10/13/23 9022209579

1013AI 160955-006917000000



Anthem Blue Cross and Blue Shield Healthcare Solutions is the trade name of Community Care Health Plan of Nevada, Inc., an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Anthem BCBS Heal thcare Solutions 3075 VANDERCAR WAY CINCINNATI, 0H 45209

1013AI 160955-006917

PROVIDER ID NO 0 30 9 5 4 6 0

TAX ID NO
XXXXX2508

DATE

10/13/23

#BWNCQXF #93/699045///DF1# MONITORING ASSOCIATES LLC DEPT 880256 PO BOX 29650 PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

Anthem BCBS Heal thcare Solutions

DATE 10/13/23

PROVIDER NAME	MONITORING A	SSOCI ATES LLC
ADDRESS	DEPT 880256 PHOENI X AZ 8	
PROVIDER-NPI IDS	03095460	- 1174916522
TAX ID NO	XXXXX2508	
CHECK NUMBER:	9022209579	

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: 03095460

CHECK/EFT DT: 1
CHECK/EFT: 9

Γ: 10/13/23 Γ: 9022209579

0. 00												TOTAL NET PAID	TOTAL	
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0.00		0.00	TFO 29	2, 972, 00	0.00	8 8	0.00	0.00	0.00	0.00	2, 972, 00	2 2 2 2 2 1	3 9588626	01/12/23 01/12/23
0. 00		0.00			0.00	8 8	0.00	0.00	0.00	0.00	1, 755. 00			
0. 00		0.00	TF0 29	3, 107. 00	0.00	00	0. 00	0. 00	0.00	0.00	3, 107. 00	1 21	9593826	01/12/23 01/12/23
											_			
,	`	APPEALS CODE: ANV	APPE,		EX		AUTH#:	1881910255	18	SERVICE PROVIDER ID:		NDREW C.	AME HSU, AN	SERVICE PROVIDER NAME: HSU, ANDREW
(800) 454-3730			10/10/2023		RECEIVED DATE:			19200	255	CLAIM NUMBER:		100	NT# 0. 2857100	PATIENT ACCOUNT#:
FOR INQUIRIES CALL:	FOR INOL			DRG#		00002733234	STATE/ALT ID: 00		731707325	MEMBER ID:		I SAMOL	PATIENT NAME: CARR THOMAS	PATIENT N
NET PAID	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	PROV RESP AMOUNT	TPP	''' <i>E</i>	CONTRACTUAL DIFFERENCE	COINSURANCE COPAYMENT AMOUNT	DEDUCTIBLE	ALLOWED DEI	CHARGE	COUNT/ POS	SERVICE/ REVENUE (CODE(S)	SERVICE DATE(S)
0. 00												_ NET PAID	TOTAL	
o. oo		0. 00		13, 490. 00	0. 00	 	0. 00	0. 00	0.00	0. 00	13, 490. 00			TOTAL:
0. 00		0.00	TF0 29	5, 400. 00	0. 00	00	0.00	0. 00	0. 00	0.00	5, 400. 00	3 22	95999	01/11/23 01/11/23
0. 00		0.00	TF0 29	1, 614. 00	0. 00	00	0. 00	0.00	0. 00	0.00	1, 614. 00	1 22	9	01/11/23 01/11/23
0. 00		0.00			0.00	00	0.00	0.00	0.00	0.00	1, 614. 00			01/11/23 01/11/23
0.00		0.00	TF0 29	1, 755.00	0.00	000	0.00	0.00	0.00	0.00	1, 755. 00	1 22	3 9595526	01/11/23 01/11/23
8		3			8)		8	9	2	2		
		APPEALS CODE: ANV	APPE	EXPL CD:	_ 		AUTH#:	45465	ER ID: 1184745465	SERVICE PROVIDER ID		JONATHAN D.	AME: BURNS,	SERVICE PROVIDER NAME: BURNS, JONATHAN
(800) 454-3730	•		10/10/2023		RECEIVED DATE:		TOB:	255910934500	255	CLAIM NUMBER:			NT# 0.2855980	PATIENT ACCOUNT#:
FOR INQUIRIES CALL:	FOR INQL			DRG#		00000486109	STATE/ALT ID: 00		730664298	MEMBER ID:		GRI FFIN, ELAINE N		PATIENT NAME:
NET PAID	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	PROV RESP AMOUNT	TPP	'''É	CONTRACTUA DIFFERENCE	COINSURANCE COPAYMENT AMOUNT	DEDUCTIBLE	ALLOWED DEE	CHARGE ,	COUNT/ POS DAYS	SERVICE/ REVENUE (CODE(S)	SERVICE DATE(S)
0. 00												NET PAID	TOTAL	
0.00		9.		15, 290.00	-			0.00			15, 290. 00			INTEREST
0. 00		0.00	TF0 29		0. 00	-	0. 00	0. 00	0.00	0.00	7, 200. 00	4 22		01/12/23 01/12/23
0.00		0. 00	TF0 29	1, 614.00	0. 00		0.00	0.00	0. 00	0.00	1, 614. 00	1 22	3 9586126 , XU	01/12/23 01/12/23
0. 00	. 0	0.00		614.00	0.00	8 8	0.00	0.00	0.00	0.00	1, 614. 00			
0. 00		0.00		755. 00	0.00	00	0.00	0. 00	0.00	0.00	1, 755. 00	1 22		
0. 00		0. 00	TF0 29	3, 107.00	0.00	00	0.	0. 00	0. 00	0. 00	3, 107, 00	1 22	3 9593826	01/12/23 01/12/23
		AFFEALS CODE: ANV		EXPLCD:			AUIH#:	- 3000002	"	SERVICE PROVIDER ID	·		AWE: MCYOLI	SERVICE PROVIDER NAME: MCAGETTE,
(800) 454-3730			10/10/2023		RECEIVED DATE:	00002456867		9900	<u> </u>	CLAIM NUMBER:		A A	NT#: 0.2856638	PATIENT ACCOUNT#:
IIDIES CALL	EOB INDI			DBO#					1011	MEMBER 5				DATIENT N
NET PAID	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	PROV RESP AMOUNT	TPP	''' <i>E</i>	CONTRACTUAL DIFFERENCE	COINSURANCE COPAYMENT AMOUNT	DEDUCTIBLE	ALLOWED DEI	CHARGE	MD - COUNT/ POS DAYS	BCBS HEALTHCARE SOL N SERVICE/ (CE DATE(S) REVENUE (CODE(S)	BCBS HEAL SERVICE DATE(S)

