD: CM02 | | | | | |
| NETWORK: OUT OF NETWORK | | | | RELATIONSHIP TO INSURED: | | PLAN TYPE: | | | | | | | |

| | | | | | | | | | | | | | |
|----------------|------------|-------------|----|-----------|------|------|------|------|------|-----------|---------|------|------|
| 12/19/2022 | 12/19/2022 | 9593926 | 22 | 3,814.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,814.00 | M45 252 | 0.00 | 0.00 |
| 12/19/2022 | 12/19/2022 | 9593826 | 22 | 3,107.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,107.00 | M45 252 | 0.00 | 0.00 |
| 12/19/2022 | 12/19/2022 | 9595526 | 22 | 1,755.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,755.00 | M45 252 | 0.00 | 0.00 |
| 12/19/2022 | 12/19/2022 | 9586126 | 22 | 1,614.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,614.00 | M45 252 | 0.00 | 0.00 |
| 12/19/2022 | 12/19/2022 | 9586126 | 22 | 1,614.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,614.00 | M45 252 | 0.00 | 0.00 |
| 12/19/2022 | 12/19/2022 | 9586526 | 22 | 1,502.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,502.00 | M45 252 | 0.00 | 0.00 |
| 12/19/2022 | 12/19/2022 | 9586526 | 22 | 1,502.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,502.00 | M45 252 | 0.00 | 0.00 |
| 12/19/2022 | 12/19/2022 | 9586826, XU | 22 | 1,310.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,310.00 | M45 252 | 0.00 | 0.00 |
| 12/19/2022 | 12/19/2022 | 9586826, XU | 22 | 1,310.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,310.00 | M45 252 | 0.00 | 0.00 |
| 12/19/2022 | 12/19/2022 | 95999 | 22 | 7,200.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7,200.00 | M45 252 | 0.00 | 0.00 |
| TOTAL: | | | | 24,728.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 24,728.00 | | 0.00 | 0.00 |
| INTEREST | | | | | | | | | | | | | |
| TOTAL NET PAID | | | | | | | | | | | | | |

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: INDIANA MEDICARE WLP 0.00

GROSS APPROVED CLAIM AMOUNT 0.00
TOTAL INTEREST 0.00
NET AMOUNT DUE 0.00

CM02 - The member is eligible for both Medicare and Medicaid. Verify the member's secondary Medicaid coverage and send all claims for Medicare cost sharing to the State or the appropriate Medicaid MCO. Per CMS guidelines, Medicare providers and suppliers may not bill beneficiaries enrolled in the Medicaid/DMB program for Medicare cost-sharing.

| EXPL CODES | EXPLANATION |
|---|-----------------------------------|
| M45 252 | Submit medical records for review |
| AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. | |

| APPEALS CODE | APPEALS |
|---|--|
| MA | Non-Contracted Medical Provider Appeal - Medicare Advantage/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/Medicaid/appeals-notifications 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

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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
Mailstop: OH0205-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:

Provider Payment Disputes
P.O. Box 61599
Virginia Beach, VA 23466-1599