



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

10/11/23 9022096817

1011AI 030107-075478000000

1011AI 030107-075478

PROVIDER ID NO

XXXXXX9794

TAX ID NO

XXXXXX9794

DATE

10/11/23



#BWNCQXF
#025416770///DF8# M001
TCM HEALTHCARE LLC
PO BOX 29650
DEPT 880396
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/11/23

P. O. BOX 105187
ATLANTA, GA 30348-5187

PROVIDER NAME	TCM HEALTHCARE LLC
ADDRESS	PO BOX 29650 DEPT 880396 PHOENIX AZ 85038-9650
PROVIDER-NPI IDS	XXXXXX9794 - 1336746122
TAX ID NO	XXXXXX9794
CHECK NUMBER:	9022096817

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.

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.

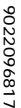
Health Insurance fraud often involves the collection of fees for services never rendered, the payment of claims filed on ineligible patients, and claims filed for services different than those actually received. If after reviewing this Explanation of Benefits, you believe that medical insurance fraud 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: FLORY, MICHELLE L			INSURED'S ID: YZD103M94541			PATIENT NAME: FLORY, MICHELLE L			FOR INQUIRIES CALL: (833) 639-1637		
PATIENT ACCOUNT#: 0.2888745			CLAIM NUMBER: 2023111EC1148			RECEIVED DATE: 04/21/2023					
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC			SERVICE PROVIDER ID: 1891424503			EXPL CD: N/A					
NETWORK: OUT OF NETWORK			RELATIONSHIP TO INSURED: SUBSCRIBER			PLAN TYPE: PPO			DRG RCVD: N/A		
02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023
95940	15	2,760.00	104.60	104.60	0.00	0.00	0.00	0.00	2,760.00	015 45	038 1
95939	15	6,489.00	302.75	302.75	0.00	0.00	0.00	0.00	6,489.00	015 45	038 1
95822	15	5,225.00	81.09	81.09	0.00	0.00	0.00	0.00	5,225.00	015 45	038 1
02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023
95938	15	4,163.00	219.28	219.28	0.00	0.00	0.00	0.00	4,163.00	015 45	038 1
02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023
95861	15	3,139.00	34.85	34.85	0.00	0.00	0.00	0.00	3,139.00	015 45	038 1
02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023
95861	15	3,139.00	0.00	0.00	0.00	0.00	0.00	0.00	3,139.00	015 45	038 1
02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023
95868	15	2,904.00	32.73	32.73	0.00	0.00	0.00	0.00	2,904.00	015 45	038 1
02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023
95868	15	2,904.00	0.00	0.00	0.00	0.00	0.00	0.00	2,904.00	015 45	038 1
02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023
95999	15	5,400.00	244.50	244.50	0.00	0.00	0.00	0.00	5,400.00	015 45	038 1
02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023
A4215	15	220.00	0.00	0.00	0.00	0.00	0.00	0.00	220.00	015 45	038 1
02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023
A4556	15	36.00	0.00	0.00	0.00	0.00	0.00	0.00	36.00	015 45	038 1
02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023	02/08/2023
INTEREST	TOTAL:	36,379.00	1,019.80	1,019.80	0.00	0.00	0.00	0.00	6,043.00	30,080.00	
TOTAL NET PAID											
0.00											

TCM HEALTHCARE LLC
PROVIDER ID NO: 853229794
CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022096817

ANTHEM BLUE ACCESS PPO -

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: NOBLE, DIANA M PATIENT ACCOUNT#: 0.31477172 SERVICE PROVIDER NAME: TCM HEALTHCARE LLC NETWORK: OUT OF NETWORK INSURED'S ID: YZD605M62273 CLAIM NUMBER: 2023264DP6003 SERVICE PROVIDER ID: 1265737498 RELATIONSHIP TO INSURED: SUBSCRIBER PATIENT NAME: NOBLE, DIANA M RECEIVED DATE: 09/21/2023 EXPL CD: (833) 623-1517 FOR INQUIRIES CALL:													
09/19/2023	09/19/2023	15	6,900.00	0.00	0.00	0.00	0.00	0.00	6,900.00	164 97	0.00	015 45 038 1	0.00
09/19/2023	09/19/2023	15	4,516.00	81.09	81.09	0.00	0.00	0.00	0.00		4,516.00	015 45 038 1	0.00
09/19/2023	09/19/2023	15	3,107.00	219.28	219.28	0.00	0.00	0.00	0.00		3,107.00	015 45 038 1	0.00
09/19/2023	09/19/2023	15	3,300.00	90.30	90.30	0.00	0.00	0.00	0.00		3,300.00	015 45 038 1	0.00
09/19/2023	09/19/2023	15	2,400.00	50.07	50.07	0.00	0.00	0.00	0.00		2,400.00	015 45 038 1	0.00
09/19/2023	09/19/2023	15	4,200.00	69.76	69.76	0.00	0.00	0.00	0.00		4,200.00	015 45 038 1	0.00
09/19/2023	09/19/2023	15	4,200.00	69.76	69.76	0.00	0.00	0.00	0.00		4,200.00	015 45 038 1	0.00
09/19/2023	09/19/2023	15	9,000.00	0.00	0.00	0.00	0.00	0.00	0.00		9,000.00	015 45	0.00
09/19/2023	09/19/2023	15	140.00	0.00	0.00	0.00	0.00	0.00	140.00	164 97	0.00		0.00
09/19/2023	09/19/2023	15	60.00	0.00	0.00	0.00	0.00	0.00	60.00	164 97	0.00		0.00
09/19/2023	09/19/2023	15	37,823.00	580.26	580.26	0.00	0.00	0.00	7,100.00		30,723.00		0.00
TOTAL:													
TOTAL NET PAID													

