

Ameri group I nsurance Company PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908-7368

1013AI 161355-019091

Coverage is provided by Amerigroup Insurance Company.

 PROVIDER ID NO
 TAX ID NO
 DATE

 11193283
 XXXXXX2508
 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

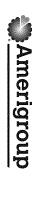
Ameri group Insurance Company

DATE 10/13/23

PROVIDER NAME ADDRESS	MONI TORI NG ASSOCI ATES LLC PO BOX 29650 DEPT 880256 PHOENI X 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 PR	REVIOUSLY OVERPAID	0.00
LEVY/GARNISHMENT	0.00	AMOUNT DISBURSED	0.00
NET AMOUNT DUE	0.00 REC	COUPMENT BALANCE	0.00



Coverage is provided by Amerigroup Insurance Company.

SAN ANTONIO MEDICARE

PROVIDER ID NO: 11193283 MONITORING ASSOCIATES LLC

CHECK/EFT DT:

10/13/23 9022212373

SERVICE DATE(S) REVENUE COUNT/ POS CODE(S) DAYS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE		TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: SKI NNER, PATSY A		MEMBER ID:	35	355W12455	STATE/ALT ID: XXXXX	XXXXN8KT65	DRG#	DRG#	10/03/2023		FOR INQU	FOR INQUIRIES CALL:
SERVICE PROVIDER NAME: DE JESUS, MARIA A.		SERVICE PRO)ER ID: 13	36176387	AUTH#		EXPL CD:	CD:	APPEA	LS CODE: MA	GENERAL I	APPEALS CODE: MA GENERAL INFO CD: CMO5
12/12/22 12/12/22 9593926 1 21	3, 814. 00	0. 00	0. 0	0. 00		0. 00	0.00	3, 814. 00	M45 252	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	M45 252	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	M45 252	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	M45 252	0.00	_	0. 00
TOTAL:	14, 076. 00	0.00	0.00			0. 00	0.00	14, 076. 00		0. 00		o. o.
TOTAL NET PAID												0. 00

TOTAL APPROVED AMOUNT

TOTAL NET AMOUNT DUE:

SAN ANTONIO MEDICARE

GROSS APPROVED CLAIM AMOUNT TOTAL INTEREST

NET AMOUNT DUE

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)

Medicare cost sharing to the State or the appropriate Medicaid MCO. NOTE: Billing of QMBs is Prohibited by Federal Law. suppliers may not bill beneficiaries enrolled in the Medicaid/QMB program for Medicare cost-sharing. CMO5 - 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 Per CMS gui delines, Medicare providers and for

EXPL CODES	EXPLANATION	GROUP CODE	CARC	RARC
M45	Submit medical records for review	CO	252	M127
APPEALS CODE	APPEALS			

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

M

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.zlp. 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 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.

Gri evances and Appeals Please mail the appeal to this address:

Mailstop: 0H0205-A537

MONITORING ASSOCIATES LLC PROVIDER ID NO: 11193283 CHECK/EFT DT: CHECK/EFT: 10/13/23 9022212373

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 di spute should be sent to: Provi der Payment Di sputes P. O. Box 61599 Virgi ni a Beach, VA 23466-1599