

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

1018AI 030107-015238

PROVIDER ID NO

000001048740

TAX ID NO

DATE

XXXXX2508 10/18/23

||...|.|.||...||.||...||...||...||...||...||| #BWNCQXF #591999998740/DF1# MONITORING ASSOCIATES LLC PO BOX 29650 DEPT 880256

PHOENIX AZ 85038-9650

## ZERO AMOUNT -- THIS IS NOT A CHECK

CHECK NUMBER

ANTHEM INSURANCE COMPANIES, INC.

1222 S PATTERSON BLVD DAYTON, OH 45402

ANTHEM. COM

DATE 10/18/23

PROVIDER NAME MONI TORI NG ASSOCI ATES LLC
PO BOX 29650 DEPT 880256
PHOENI X AZ 85038-9650

PROVIDER-NPI IDS 000001048740 - 1174916522
TAX ID NO XXXXX2508

9022331257

## 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.

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

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.

® Registered Marks Blue Cross and Blue Shield Association

Anthem. 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 MONI TORI NG ASSOCIATES LLC registered trademark of Anthem Insurance Companies, Inc.
PROVI DER 1D NO: 000001048740

CHECK/EFT DT: CHECK/EFT:

10/18/23 9022331257

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		0.00		0	24, 056. 00	0. 00	0.00	0.00	0.00	0. 00	24, 056. 00	N	TOTAL:	
		0.00			7, 200. 00	0. 00	0. 00	0. 00	0.00	0.00	7, 200. 00	22		01/17/2023
		0.00			1, 166. 00	0. 00	0. 00	0.00	0.00	0. 00	1, 166. 00			01/17/2023
		0.00		00 Z33	1, 166.00	0. 00	0.00	0.00	0.00	0.00	1, 166. 00			01/17/2023 01/17/2023 95
		0.00	3 226	00 Z33	1, 310. 00	0. 00	0.00	0.00	0.00	0.00	1, 310. 00		9586826, XU 2	01/17/2023
		0.00	3 226	00 Z33	1, 310.00	0. 00	0.00	0.00	0.00	0. 00	1, 310. 00		9586826	01/17/2023 01/17/2023 95
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					.1	PLAN TYPE:			<b>E</b>	RELATIONSHIP TO INSURED	RELAT		OF NETWORK	NETWORK: OUT OF NETWORK
(011)		100		EXPL CD:	(i)			79019	10	SERVICE PROVIDER ID	•		NATH, AUDREY R.	
FOR INQUIRIES CALL:	FOR	R, STEPHEN L	HEBERER, STEPHEN L	NAME	PATIENT NAME:			YRK105250472599		INSURED'S ID			HEBERER, STEPHEN L	INSURED'S NAME: HEBE
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	ESP	PROVIDER R AMOUNT	CO-INSURANCE CONTRACTUAL PROVIDER RESP	CO-INSURANCE	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	S	SERVICE POS	SERVICE DATE(S)
													TOTAL NET PAID	
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		0.00				0. 00	0.00	0.00	0.00	0. 00	24, 728. 00			
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		0.00			1, 502. 00	0. 00	0.00	0.00	0.00	0.00	1, 502. 00	21	ž	01/17/2023
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		0.00			1, 614. 00	0. 00	0.00	0.00	0.00	0.00	1, 614. 00		č	01/17/2023
		0. 00			1, 614. 00	0.00	0.00	0.00	0.00	0.00	1, 614. 00	<u>-13</u>		01/17/2023
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-		-		- r		PLAN TYPE:	_		RED:	RELATIONSHIP TO INSURED:	RELAT	-	OF NETWORK	NETWORK: OUT OF NETWORK
FOR INQUIRIES CALL: (844) 533-1995	FOR	M, TANIA A 10/13/2023	WOODRUM, TANIA A 10/13/202:	NAME:	PATIENT NAME: RECEIVED DATE:			YRK100379354299 256109175400		INSURED'S ID: CLAIM NUMBER:	•		WOODRUM, TANIA A O. 2862315 NATH ALIDBEY B	INSURED'S NAME: WOOD PATIENT ACCOUNT#: 0.28
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	ESP.	PROVIDER R	CO-INSURANCE CONTRACTUAL PROVIDER RESP AMOUNT	CO-INSURANCE	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE		SERVICE POS	SERVICE DATE(S)
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INDIANA HIP 2.0

