



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

10/17/23 3223771844

1017AI 030107-025146000000

1017AI 030107-025146

3299777138

PROVIDER ID NO

000001048740

TAX ID NO

XXXXXX2508

DATE

10/17/23



#BWNCQXF  
#591999998740/DF1#  
MONITORING ASSOCIATES LLC  
PO BOX 29650 DEPT 880256  
PHOENIX AZ 85038-9650

PAY EXACTLY

XXXXX1138 DOLLARS AND 30 CENTS

DEPOSITED TO:

ABA # 124001545  
ACC # XXXXX7975  
EFT # 3223771844  
ON 10/18/23

ACH DEPOSIT MADE - THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/17/23

1222 S PATTERSON BLVD  
DAYTON, OH 45402

ANTHEM.COM

PROVIDER NAME MONITORING ASSOCIATES LLC  
ADDRESS PO BOX 29650 DEPT 880256  
PHOENIX AZ 85038-9650

PROVIDER-NPI IDS 000001048740 - 1174916522  
TAX ID NO XXXXX2508  
CHECK NUMBER:

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	1,138.30	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	1,138.30
NET AMOUNT DUE	1,138.30	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.

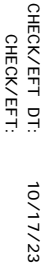
Health Insurance fraud often involves the collection of fees for services never rendered, the payment of claims filed on ineligible patients, and claims filed for services different than those actually received. If after reviewing this Explanation of Benefits, you believe that medical insurance fraud 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

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® Registered Marks Blue Cross and Blue Shield Association



INSURED'S NAME: LI NDSEY, AARON										INSURED'S ID: YRK120612747299		PATIENT NAME: LI NDSEY, AARON		FOR INQUIRIES CALL: (844) 533-1995	
PATIENT ACCOUNT #: P107249										CLAIM NUMBER: 255995323700		RECEIVED DATE: 10/11/2023			
SERVICE PROVIDER NAME: THOMAS, GEORGE P.										SERVICE PROVIDER ID: 1912298423		EXPL CD:			
NETWORK: OUT OF NETWORK										RELATIONSHIP TO INSURED:		PLAN TYPE:			
10/02/2023	10/02/2023	9593826	22	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	Z34 226	0.00	0.00		
10/02/2023	10/02/2023	9595526	22	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	Z34 226	0.00	0.00		
10/02/2023	10/02/2023	9586126	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	Z34 226	0.00	0.00		
10/02/2023	10/02/2023	9586126, XU	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	Z34 226	0.00	0.00		
10/02/2023	10/02/2023	95999	22	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	Z34 226	0.00	0.00		
TOTAL:				13,490.00	0.00	0.00	0.00	0.00	0.00	13,490.00		0.00	0.00		
INTEREST															
TOTAL NET PAID		0.00													





CHECK/EFT DT: 10/17/23  
CHECK/EFT:

INDIANA MEDICARE WLP -

[illegible]

OHIO GROUP MEDICARE -

TOTAL APPROVED AMOUNT	801.33
TOTAL INTEREST	0.00
TOTAL NET AMOUNT DUE: I NDI ANA MEDI CARE WLP	801.33

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: BYRNS EARLE, TERRY L													
PATIENT ACCOUNT#: 0, 2985848													
CLAIM NUMBER: 253095444000													
SERVICE PROVIDER NAME: DE JESUS, MARIA A.													
SERVICE PROVIDER ID: 1336176387													
RELATIONSHIP TO INSURED:													
NETWORK: OUT OF NETWORK													
PLAN TYPE:													
05/01/2023	05/01/2023	95822226	21	1,755.00-	0.00	0.00	0.00	0.00	1,755.00-	M45 252	0.00		0.00
05/01/2023	05/01/2023	9593826	21	3,107.00-	0.00	0.00	0.00	0.00	3,107.00-	M45 252	0.00		0.00
05/01/2023	05/01/2023	9590926	21	555.00-	0.00	0.00	0.00	0.00	555.00-	M45 252	0.00		0.00
05/01/2023	05/01/2023	9588626	21	2,972.00-	0.00	0.00	0.00	0.00	2,972.00-	M45 252	0.00		0.00
05/01/2023	05/01/2023	9588626, XU	21	2,972.00-	0.00	0.00	0.00	0.00	2,972.00-	M45 252	0.00		0.00
05/01/2023	05/01/2023	95999	21	7,200.00-	0.00	0.00	0.00	0.00	7,200.00-	M45 252	0.00		0.00
TOTAL:				18,561.00-	0.00	0.00	0.00	0.00	18,561.00-		0.00		0.00
TOTAL NET PAID													
INTEREST													
0.00													