BCBS HEALTHCARE SOL MD

TOTAL NET PAID	INTEREST	TOTAL: 22, 930. 00 0. 00 0. 00 0.	12/05/22 12/05/22 95999 3 21 5, 400.00 0.00 0.00 0.00 0.	, XC	12/05/22 12/05/22 9588626 2 21 5, 944.00 0.00 0.00 0.00 0.	12/05/22 12/05/22 9588626 2 21 5, 944.00 0.00 0.00 0.00 0.	12/05/22 12/05/22 9591026	12/05/22 12/05/22 9595526	12/05/22 12/05/22 9593826 1 21 3, 107. 00 0.00 0.00 0.	POL HOLD NAME: POL HOLD ID: FP244A74602	OTH HEALTH INSURANCE: ANTHEM BLUE CROSS BLUE SHIELD OF NE PHONE: (800) 827-6422	SERVICE PROVIDER NAME: MCAULI FFE, MATTHEW B. SERVICE PROVIDER ID: 1821388562	PATIENT ACCOUNT#: 0. 2812831 CLAIM NUMBER: 255283679500	PATIENT NAME: RAYMOND, ROBERT MEMBER ID: 732318000	SERVICE DATE(S) REVENUE COUNT/ POS CHARGE ALLOWED DEDUCTIBLE COPAY MEI AMOUNT
								-							
		0.00	0.00		0. 00	0. 00	0.00	0. 00	0. 00	A74602	827-6422	8562 AUTH#:	83679500 TOB :	000 STATE/ALT ID: 00002	COINSURANCE CONTRACTUAL COPAY MENT DIFFERENCE
		0.00 0.00	0.00 0.00		0.00 0.00	0. 00 0. 00	0.00 0.00	0. 00 0. 00	0. 00 0. 00	EFFECTIV	ADDR/CITY/STATE: 5250 S VIRGINIA ST, RENO, NV		77	00002910002	CTUAL TPP
		22, 930. 00	5, 400.00 CBP 252		5, 944.00 CBP 252	5, 944. 00 CBP	780.00 CBP 252	1, 755.00 CBP 252	3, 107.00 CBP 252	EFFECTIVE DATE: 12/01/2022	S VIRGINIA ST, RENO, N	EXPL CD:	RECEIVED DATE: 10/02/2023	DRG#:	PROV RESP EXPL
	_	0.00	252 0.00		252 0.00	252	252 0.00	252 0.00	252 0.00		AA.	APPEALS CODE: ANV	2/2023	FOR I	EXPL/ANSI INSURED'S CODE(S) AMOUNT
0. 00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00				(800) 454-3730	FOR INQUIRIES CALL:	EXPL/ANSI NET PAID CODE(S)

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: BCBS HEALTHCARE SOL MD

GROSS APPROVED CLAIM AMOUNT TOTAL INTEREST
NET AMOUNT DUE

o. o. o. o. o. o.

o o o o o o

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)

	filing li support 1 through / Payments Di spute b button fi additiona	TFO This was	EXPL CODES EXPLANATION
Primary Carrier	filing limit. 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 claims dispute.	This was not paid because it was not filed within the claim timely	ATION
	СО	00	GROUP CODE
	252	29	CARC
	N4 79		RARC

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MONITORING ASSOCIATES LLC PROVIDER ID NO: 03095460

CHECK/EFT DT: CHECK/EFT:

10/13/23 9022209579

BCBS HEALTHCARE SOL MD

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

ANV

Payment Disputes-If you disagree with a claim determination, you may file a payment dispute in writing within that prescribed period mandated by the state which you do business. Your payment dispute should be directed to Anthem Blue Cross and Blue Shield Healthcare Solutions Payment Dispute Unit at P.O. Box 61599, Virginia Beach, VA 23466 or call 1-844-396-2330.