	OVIDER ID N
	NO: 000001048740
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9022	10/1

SERVICE DATE(S)	SERVICE CODES	Pos	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE CONT	CONTRACTUAL DIFFERENCE	TRACTUAL PROVIDER RESP. FERENCE AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: VALENTIN PATIENT ACCOUNT#: 0.2863982 SERVICE PROVIDER NAME: THOMAS G	INSURED'S NAME: VALENTIN SANTIA, DAWIN FIENT ACCOUNT#: 0.2863982 PROVIDER NAME: THOMAS GEORGE D	A IWA		INSURED'S ID: CLAIM NUMBER: SERVICE PROVIDER ID:		YRK120279594299 256124202600 1912298423			PATIENT NAME: RECEIVED DATE: FXPI CD:		VALENTI N. SANTI A, DAWI N. 10/13/2023	FOR INC	FOR INQUIRIES CALL: (844) 533-1995
SERVICE PROVIDER NAME: THOMAS, GEORGE P. NETWORK: OUT OF NETWORK	DER NAME: THOMAS, GEORGE P. NETWORK: OUT OF NETWORK		REL	SERVICE PROVIDER ID: RELATIONSHIP TO INSURED:		1912298423		PLAN TYPE:	EXPL CD:				
01/18/2023 01/18/2023 9593826	9593826	21	3, 107. 00	0. 00	0. 00	0.00	0.00	0. 00	3, 107. 00 Z33	3 226	0.00		0. 00
01/18/2023 01/18/2023 9595526	9595526	21	1, 755. 00	0.00	0.00	0.00	0.00	0. 00	1, 755. 00 Z33	3 226	0. 00		0. 00
01/18/2023 01/18/2023 9590826	9590826	21	437. 00	0.00	0.00	0.00	0.00	0. 00	437. 00 Z33	3 226	0.00		0. 00
01/18/2023 01/18/2023	9588626	21	2, 972. 00	0.00	0.00	0.00	0.00	0. 00	2, 972. 00 Z33	3 226	0.00		0. 00
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01/18/2023 01/18/2023	95999	21	5, 400. 00	0.00	0.00	0.00	0.00	0. 00	5, 400. 00 Z33	3 226	0.00		0. 00
	TOTAL:		16, 643. 00	0. 00	0.00	0.00	0. 00	0. 00	16, 643. 00		0.00		0.00
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0. 00												TOTAL NET PAID	
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0. 00		0.00	5 252	1, 755.00 M45	0. 00	0.00	0.00	0.00	0.00	1, 755. 00	21	9595526	01/06/2023 01/06/2023
0. 00		0.00	5 252	3, 107. 00 M45	0. 00	0.00	0.00	0.00	0.00	3, 107. 00	21	9593826	01/06/2023 01/06/2023 9593826
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FOR INQUIRIES CALL: (800) 676-2583		GARY A 10/09/2023 APPEALS CODE: MA	BLOCK, GARY A 10/09/:	PATIENT NAME: RECEIVED DATE: EXPL CD:	PLAN TYPE:		VOK340W06691 255794740000 1912298423	19 VO	INSURED'S ID: CLAIM NUMBER: SERVICE PROVIDER ID: RELATIONSHIP TO INSURED:	REL		ID'S NAME: BLOCK, GARY A NCCOUNT#: 0. 2850754 DER NAME: THOMAS, GEORGE P. NETWORK: OUT OF NETWORK	INSURED'S NAME: BLOCK, GARY A PATIENT ACCOUNT#: 0. 2850754 SERVICE PROVIDER NAME: THOMAS, GEORGE P. NETWORK: OUT OF NETWORK
WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	OVIDER RESP. AMOUNT	TRACTUAL PROFERENCE	CO-INSURANCE CON	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
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PROVIDER ID NO: 000001048740

