

COMMONWEALTH OF MASSACHUSETTS

Only administration for your plan is provided by  
UNICARE Life & Health Insurance Company  
(and not insurance). Your plan is financially  
responsible for the payment of benefits.

COMMONWEALTH OF MASSACHUSETTS

ANDOVER SVC CTR, PO BOX 9016  
ANDOVER, MA 01810-0916

10/23/23 3224232342

1023AI 090207-023417000000

1023AI 090207-023417

3359480293

PROVIDER ID NO

000001048740

TAX ID NO

XXXXX2508

DATE

10/23/23



#BWNCQXF

#591999998740/DF1# M001

MONITORING ASSOCIATES LLC

9811 W CHARLESTON BLVD STE 2641

LAS VEGAS NV 89117-7528

PAY EXACTLY

\*\*\*\*\*47

DOLLARS AND

86

CENTS

DEPOSITED TO:

ABA # 124001545

ACC # XXXXX7975

EFT # 3224232342

ON 10/24/23

ACH DEPOSIT MADE - THIS IS NOT A CHECK

COMMONWEALTH OF MASSACHUSETTS

DATE

10/23/23

PROVIDER NAME MONI TORING ASSOCI ATES LLC  
ADDRESS 9811 W CHARLESTON BLVD STE 2641  
LAS VEGAS NV 89117-7528

PROVIDER-NPI IDS 000001048740 - 1174916522

TAX ID NO XXXXX2508

CHECK NUMBER:

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	47.86	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	47.86
NET AMOUNT DUE	47.86	RECOUPMENT BALANCE	0.00

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.



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MONITORING ASSOCIATES, LLC  
PROVIDER ID NO: 000001048740

CHECK/EFT DT: 10/23/23  
CHECK/EFT:

MEDICAL CARE EXTENSION

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: HULAK, MI CHAEL T													
PATIENT ACCOUNT #: 0.2811246				INSURED'S ID: 017A52721		CLAIM NUMBER: 2023264GD9780		PATIENT NAME: HULAK, MARIE E		RECEIVED DATE: 09/21/2023		FOR INQUIRIES CALL: (800) 442-9300	
SERVICE PROVIDER NAME: NATH, AUDREY R				SERVICE PROVIDER ID: 1053679019		RELATIONSHIP TO INSURED: SPOUSE		PLAN TYPE: FFS		EXPL CD: AOX		DRG RCD: N/A	

12/05/2022	12/05/2022	95939	22	3,814.00	121.38	0.00	0.00	0.00	3,692.62	3,692.62	149 23	0.00	24.67
12/05/2022	12/05/2022	95822	22	1,755.00	58.41	0.00	0.00	0.00	1,696.59	1,696.59	149 23	0.00	11.87
12/05/2022	12/05/2022	95938	22	3,107.00	46.51	0.00	0.00	0.00	3,060.49	3,060.49	149 23	0.00	9.45
12/05/2022	12/05/2022	95861	22	1,614.00	0.00	0.00	0.00	0.00	1,614.00	1,614.00	149 23	0.00	0.00
12/05/2022	12/05/2022	95861	22	1,614.00	0.00	0.00	0.00	0.00	1,614.00	1,614.00	149 23	0.00	0.00
12/05/2022	12/05/2022	95868	22	1,310.00	0.00	0.00	0.00	0.00	1,310.00	1,310.00	149 23	0.00	0.00
12/05/2022	12/05/2022	95868	22	1,310.00	0.00	0.00	0.00	0.00	1,310.00	1,310.00	149 23	0.00	0.00
12/05/2022	12/05/2022	95999	22	7,200.00	0.00	0.00	0.00	0.00	7,200.00	7,200.00	149 23	0.00	0.00
12/05/2022	12/05/2022	TOTAL:	22	21,724.00	226.30	0.00	0.00	0.00	21,497.70	21,497.70		0.00	45.99
INTEREST													0.00
AMOUNT PAID BY OTHER	INSURANCE COMPANY											180.31	
TOTAL NET PAID													45.99

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: SULLIVAN, FRANCIS A													
PATIENT ACCOUNT #: 0.2804602				INSURED'S ID: 574M76612				CLAIM NUMBER: 2023264GD9868				PATIENT NAME: SULLIVAN, PAULINE L	
SERVICE PROVIDER NAME: NATH, AUDREY R				SERVICE PROVIDER ID: 1053679019				RECEIVED DATE: 09/21/2023				FOR INQUIRIES CALL: (800) 442-9300	
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: SPOUSE				PLAN TYPE: FFS				DRG RCD: N/A	
11/29/2022	11/29/2022	21	3,814.00	0.00	0.00	0.00	0.00	3,814.00	3,814.00	149 23	0.00		0.00
11/29/2022	11/29/2022	21	1,755.00	58.41	0.00	10.00	0.00	1,696.59	1,696.59	149 23	10.00	135 3	1.87
11/29/2022	11/29/2022	21	3,107.00	0.00	0.00	0.00	0.00	3,107.00	3,107.00	149 23	0.00		0.00
11/29/2022	11/29/2022	21	1,614.00	0.00	0.00	0.00	0.00	1,614.00	1,614.00	149 23	0.00		0.00
11/29/2022	11/29/2022	21	1,614.00	0.00	0.00	0.00	0.00	1,614.00	1,614.00	149 23	0.00		0.00
11/29/2022	11/29/2022	21	1,310.00	0.00	0.00	0.00	0.00	1,310.00	1,310.00	149 23	0.00		0.00
11/29/2022	11/29/2022	21	1,310.00	0.00	0.00	0.00	0.00	1,310.00	1,310.00	149 23	0.00		0.00
11/29/2022	11/29/2022	21	5,400.00	0.00	0.00	0.00	0.00	5,400.00	5,400.00	149 23	0.00		0.00
11/29/2022	11/29/2022	21	19,924.00	58.41	0.00	10.00	0.00	19,865.59	19,865.59	149 23	10.00		1.87
TOTAL:													
INTEREST													
AMOUNT PAID BY OTHER													
INSURANCE COMPANY													
TOTAL NET PAID													1.87

TOTAL APPROVED AMOUNT47.86

TOTAL INTEREST0.00

TOTAL NET AMOUNT DUE: MEDICAL CARE EXTENSION47.86

GROSS APPROVED CLAIM AMOUNT47.86

TOTAL INTEREST0.00

NET AMOUNT DUE47.86

MEDICARE EXTENSION -

EXPL CODES	EXPLANATION
AOX	NOTICE: UNICARE HAS PROCESSED THIS CLAIM AS EITHER THE SECONDARY OR TERTIARY CARRIER.
149	This was processed and adjusted because these charges were not allowed by Medicare. For additional information visit <a href="http://www.medicare.gov">www.medicare.gov</a> . As a reminder, the member is not responsible for the unpaid amount.
135	This amount was applied to the member's co-payment amount. For the quickest and easiest way to check a member's benefits, from <a href="http://Availability.com">Availability.com</a> use the Patient Registration tab to access Eligibility and Benefits Inquiry. The member is responsible for the unpaid amount.
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.
3	CO-PAYMENT AMOUNT