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: ANTHEM BLUE ACCESS PPO

BLUE ACCESS PPO -

INSURED'S NAME: GRIFFITH, JEFFREY PATIENT ACCOUNT#: 0.3155847 SERVICE PROVIDER NAME: TCM HEALTHCARE LLC NETWORK: OUT OF NETWORK INSURED'S ID: AMF67TW16293 CLAIM NUMBER: 2023277TENS818 SERVICE PROVIDER ID: 1619608866 RELATIONSHIP TO INSURED: SUBSCRIBER PATIENT NAME: GRIFFITH, JEFFREY RECEIVED DATE: 10/04/2023 EXPL CD: N/A FOR INQUIRIES CALL: (833) 578-4439													
09/11/2023	09/11/2023	15	4,830.00	0.00	0.00	0.00	0.00	4,830.00	4,830.00	775 97	0.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	4,163.00	219.28	219.28	0.00	0.00	0.00	0.00		4,163.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	5,225.00	93.33	93.33	0.00	0.00	0.00	0.00		5,225.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	95861	34.85	34.85	0.00	0.00	0.00	0.00		3,139.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	3,139.00	0.00	0.00	0.00	0.00	3,139.00	0.00	777 119	0.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	2,904.00	32.73	32.73	0.00	0.00	0.00	0.00		2,904.00	015 45 038 1	0.00
09/11/2023	09/11/2023	15	2,904.00	0.00	0.00	0.00	0.00	2,904.00	2,904.00	777 119	0.00		0.00
09/11/2023	09/11/2023	15	95868	0.00	0.00	0.00	0.00	5,400.00	5,400.00	933 252	0.00		0.00
09/11/2023	09/11/2023	15	95999	0.00	0.00	0.00	0.00	200.00	200.00	164 97	0.00		0.00
09/11/2023	09/11/2023	15	44215	0.00	0.00	0.00	0.00	36.00	36.00	164 97	0.00		0.00
09/11/2023	09/11/2023	15	A4556	0.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00
TOTAL:			31,940.00	380.19	380.19	0.00	0.00	16,273.00	16,509.00		15,431.00		0.00



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TCM HEALTHCARE LLC
PROVIDER ID NO: 853229794

CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022096817

SERVICE DATE(S)	SERVICE CODES	POS	CHANGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANIS CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPLANIS CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: GRIFFITH, JEFFREY													
PATIENT ACCOUNT #: 0.3135847				INSURED'S ID: AMF67W16293				FOR INQUIRES CALL: (833) 578-4439					
SERVICE PROVIDER NAME: TCM HEALTHCARE LLC				CLAIM NUMBER: 2023277EN5818				RECEIVED DATE: 10/04/2023					
NETWORK: OUT OF NETWORK				SERVICE PROVIDER ID: 1619608866				EXPL CD: N/A					
				RELATIONSHIP TO INSURED: SUBSCRIBER				PLAN TYPE: PPO					
								DRG RCVD: N/A					
INTEREST													0.00
TOTAL NET PAID													0.00

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: BLUE ACCESS PPO 0.00

GROSS APPROVED CLAIM AMOUNT 0.00
TOTAL INTEREST 0.00
NET AMOUNT DUE 0.00

EXPL CODES

EXPLANATION

015 This was processed, and as an out of network provider, the maximum amount has been paid. The remaining balance can be billed to the member only if it was non-emergent or was not authorized.

038 This amount was applied to the member's deductible. 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. The member is responsible for the unpaid amount.

777 THE DOCTOR/FACILITY BILLED FOR THIS CARE MORE TIMES THAN OUR GUIDELINES ALLOW THEREFORE, THE MEMBER'S PLAN DOESN'T PAY FOR IT. THE MEMBER MIGHT BE RESPONSIBLE FOR THIS AMOUNT IF THEY CHOSE TO RECEIVE CARE FROM A DOCTOR/FACILITY NOT IN THEIR PLAN'S NETWORK.

933 This was denied because we have not received the requested medical records to process the claim. If the requested information is not provided, a benefit determination will be made based upon the information available to us. For the quickest and easiest way to submit the requested documentation, from Availability.com use the Claims & Payments tab to access Claim Status. Find this claim and use the Send Attachments button to send the requested documentation.

164 This was denied because it was covered as part of another service. Review our medical policies, located on our public website, for additional information about this medical procedure. As a reminder, the member is not responsible for the balance unless they chose to receive care from a doctor or facility not in their plan's network.

775 This was denied because it was covered as part of another service. Review our medical policies, located on our public website, for additional information about this medical procedure. As a reminder, the member is not responsible for the balance unless they chose to receive care from a doctor or facility not in their plan's network.

45 CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT. 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.

1 DEDUCTIBLE AMOUNT

119 BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.

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

97 THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. USAGE: REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT, IF PRESENT.