CHECK/EFT DT: CHECK/EFT:

10/18/23 9022331257

I NDI ANA MEDI CARE WLP

12/30/2022 12/30/2020 12/30/2020 12/30/2020 12/30/2020 12/30/2020 12/30/2020 12/30/2020 12/30/2020 12/20/2020 12/20/2020 12/20000 12/20000000000	XX E # E	SERVICE DATE(S)		INTEREST   1	12/16/2022 12/16/2022	12/16/2022	12/16/2022	12/16/2022 12/16/2022	NETWORK: OUT OF NETWORK	INSURED'S NAME: SCH PATIENT ACCOUNT#: 0.2 SERVICE PROVIDER NAME: NAT	1		NTEREST	12/14/2022 12/14/2022	12/14/2022	12/14/2022 12/14/2022 9	12/14/2022	12/14/2022	12/14/2022 12/14/2022	SERVICE PROVIDER NAME: THOMAS, GEORGE NETWORK: OUT OF NETWORK		
9593926 9593826 9595526 9590826	CODES  ALEXANDER, PATRI CI A 0. 2844637 THOMAS, GEORGE P. OUT OF NETWORK	SERVICE	TOTAL NET PAID	готаL:	95999	9586526	9595526	9593826	T OF NETWORK	SCHEFFER, PATRICIA O. 2830033 NATH, AUDREY R.	SERVICE CODES	TOTAL NET PAID	TOTAL:	95999	9588626, XU	9588626	9595526	9593826	9593926	THOMAS, GEORGE P. OUT OF NETWORK	BASHAM, JUANITA K O. 2826240	CODES
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3, 107. 00 3, 814. 00 1, 755. 00 437. 00		CHARGE	-	11, 466. 00	3, 600. 00	1, 502. 00	1, 755. 00	3, 107. 00	REL		CHARGE		22, 257. 00	7, 200. 00	2, 972. 00	2, 972. 00	1, 755. 00	3, 107. 00	3, 814. 00	REC		
0. 00 0. 00 0. 00	INSURED'S ID.  CLAIM NUMBER.  SERVICE PROVIDER ID.  RELATIONSHIP TO INSURED.	ALLOWED		0. 00	0.00	0. 00	0.00	0. 00	RELATIONSHIP TO INSURED	INSURED'S ID: CLAIM NUMBER: SERVICE PROVIDER ID:	ALLOWED		0. 00	0. 00	0. 00	0.00	0.00	0.00	0. 00	SERVICE PROVIDER ID RELATIONSHIP TO INSURED	INSURED'S ID: CLAIM NUMBER:	
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o. o. o. o. oo	DIFFERENCE PLAN TYPE:	CONTRACTUAL		0. 00	0.00	0.00	0. 00	0. 00	PLAN TYPE:		CONTRACTUAL DIFFERENCE		0. 00	0. 00	0. 00	0.00	0 0	0. 00	0. 00	PLAN TYPE:		
3, 107.00 3, 814.00 1, 755.00 437.00	AMOUNT  PATIENT NAME: RECEIVED DATE: EXPL CD:	RACTUAL PROVIDER RESP.		11, 466. 00	3, 600. 00			3, 107. 00		PATIENT NAME: RECEIVED DATE: EXPL CD:	RACTUAL PROVIDER RESP. ERENCE AMOUNT		22, 257. 00	7, 200. 00		972.00				EXPLCD	PATIENT NAME: RECEIVED DATE:	
M45 252 M45 252 M45 252 M45 252	ME CD.	EXPL/ANSI			M45 252			M45 252			EXPL/ANSI CODE(S)			M45 252		M45 252				CD:	BASHAM	2007(4)
0. 00 0. 00 0. 00	CODE(S)  RESPONSIBILITY AMOUNT AMOUNT ALEXANDER, PATRICIA A 10/09/2023 APPEALS CODE: MA	INSURED RESPONSIBILITY	<u>-</u>	0.00	0.00	0.00	0.00	0. 00		SCHEFFER, PATRI CI A D 10/04/2023 APPEALS CODE:	INSURED RESPONSIBILITY AMOUNT		0.00	0.00	0.00	0.00	0.00	0.00	0. 00	APPEALS CODE: MA	, JUANI TA K 10/03/2023	AMOUNI
	CODE	EXPL/ANSI	•							MA	EXPL/ANSI CODE(S)									E: MA	FOR IN	2007(4)
0. 00 0. 00 0. 00	E(S) WITH WE WILL PA FOR INQUIRIES CALL: (800) 676-2583	WHAT WE WILL PAY	0. 00	0.00	0.00	0. 00	0.00	0. 00		FOR INQUIRIES CALL: (800) 676-2583	WHAT WE WILL PAY	0. 00	0 0 0	0. 00	0. 00	0.00	0 0 0	0.00	0. 00	-(	FOR INQUIRIES CALL: (800) 676-2583	

