



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 9022095428

1011AI 030107-034640000000

1011AI 030107-034640

PROVIDER ID NO
271622508102

TAX ID NO
XXXXX2508

DATE
10/11/23



#BWNCQXF
#941278377102/DF9# M004
MONITORING ASSOCIATES LLC
PO BOX 29650
DEPT 880256
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	MONITORING ASSOCIATES LLC		
ADDRESS	PO BOX 29650		
	DEPT 880256		
	PHOENIX AZ 85038-9650		
PROVIDER-NPI IDS	271622508102	-	1174916522
TAX ID NO	XXXXX2508		
CHECK NUMBER:	9022095428		

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

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® Registered Marks Blue Cross and Blue Shield Association



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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 271622508102

CHECK/EFT DT: 10/11/23
CHECK/EFT: 9022095428

PATHWAY X HMO

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: MATHI SON, CRAIG													
PATIENT ACCOUNT #: 0.3083267				INSURED'S ID: E7B704M56183		CLAIM NUMBER: 2023270EK7649		PATIENT NAME: MATHI SON, CRAIG					
SERVICE PROVIDER NAME: MOCHI ZUKI, KEVIN S				SERVICE PROVIDER ID: 1871679787		RELATIONSHIP TO INSURED: MALE SUBSCRIBER		RECEIVED DATE: 09/27/2023		EXPL CD: N/A			
NETWORK: OUT OF NETWORK				PLAN TYPE: HMO		DRG RCD: N/A		FOR INQUIRIES CALL: (833) 434-1219					

07/25/2023	07/25/2023	21	5,520.00	0.00	0.00	0.00	0.00	0.00	5,520.00	AJR 234	0.00		0.00
07/25/2023	07/25/2023	21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	AJR 234	0.00		0.00
07/25/2023	07/25/2023	21	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	AJR 234	0.00		0.00
07/25/2023	07/25/2023	21	3,600.00	0.00	0.00	0.00	0.00	0.00	3,600.00	AJR 234	0.00		0.00
TOTAL:			13,982.00	0.00	0.00	0.00	0.00	0.00	13,982.00		0.00		0.00
INTEREST													
TOTAL NET PAID													0.00

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: PATHWAY X HMO 0.00

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

EXPL CODES

EXPLANATION

AJR WE DENIED THIS CLAIM BECAUSE WE COVERED THE CARE AS PART OF ANOTHER SERVICE. THE MEMBER IS NOT RESPONSIBLE FOR THIS AMOUNT UNLESS THEY CHOSE TO RECEIVE CARE FROM A DOCTOR OR FACILITY NOT IN THEIR PLAN'S NETWORK.
234 THIS PROCEDURE IS NOT PAID SEPARATELY.