



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

10/18/23 9022332821

1018AI 030122-004880000000

1018AI 030122-004880

PROVIDER ID NO

6002945442

TAX ID NO

XXXXX4972

DATE

10/18/23



#BWNCQXF  
#5459397052///DF3# M001  
NEUROMONITORING ASSOCIATE  
PO BOX 29650 PMB 8800256  
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

ANTHEM INSURANCE COMPANIES, INC.

DATE 10/18/23

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

PROVIDER NAME	NEUROMONITORING ASSOCIATE		
ADDRESS	PO BOX 29650		
	PMB 8800256		
	PHOENIX AZ 85038-9650		
PROVIDER-NPI IDS	6002945442	-	1659765204
TAX ID NO	XXXXX4972		
CHECK NUMBER:	9022332821		

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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NEURONOMI TORI NG ASSOCIATE  
PROVIDER ID NO: 6002945442

CHECK/EFT DT: 10/18/23  
CHECK/EFT: 9022332821

ITS HOST PPO NATIONAL

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: PETERSON, JAMES													
PATIENT ACCOUNT #: 1879025				INSURED'S ID: IPMT121621094		CLAIM NUMBER: 20232737A0248		PATIENT NAME: PETERSON, JAMES		FOR INQUIRIES CALL: (866) 594-0521			
SERVICE PROVIDER NAME: NEURONOMI TORI NG ASSOCIATE				SERVICE PROVIDER ID: 1659765204		RELATIONSHIP TO INSURED:		PLANTYPE: PPO		DRG RCVD: N/A		APPEALS CODE: MA	
NETWORK: OUT OF NETWORK													

03/08/2021	03/08/2021	95870	, 59	21	16,948.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03/08/2021	03/08/2021	95939		21	6,489.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03/08/2021	03/08/2021	95939	, XU	21	6,489.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03/08/2021	03/08/2021	95955	, XU	21	5,225.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03/08/2021	03/08/2021	95938		21	4,163.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03/08/2021	03/08/2021	95938	, XU	21	4,163.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03/08/2021	03/08/2021	95868		21	2,904.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03/08/2021	03/08/2021	95940		21	2,070.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03/08/2021	03/08/2021	95937		21	1,400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03/08/2021	03/08/2021	95927	, 59	21	475.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL:					50,326.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
INTEREST													
TOTAL NET PAID													

TOTAL APPROVED AMOUNT  
TOTAL INTEREST  
TOTAL NET AMOUNT DUE: ITS HOST PPO NATIONAL

GROSS APPROVED CLAIM AMOUNT  
TOTAL INTEREST  
NET AMOUNT DUE

EXPL CODES

EXPLANATION

009 This was denied because we have not received the requested information 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.  
252 AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.

APPEALS CODE

APPEALS

MA Non-contracted Medicare Provider Appeal - Medicare Advantage/Medicare Medicaid Plans  
If a claim is partially or fully denied for payment, the non-contracted provider must request an appeal of the denial within 60 calendar days from the remittance notification. When submitting the appeal, a signed Waiver of Liability form must be included. To obtain this form, please go to [https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Model-Waiver-of-Liability\\_Feb2019v508.zip](https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Model-Waiver-of-Liability_Feb2019v508.zip). The purpose of the Waiver of Liability form is to hold the enrollee harmless regardless of the outcome of the appeal.

With the appeal, the non-contracted provider should include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports the provider's argument for reimbursement. The appeal must be in writing and mailed.

NEUROMONI TORI NG ASSOCIATE  
PROVIDER ID NO: 6002945442

CHECK/EFT DT: 10/18/23  
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Please mail the appeal to this address:  
Grievances and Appeals  
Mail stop: OH0205-A537  
4361 Irwin Simpson Rd.  
Mason, OH 45040-9398

Non-Contracted Medicare Provider Payment Disputes - Medicare Advantage/Medicare Medical Plans  
A payment dispute is when you believe the amount we paid is different than what Original Medicare would have paid. If you disagree with the payment amount, you may file a non-contracted Medicare provider payment dispute in writing within 120 calendar days.

Your payment dispute should be sent to:  
Provider Payment Disputes  
P.O. Box 61599  
Virginia Beach, VA 23466-1599