MONITORING ASSOCIATES LLC

PROVIDER ID NO: 000001048740

CHECK/EFT DT: CHECK/EFT:

9022331257 10/18/23

SERVICE DATE(S)	SERVICE CODES	Pos	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-PAY CO-INSURANCE CONTRACTUAL PROVIDER RESP.	CONTRACTUAL F	PROVIDER RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: ALEXANDER PATIENT ACCOUNT#: 0.2844637	INSURED'S NAME: ALEXANDER, PATRICIA A FIENT ACCOUNT#: 0.2844637	Α		INSURED'S ID: CLAIM NUMBER:	INSURED'S ID: XPF995W08472 _AIM NUMBER: 255793008000	W08472 008000			PATIENT NAME: RECEIVED DATE:	: ALEXANDER, PATRICIA A : 10/09/2023	PATRICIA A	FOR INC	FOR INQUIRIES CALL: (800) 676-2583
SERVICE PROVIDER NAME: THOMAS, GEORGE P. NETWORK: OUT OF NETWORK	DER NAME: THOMAS, GEORGE P. NETWORK: OUT OF NETWORK		R	SERVICE PROVIDER ID: 1912298423 RELATIONSHIP TO INSURED:	ER ID: 191229 JRED:	8423		PLAN TYPE:	EXPL CD:		APPEALS CODE: MA		
12/30/2022 12/30/2022 9588626	9588626	22	2, 972. 00	0.00	0.00	0.00	0.00	0. 00	2, 972. 00 M45 252	5 252	0.00		0. 00
12/30/2022 12/30/2022 9588626, XU	9588626, XU	22	2, 972. 00	0. 00	0.00	0.00	0.00	0. 00	2, 972. 00 M45 252	5 252	0.00		0. 00
12/30/2022 12/30/2022 95999	95999	22	7, 200. 00	0. 00	0.00	0.00	0.00	0. 00	7, 200. 00 M45 252	5 252	0.00		0. 00
	TOTAL:		22, 257. 00	0. 00	0.00	0.00	0.00	0. 00	22, 257. 00		0.00		0. 00
NTEREST													0. 00
	TOTAL NET PAID												0. 00

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GROSS APPROVED CLAIM AMOUNT TOTAL INTEREST NET AMOUNT DUE	TOTAL APPROVED AMOUNT TOTAL INTEREST TOTAL NET AMOUNT DUE: INDIANA MEDICARE WLP
0. 00	0. 00
0. 00	0. 00
0. 00	0. 00

