

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

1025AI 030107-016496

PROVIDER ID NO

000001226108

TAX ID NO XXXXXX4972

DATE

10/25/23

#BWNCQXF #773999998108/DF1# M001 NEUROMONITORING ASSOCIATE PO BOX 29650 DEPT 880257 PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/25/23

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

PROVIDER NAME	NEUROMONI TORI NG ASSOCI ATE
ADDRESS	PO BOX 29650
ADDRESS	DEPT 880257
	PHOENI X AZ 85038-9650
PROVIDER-NPI IDS	000001226108 - 1659765204
TAX ID NO	XXXXX4972
CHECK NUMBER:	9022575554

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	0.00	r> 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

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Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a NEUROMONI TORI NG ASSOCIATE registered trademark of Anthem Insurance Companies, Inc.
PROVIDER ID NO: 000001226108

CHECK/EFT DT: CHECK/EFT:

10/25/23 9022575554

TOTAL NET PAID	INTEREST	TOTAL:	08/03/2022 08/03/2022 95999	08/03/2022 08/03/2022 95868 , XU	08/03/2022 08/03/2022 95868	08/03/2022 08/03/2022 95861 , XU	08/03/2022 08/03/2022 95861	08/03/2022 08/03/2022 95938	00/03/2022	08/02/2022		08/03/2022 08/03/2022 95940		INSURED'S NAME: HILL, CHRISTOPHER L PATIENT ACCOUNT#: 0. 2660320 SERVICE PROVIDER NAME: NEUROMONITORING ASSOCIATE	SERVICE DATE(S) SERVICE CODES	TOTAL NET PAID	INTEREST	TOTAL:	08/03/2022 08/03/2022 95999	08/03/2022 08/03/2022 95868 , XU	08/03/2022 08/03/2022 95868	08/03/2022 08/03/2022 95861 , XU		08/03/2022 08/03/2022 95938	08/03/2022 08/03/2022 95822	08/03/2022 08/03/2022 95939	08/03/2022 08/03/2022 95940	_		PATIENT ACCOUNT#: 0.2660320 SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCI ATE	INSURED'S NAME: HILL, CHRISTOPHER	SERVICE DATE(S) SERVICE CODES	
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		39, 993. 00	7, 200. 00	2, 904. 00	2, 904. 00	3, 139. 00	3, 139. 00	4, 163. 00	5, 225.00	л ээл oo	6, 489, 00	4, 830. 00		Ē	CHARGE			39, 993. 00-	7, 200. 00-	2, 904. 00-	2, 904. 00-	3, 139. 00-	3, 139. 00-	4, 163. 00-	5, 225. 00-	6, 489. 00-	4, 830. 00-			ᆏ		CHARGE	
		0.00	0. 00	0.00	0.00	0.00	0.00	0.00	0.00	0 9	0.00	0.00	RELATIONSHIP TO INSURED	INSURED'S ID CLAIM NUMBER SERVICE PROVIDER ID	ALLOWED			0. 00	0. 00	0.00	0.00	0. 00	0. 00	0.00	0.00	0.00	0. 00		RELATIONSHIP TO INSURED	CLAIM NUMBER: SERVICE PROVIDER ID:	INSUR	ALLOWED	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0 1	0.00	0.00		二	DEDUCTIBLE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				INSURED'S ID: HBU37	DEDUCTIBLE	
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		0.00	0.00	0.00	0.00	0.00	0.00	0.00		3	0.00	0.00			CO-INSURANCE CONTR		_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0. 00					CO-INSURANCE CONTR	
			7, 200. 00	2, 904. 00		3, 139. 00	3, 139. 00	4, 163. 00				4, 830. 00	PLAN TYPE: PPO		CONTRACTUAL DIFFERENCE			39, 993. 00-		2, 904. 00-					5, 225. 00-	6, 489. 00-	4, 830. 00-		PLAN TYPE: PPO			CONTRACTUAL I	
		39, 993. 00	7, 200. 00	904.00	904.00	3, 139. 00	3, 139. 00		225.00	335 00	489.00	4, 830. 00	D	PATIENT NAME: RECEIVED DATE: EXPL CD:	RACTUAL PROVIDER RESP.		_	39, 993. 00-		904. 00-	904. 00-	139.00-	139. 00-	4, 163. 00-	5, 225. 00-	489. 00-	4, 830. 00-		D	RECEIVED DATE: EXPL CD:	PATIENT NAME:	RACTUAL PROVIDER RESP. AMOUNT	
			AJQ 16	AJQ 16	AJQ 16	AJQ 16	AJQ 16	AJQ 16	200	A 10 16		AJQ 16	VD: N/A	MOORE,	EXPL/ANSI CODE(S)				AJQ 16	AJQ 16	AJQ 16	AJQ 16	AJQ 16	AJQ 16	AJQ 16	AJQ 16	AJQ 16	- 1	VD: N/A		ME: MOORE, NANCY L	EXPL/ANSI CODE(S)	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0 0	0.00	0.00		NANCY L 11/28/2022	INSURED RESPONSIBILITY AMOUNT		_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			11/28/2022	NCY L	INSURED RESPONSIBILITY AMOUNT	
														FOR I	EXPL/ANSI CODE(S)																FOR IN	EXPL/ANSI CODE(S)	
0. 00	0. 00	0. 00	0. 00	0. 00	0.00	0. 00	0. 00	0. 00	0.00	0 1	0.00	0. 00		FOR INQUIRIES CALL: (855) 272-0696	WHAT WE WILL PAY	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00	0. 00		_	(855) 272-0696	FOR INQUIRIES CALL:	WHAT WE WILL PAY	

