



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

10/13/23 9022165772

1013AI 030107-011418000000

1013AI 030107-011418

PROVIDER ID NO

000001048740

TAX ID NO

XXXXX2508

DATE

10/13/23



#BWNCQXF
#591999998740/DF1#
MONITORING ASSOCIATES LLC
PO BOX 29650 DEPT 880256
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/13/23

1222 S PATTERSON BLVD
DAYTON, OH 45402

ANTHEM.COM

PROVIDER NAME	MONITORING ASSOCIATES LLC		
ADDRESS	PO BOX 29650 DEPT 880256 PHOENIX AZ 85038-9650		
PROVIDER-NPI IDS	000001048740	-	1174916522
TAX ID NO	XXXXX2508		
CHECK NUMBER:	9022165772		

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: 000001048740

CHECK/EFT DT: 10/13/23
CHECK/EFT: 9022165772

INDIANA HIP 2.0

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: BAUSKE, TAYA N													
PATIENT ACCOUNT #: 0.2997845													
CLAIM NUMBER: 255597625700													
SERVICE PROVIDER NAME: NATH, AUDREY R.													
SERVICE PROVIDER ID: 1053679019													
RELATIONSHIP TO INSURED:													
NETWORK: OUT OF NETWORK													
PLAN TYPE:													
PATIENT NAME: BAUSKE, TAYA N													
RECEIVED DATE: 10/06/2023													
EXPL CD: (844) 533-1995													

05/10/2023	05/10/2023	9582226	22	1,755.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05/10/2023	05/10/2023	9593826	22	3,107.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05/10/2023	05/10/2023	9586126	22	1,614.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05/10/2023	05/10/2023	9586126, XU	22	1,614.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05/10/2023	05/10/2023	95999	22	5,400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL:	22	13,490.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
INTEREST		TOTAL:		13,490.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL NET PAID											0.00

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: INDIANA HIP 2.0 0.00

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

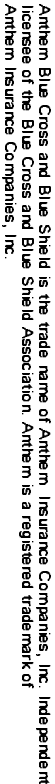
EXPL CODES

EXPLANATION

Z34

This was denied because the rendering provider NPI is not registered with the state. 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 claim dispute. As a reminder, the member is not responsible for the unpaid amount. INFORMATION REQUESTED FROM THE BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.

Z26



1013AI 030107-011418

RECOUPMENT NOTIFICATION

PROVIDER:	MONITORING ASSOCIATES LLC
PAYEE ID:	000001048740
NEG BAL REF #:	
DATE:	10/13/23
CHECK AMT:	0.00

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

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

REMIT. DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/ REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	CREDITS RECOVERED	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
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NEGATIVE BALANCE HISTORY:

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PRIOR RECOUPMENT:

CURRENT RECOUPMENT:

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REMIT. DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	EXPECTED RECUP DATE	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
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NEGATIVE BALANCE DEFERRED:

10/12/23	KEEFER	SHEI LAH	0. 2171874	363M99926	2022034DT243898	06/04/21	2022034DT243898	98. 77-	12/31/99	14. 699. 00	15126680
10/12/23	REILLY	PAULETTE	1945879	359M5467	20212230A186896	05/19/21	20212230A186896	45. 82-	12/31/99	13. 304. 00	12936090
10/12/23	STEWART	GEORGINNA	0. 2090377	007M72156	2021152EP429896	03/31/21	2021152EP429896	242. 49-	12/31/99	14. 328. 00	12482503
TOTAL NEGATIVE BALANCE DEFERRED										387. 08-	

THIS IS NOT A BILL

PLEASE RETAIN FOR YOUR RECORDS. THIS IS THE ONLY COPY YOU WILL RECEIVE

RECOUPMENT NOTIFICATION

PAGE 2

TOTAL PRIOR RECOUPMENT	0.00
TOTAL CURRENT RECOUPMENT	0.00
TOTAL OUTSTANDING NEGATIVE BAL.	0.00
TOTAL DEFERRED	387.08-
OUTSTANDING NEGATIVE BAL WITH DEFER	387.08-