## EXPL CODES **EXPLANATION**

Z33

This was denied because the billing provider NPI is not registered with the state. If you disagree with our decision, and have documents to support the claim, the fastest and easiest way to dispute a claim INFORMATION REQUESTED FROM THE BILLING/RENDERING PROVIDER WAS NOT PROVIDED Submit medical records for review button function is not available, refer to your provider manual for OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE. reminder, the member is not responsible for the unpaid amount. additional information about how to file a claims dispute. As a Dispute button, and attach supporting documentation. If the Dispute Payments tab to access Claims Status. Find the claim, select the is through Availity.com. Log onto Availity.com and use the Claims &

## APPEALS CODE **APPEALS**

252 M45 226

M

Non-Contracted Medicare Provider Appeal - Medicare Advantage/Medicare Medicaid Plans

AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE

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 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/Appealsthe outcome of the appeal

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

Please mail the appeal to this address:

Mason, OH 45040-9398 Mailstop: 0H0205-A537 Gri evances and Appeals 4361 Irwin Simpson Rd

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:

Anthem. 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 MONI TORI NG ASSOCIATES LLC registered trademark of Anthem Insurance Companies, Inc.
PROVI DER 1D NO: 000001048740

CHECK/EFT DT: CHECK/EFT:

10/18/23 9022331257

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

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## RECOUPMENT NOTIFICATION

PROVIDER: PAYEE ID: CHECK AMT: 000001048740 MONITORING ASSOCIATES LLC

10/18/23 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 'NEGATIVE BALANCE DEFERRED' SECTION SHOWS DEFERRED (FUTURE) RECOUPMENTS WHERE REFUNDS ARE DUE. THESE ARE NOT REFLECTED ON THIS REMITTANCE ADVICE.
A SEPERATE LETTER HAS BEEN SENT WITH FURTHER DETAILS AND OVERPAYMENT RECOVERY WILL COMMEMCE 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. 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.

REMIT.	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/	DATE OF	CLAIM NUMBER/ DATE OF ORIGINAL NEGATIVE	CLAIM AMOUNT	CREDITS ADJ CD	ADJCD	CHARGE	RECOVERY
DATE				REFUND ID	SERVICE	SERVICE CLAIM NUMBER		RECOVERED		AMT	LETTER ID
1000	NECOTIVE DALANCE III CTORY										

NEGATI VE BALANCE HI STORY:

PRI OR RECOUPMENT:

CURRENT RECOUPMENT:

REMIT		PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/	DATE OF	CLAIM NUMBER/ DATE OF ORIGINAL NEGATIVE	CLAIM AMOUNT EXPECTED ADJ CD	ADJ CD	CHARGE	RECOVERY	
DATE	H				REFUND ID	SERVICE	SERVICE CLAIM NUMBER	RECOUP DAT	m	AMT	LETTER ID	
		NITO ATT 101 101 101 101 101 101 101 101 101 1										

NEGATI VE BALANCE DEFERRED:

	387.08-	LANCE DEFERRED	TOTAL NEGATI VE BALANCE DEFERREI			
14, 699. 00 15126680	98. 77- 12/31/99	2022034DT243898 06/04/21 2022034DT243898	363M99926	0. 2171874	SHEILAH 0.217187. PAULETTE 1945879 GEORGANNA 0.209037	10/17/23 KEEFER
13, 304. 00 12936090	45. 82- 12/31/99	2021223QA186896 05/19/21 2021223QA186896	359M54867	1945879		10/17/23 REI LLY
14, 328. 00 12482503	242. 49- 12/31/99	2021152EP429896 03/31/21 2021152EP429896	007M72156	0. 2090377		10/17/23 STEWART

# RECOUPMENT NOTIFICATION

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TOTAL PRI OR RECOUPMENT
TOTAL CURRENT RECOUPMENT
TOTAL OUTSTANDI NG NEGATI VE BAL
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