CA GENERIC HLTH SAVINGS

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: BLUECARD PPO

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

0. 00												TOTAL NET PAID	
0.00				_	_	_	_	_		_			INTEREST
0. 00		0.00		27, 692. 00-	0. 00	0.00	0.00	0. 00	0. 00	27, 692. 00-		TOTAL:	
									1, 785. 24-				
0. 00		0.00	₹ 234	5, 400.00- AJR 234	0. 00	0.00	0.00	0.00	0.00	5, 400. 00-	21	95999	03/23/2022 03/23/2022
									65. 54-				
0. 00		0.00	₹ 234	1, 380. 00- AJR 234	0. 00	0.00	0.00	0.00	0.00	1, 380. 00-	21	95940	03/23/2022 03/23/2022
0. 00		0.00	₹ 234	3, 139.00- AJR 234	0. 00	0.00	0.00	0.00	0.00	3, 139. 00-	21	95861 , XU	03/23/2022 03/23/2022
0.00		0.00	₹ 234	3, 139. 00- AJR	0. 00	0.00	0.00	0.00	0.00	3, 139. 00-	21	95861 , XU	03/23/2022 03/23/2022
0. 00		0.00	₹ 234	4, 163. 00- AJR	0. 00	0.00	0.00	0.00	0.00	4, 163. 00-	21	95938	03/23/2022 03/23/2022
0. 00		0.00	₹ 234	5, 225. 00- AJR	0. 00	0.00	0.00	0.00	0.00	5, 225. 00-	21	95822 , XU	03/23/2022 03/23/2022
0. 00		0.00	₹ 234	2, 623. 00- AJF	0. 00	0.00	0.00	0.00	0.00	2, 623. 00-	21	51785 , XU	03/23/2022 03/23/2022
0. 00		0.00	₹ 234	2, 623. 00- AJR	0. 00	0.00	0.00	0.00	0. 00	2, 623. 00-	21	51785	03/23/2022 03/23/2022
			N/A	DRG RCVD: N/A	PLAN TYPE: PPO		Е	RED: SPOUSE	RELATIONSHIP TO INSURED:	REL		NETWORK: OUT OF NETWORK	NETWORK: OU
				EXPL CD:			70720	R ID: 1992370720	SERVICE PROVIDER ID:		SOCI ATE	UROMONITORING AS	SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCI ATE
(877) 812-9777		08/17/2022	/80	RECEIVED DATE:			2022229CW8945		CLAIM NUMBER:			2505368	PATIENT ACCOUNT#: 0.2505368
FOR INQUIRIES CALL:	FOF	:LI SSA K	ADCOCK, MELI SSA K	PATIENT NAME:			I SA1402330SF		INSURED'S ID:			COCK, JASON A	INSURED'S NAME: ADCOCK, JASON A
ISI WHAT WE WILL PAY	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	FRACTUAL PROVIDER RESP.	CONTRACTUAL PR	CO-INSURANCE CONT	CO-PAY	DEDUCTIBLE	ALLOWED	CHARGE	Pos	SERVICE CODES	SERVICE DATE(S)
												P0 -	IN BLUE ACCESS PPO
0. 00					CA GENERIC HLTH SAVINGS		TOTAL NET AMOUNT DUE:	TOTAL NE					
0. 00							TEREST	TOTAL INTEREST					
0. 00						ZT.	TOTAL APPROVED AMOUNT	TOTAL AP					