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MONITORING ASSOCIATES, LLC  
PROVIDER ID NO: 000001048740  
CHECK/EFT DT: 10/17/23  
CHECK/EFT:

OHIO GROUP MEDI CARE -

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: BYRNS EARLE, TERRY L													
PATIENT ACCOUNT #: 0.2985848													
CLAIM NUMBER: 253095444001													
SERVICE PROVIDER NAME: DE JESUS, MARIA A.													
SERVICE PROVIDER ID: 1336176387													
RELATIONSHIP TO INSURED:													
NETWORK: OUT OF NETWORK													
PLAN TYPE:													
PATIENT NAME: BYRNS EARLE, TERRY L													
RECEIVED DATE: 08/29/2023													
EXPL CD: APPEALS CODE: MA													
(833) 812-1797													
05/01/2023	05/01/2023	21	9582226	53.91	0.00	0.00	0.00	0.00	1,701.09	GB1 45 PNX 45	0.00		52.83
05/01/2023	05/01/2023	21	9593826	42.75	0.00	0.00	0.00	0.00	3,064.25	GB1 45 PNX 45	0.00		41.89
05/01/2023	05/01/2023	21	9590926	74.95	0.00	0.00	0.00	0.00	480.05	GB1 45 PNX 45	0.00		73.45
05/01/2023	05/01/2023	21	9588626	86.12	0.00	0.00	0.00	0.00	2,885.88	GB1 45 PNX 45	0.00		84.40
05/01/2023	05/01/2023	21	9588626, XU	86.12	0.00	0.00	0.00	0.00	2,885.88	GB1 45 PNX 45	0.00		84.40
05/01/2023	05/01/2023	21	95999	0.00	0.00	0.00	0.00	0.00	0.00		7,200.00	GYB 256	0.00
TOTAL:			18,561.00	343.85	0.00	0.00	0.00	0.00	11,017.15		7,200.00		336.97
INTEREST													0.00
TOTAL NET PAID													336.97

TOTAL APPROVED AMOUNT 336.97  
TOTAL INTEREST 0.00  
TOTAL NET AMOUNT DUE: OHIO GROUP MEDI CARE 336.97  
GROSS APPROVED CLAIM AMOUNT 1,138.30  
TOTAL INTEREST 0.00  
NET AMOUNT DUE 1,138.30

EXPL CODES

EXPLANATION

Z33

Z34

M45

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 is through Availity.com. Log onto Availity.com and use the Claims & Payments tab to access Claims Status. Find the claim, select the Dispute button, and attach supporting documentation. If the Dispute button function is not available, refer to your provider manual for additional information about how to file a claim dispute. As a reminder, the member is not responsible for the unpaid amount. This was denied because the rendering 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 is through Availity.com. Log onto Availity.com and use the Claims & Payments tab to access Claims Status. Find the claim, select the Dispute button, and attach supporting documentation. If the Dispute button function is not available, refer to your provider manual for additional information about how to file a claim dispute. As a reminder, the member is not responsible for the unpaid amount. Submit medical records for review

OHIO GROUP MEDICARE

- PXN This was paid in accordance with your contracted or out of network rates. For additional information related to this amount, consult your contract.
- LS5 This is a reduction in payment due to Federal Sequestration. For additional information related to this amount, consult Medicare. This was not paid because it is not reimbursable.
- GYB Claim paid, the plan out of pocket maximum has been reached. 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.
- 226 INFORMATION REQUESTED FROM THE BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.
- 252 AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
- 45 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.
- 256 SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.

APPEALS CODE

APPEALS

MA 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](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 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:

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



RECOUPMENT NOTIFICATION

PROVIDER: MONITORING ASSOCIATES LLC  
PAYEE ID: 000001048740  
NEG BAL REF #:   
DATE: 10/17/23  
CHECK AMT: 1,138.30

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:

PRIOR RECOUPMENT:

CURRENT RECOUPMENT:

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:

10/16/23	KEEFER										
10/16/23	REILLY										
10/16/23	STEWART										
TOTAL NEGATIVE BALANCE DEFERRED											

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-