



Amerigroup Insurance Company
PO BOX 7368 / GA081W-0014
COLUMBUS, GA 31908-7368

10/13/23 9022212373

1013AI 161355-019091000000

1013AI 161355-019091

Coverage is provided by Amerigroup Insurance Company.

PROVIDER ID NO

11193283

TAX ID NO

XXXXX2508

DATE

10/13/23



#BWNCQXF

#61/888067////DF4#

MONITORING ASSOCIATES LLC

PO BOX 29650 DEPT 880256

PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

Amerigroup Insurance Company

DATE 10/13/23

PROVIDER NAME	MONITORING ASSOCIATES LLC	
ADDRESS	PO BOX 29650 DEPT 880256 PHOENIX AZ 85038-9650	
PROVIDER-NPI IDS	11193283	- 1174916522
TAX ID NO	XXXXX2508	
CHECK NUMBER:	9022212373	

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



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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 11193283

CHECK/EFT DT: 10/13/23
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SAN ANTONIO MEDICARE														
SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COMP/MENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: SKINNER, PATSY A					MEMBER ID:	355W12455		STATE/ALT ID:	XXXXXXN8KT65				FOR INQUIRIES CALL:	
PATIENT ACCOUNT #: 0.2822921					CLAIM NUMBER:	255368762800		TOB:			RECEIVED DATE:		(844) 469-6823	
SERVICE PROVIDER NAME: DE JESUS, MARIA A.					SERVICE PROVIDER ID:	1336176387		AUTH#:			EXP. CD:		GENERAL INFO CD: CM05	
12/12/22	12/12/22	9593926	1	21	3,814.00	0.00	0.00	0.00	0.00	3,814.00	MA5 252	0.00	0.00	0.00
12/12/22	12/12/22	9593826	1	21	3,107.00	0.00	0.00	0.00	0.00	3,107.00	MA5 252	0.00	0.00	0.00
12/12/22	12/12/22	9595526	1	21	1,755.00	0.00	0.00	0.00	0.00	1,755.00	MA5 252	0.00	0.00	0.00
12/12/22	12/12/22	95999	3	21	5,400.00	0.00	0.00	0.00	0.00	5,400.00	MA5 252	0.00	0.00	0.00
TOTAL:					14,076.00	0.00	0.00	0.00	0.00	14,076.00		0.00	0.00	0.00
INTEREST														0.00
TOTAL NET PAID														

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: SAN ANTONIO MEDICARE 0.00
GROSS APPROVED CLAIM AMOUNT 0.00
TOTAL INTEREST 0.00
NET AMOUNT DUE 0.00

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)

CM05 - The member may be eligible for both Medicare and Medicaid. It is your responsibility to verify if the member has Medicaid coverage and if so send all claims for Medicare cost sharing to the State or the appropriate Medicaid MCO. NOTE: Billing of OMBs is Prohibited by Federal Law. Per CMS guidelines, Medicare providers and suppliers may not bill beneficiaries enrolled in the Medicaid/OMB program for Medicare cost-sharing.

EXPL CODES	EXPLANATION	GROUP CODE	CARC	RARC
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MA5	Submit medical records for review	CO	252	M127
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.			
APPEALS CODE	APPEALS			

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 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

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4361 Irwin Simpson Rd.
Mason, OH 45040-9398

Non-Contracted Medicare Provider Payment Disputes - Medicare Advantage/Medicare Medical 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