01/28/2022 01/28/2022 95870	, X	15	8, 474. 00	0.00	0.00	0.00	0.00	8, 474. 00	8, 474. 00 AJQ	16	0.00	0. 00
		15	6, 489. 00	0. 00	0.00	0.00	0.00		6, 489.00 AJQ 16	16	0.00	0. 00
		15	5, 225. 00	0.00	0.00	0.00	0.00		5, 225. 00 AJQ	16	0.00	0. 00
_		15	4, 163. 00	0.00	0.00	0.00	0.00	4, 163. 00	4, 163. 00 AJQ	16	0.00	0. 00
_		15	4, 140. 00	0.00	0.00	0.00	0.00		4, 140. 00 AJQ	16	0.00	0. 00
01/28/2022 01/28/2022 95868		15	2, 904. 00	0.00	0.00	0.00	0.00	2, 904. 00	2, 904. 00 AJQ	16	0.00	0. 00
		15	1, 400. 00	0.00	0.00	0.00	0.00		1, 400. 00 AJQ	16	0.00	0. 00
_		15	475. 00	0.00	0.00	0.00	0.00		475. 00 AJQ	16	0.00	0. 00
TOTAL:			33, 270. 00	0.00	0.00	0.00	0.00		33, 270. 00		0.00	0. 00
NTEREST			_		_	_	_	_	_	_	_	0.00

INSURED'S NAME: LEON, MELISSA A
PATIENT ACCOUNT#: 0. 2567244
SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCIATE

INSURED'S ID:
CLAIM NUMBER:
SERVICE PROVIDER ID:
RELATIONSHIP TO INSURED:

SUBSCRI BER

PLAN TYPE: PPO

DRG RCVD: N/A

PATIENT NAME: RECEIVED DATE: EXPL CD:

ADA027A66253 2023262BT4125 1265737498

NETWORK: OUT OF NETWORK

SERVICE DATE(S)

SERVICE CODES

g

CHARGE

ALLOWED

DEDUCTIBLE

CO-PAY

CO-INSURANCE CONTRACTUAL PROVIDER RESP.
AMOUNT

EXPL/ANSI CODE(S)

INSURED RESPONSIBILITY AMOUNT

EXPL/ANSI CODE(S)

WHAT WE WILL PAY

FOR INQUIRIES CALL:

(888) 640-8652

LEON, MELI SSA A

09/18/2023

APPEALS CODE: ASO

CA GENERIC HLTH SAVINGS



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PROVIDER ID NO: 0000012261

PROVIDER ID NO: 000001226108

CHECK/EFT DT: CHECK/EFT: 9022575554

10/25/23

IN BLUE ACCESS PPO

	INTEREST		03/23/2022 03/23/2022	03/23/2022 03/23/2022	03/23/2022 03/23/2022	03/23/2022 03/23/2022	03/23/2022 03/23/2022 95938	03/23/2022 03/23/2022 95822	03/23/2022 03/23/2022 51785	03/23/2022 03/23/2022 51785		SERVICE DATE(S) INSURED'S NAME: ADCOCK, JA: PATIENT ACCOUNT#, 0, 2505368 SERVICE PROVIDER NAME: NEUROMONI NETWORK: OUT OF NE	
TOTAL NET PAID	_	TOTAL:	022 95999	022 95940	022 95861 , XU	022 95861 , XU	022 95938	022 95822 , XU	022 51785 , XU	022 51785		SERVICE DATE(S) INSURED'S NAME: ADCOCK, JASON A PATIENT ACCOUNT#. 0. 2505368 SERVICE PROVIDER NAME: NEUROMONI TORI NG ASSOCI ATE NETWORK: OUT OF NETWORK	
	_		21	21	21	21	21	21	21	21	_	POS SSOCI ATI	
		27, 692. 00	5, 400. 00	1, 380. 00	3, 139. 00	3, 139. 00	4, 163. 00	5, 225. 00	2, 623. 00	2, 623. 00		CHARGE	
	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0. 00		ALLOWED DEDI INSURED'S ID: CLAIM NUMBER: SERVICE PROVIDER ID: RELATIONSHIP TO INSURED:	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		SF 15	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		TIBLE CO-PAY I SA1402330SF 2022229CW8945 1992370720 SPOUSE	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0. 00		CO-INSURANCE CONTRACTUAL PROVIDER RESP. AMOUNT PATIENT NAI RECEIVED DA EXPL: PLAN TYPE: PPO DRG RC	
		27, 692. 00	5, 400. 00	1, 380. 00	3, 139. 00	3, 139. 00	4, 163. 00	5, 225. 00	2, 623. 00	2, 623. 00		CONTRACTUAL PR DIFFERENCE PLAN TYPE: PPO	
	_	27, 692. 00	5, 400. 00 066 45	1, 380. 00 066	3, 139. 00 781 16	3, 139. 00 781 16	4, 163. 00 781 16	5, 225. 00 781 16	2, 623. 00 781 16	2, 623. 00 781 16		PROVIDER RESP. EXPLANOUNT CO. PATIENT NAME: AD. RECEIVED DATE: EXPLCD: O DRG RCVD: N/A	
			66 45	66 45	81 16	81 16	81 16	81 16	81 16	81 16		CODE(S ADCOCI	
	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0. 00		SI RESPONSIBILITY) AMOUNT (, MELI SSA K 08/17/2022	
												EXPL/ANSI CODE(S) FOR IN	
0. 00	0.00	0.00	0.00	0. 00	0. 00	0. 00	0.00	0. 00	0. 00	0. 00		ANSI WHAT WE WILL PAY E(S) FOR INQUIRIES CALL: (877) 812-9777	

TOTAL INTEREST NET AMOUNT DUE GROSS APPROVED CLAIM AMOUNT TOTAL NET AMOUNT DUE: IN BLUE ACCESS PPO TOTAL INTEREST TOTAL APPROVED AMOUNT o o o o o o o

EXPL CODES **EXPLANATION**

ΑQ

dispute. As a reminder, if you are a participating provider, the member is not refer to your provider manual for additional information about how to file a claims attach supporting documentation. If the Dispute button function is not available, 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 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 decision, and have documents to support the claim, the fastest and easiest way to This was denied because of the place of service billed. If you disagree with our DOCTOR OR FACILITY NOT IN THEIR PLAN'S NETWORK. send the requested documentation. tab to access Claim Status. Find this claim and use the Send Attachments button to to submit the requested documentation, from Availity.com use the Claims & Payments be made based upon the information available to us. For the quickest and easiest way the claim. If the requested information is not provided, a benefit determination will This was denied because we have not received the requested procedure code to process

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NEUROMONITORING ASSOCIATE PROVIDER ID NO: 000001226108

CHECK/EFT DT: CHECK/EFT:

9022575554 10/25/23

IN BLUE ACCESS PPO

between the billed amount and the allowable amount for the service according to this This reduction represents the discount amount. The payment represents the difference responsible for the unpaid amount.

990

for the amount due. participating provider's fee schedule. As a reminder, the member is not responsible

16 CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). USAGE: DO NOT USE THIS CODE FOR CLAIMS ATTACHMENT(S)/OTHER DOCUMENTATION. REFER TO THE 835 HEALTHCARE POLICY

THIS PROCEDURE IS NOT PAID SEPARATELY. IDENTIFICATION SEGMENT, IF PRESENT.

234 45

THAT HAVE RESULTED FROM PRIOR PAYER(S) ADJUDICATION. AND MUST NOT DUPLICATE PROVIDER ADJUSTMENT AMOUNTS (PAYMENTS AND CONTRACTUAL REDUCTIONS) USAGE: THIS ADJUSTMENT AMOUNT CANNOT EQUAL THE TOTAL SERVICE OR CLAIM CHARGE AMOUNT; CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGI SLATED FEE ARRANGEMENT.

APPEALS CODE

ASO

Provider dispute resolution mechanism for Providers:

may request binding arbitration as specified in your provider contract. See your contract for more detailed information, or contact the Customer Service Department at the telephone number shown on the member's ID card. If you disagree with an Anthem Blue Cross claim or billing determination, or Anthem Blue Cross request for member's identification card. Cross regarding your contract, you may ask for a "meet and confer" unless your contract specifies otherwise. If the "meet and confer" does not resolve the issue, you "From/To" date. Further instructions and forms are available via Anthem Blue Cross website at www.anthem.com/ca or call the customer service number referenced of the and whether this is a single dispute or a substantially similar multiple claims dispute. Disputes involving a claim, or billing or overpayment must also include the service CA 90060-0007. The written notice must include the provider name, tax identification number, patient name, health plan identification number, description of the dispute, If you are a contracting provider with Anthem Blue Cross you are required to follow dispute resolution process in your contract. If you have a dispute with Anthem Blue reimbursement of an overpayment, or if you have a contract dispute, you may submit a provider dispute by mailing a written notice to us at P.O. Box 60007, Los Angeles,



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RECOUPMENT NOTIFICATION

CHECK AMT:	DATE:	NEG BAL REF #:	PAYEE ID:	PROVIDER:	
0.00	10/25/23		000001226108	NEUROMONITORING ASSOCIATE	

THIS IS A DETAILED NOTIFICATION OF THE RECOUPMENT PROCESSED BY ANTHEM FOR OVERPAYMENTS MADE TO YOUR ACCOUNT AS INDICATED ON THE ENCLOSED REMITTANCE ADVICE.

THE 'NEGATIVE BALANCE DEFERRED' SECTION SHOWS DEFERRED (FUTURE) RECOUPMENTS WHERE REFUNDS ARE DUE. THESE ARE NOT REFLECTED ON THIS REMITTANCE ADVICE. A SEPERATE LETTER HAS BEEN SENT WITH FURTHER DETAILS AND OVERPAYMENT RECOVERY WILL COMMEMCE FOLLOWING EXISTING PROCESSES IF A REFUND IS NOT RECEIVED. IF YOU HAVE QUESTIONS REGARDING A RECOUPMENT, PLEASE CONTACT PROVIDER SERVICE AT NUMBER NOTED ON REMITTANCE ADVICE. THE "ORIGINAL NEGATIVE CLAIM NUMBER" COLUMN CONTAINS THE ORIGINAL CLAIM ID THAT CREATED THE NEGATIVE BALANCE. THE CORRESPONDING PRIOR AND CURRENT RECOUPMENT SECTIONS BELOW SHOW THE RECOUPMENT DETAILS FOR EACH ORIGINAL NEGATIVE CLAIM LISTED IN THE NEGATIVE BALANCE HISTORY.

NEGATI VE BALANCE HI STORY:	DATE	REMIT. PATIENT NAME	
RY:		PATIENT ACCT	
		SUBSCRIBER ID	
	REFUND ID	CLAIM NUMBER/	
	SERVICE	DATE OF	
	SERVICE CLAIM NUMBER	CLAIM NUMBER/ DATE OF ORIGINAL NEGATIVE	
		CLAIM AMOUNT	
	RECOVERED	CREDITS ADJ CD CHARGI	
		ADJCD	
	AMT	"	
	LETTER ID	RECOVERY	
	ı		1

PRI OR RECOUPMENT:

CURRENT RECOUPMENT:

REMIT. PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/ DATE OF ORIGINAL NEGATI	DATE OF	Æ	CLAIM AMOUNT EXPECTED ADJ CD	ADJ CD	CHARGE RECOVER	RECOVERY
DATE			REFUND ID	SERVICE	SERVICE CLAIM NUMBER	RECOUP DATE	m	AMT	LETTER ID
NEGATI VE BALANCE DEFERRED:									

NGLEY JACOB 0.2114356 FM1212406 2022034FN516296 04/21/21 2022034FN516296 966.00- 12/31/99 14,023.00 15518968		966. 00-	ALANCE DEFERRED	TOTAL NEGATIVE BALANCE DEFERRED			
	14, 023. 00 15518968	966.00- 12/31/99	21	FM1212406	0. 2114356	JACOB	10/24/23 TINGLEY

RECOUPMENT NOTIFICATION

PAGE

TOTAL PRI OR RECOUPMENT
TOTAL CURRENT RECOUPMENT
TOTAL OUTSTANDI NG NEGATI VE BAL
TOTAL DEFERRED
OUTSTANDI NG NEGBAL WI TH DI FER

0. 00 0. 00 0. 00 966. 00-966. 00-