



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 9022332885

1018AI 030122-004942000000

1018AI 030122-004942

PROVIDER ID NO
6003035176

TAX ID NO
XXXXX2508

DATE
10/18/23



#BWNCQXF
#8429396966///DF1# M001
MONITORING ASSOCIATES LLC
9811 W CHARLESTON BLVD STE 2641
LAS VEGAS NV 89117-7528

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	MONITORING ASSOCIATES LLC	
ADDRESS	9811 W CHARLESTON BLVD STE 2641 LAS VEGAS NV 89117-7528	
PROVIDER-NPI IDS	6003035176	- 1174916522
TAX ID NO	XXXXX2508	
CHECK NUMBER:	9022332885	

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: 6003035176

CHECK/EFT DT: 10/18/23
CHECK/EFT: 9022332885

ITS HOST PPO NATIONAL

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: WILHELM, JEREMIAH PATIENT ACCOUNT #: 0.2480627 SERVICE PROVIDER NAME: UNGAR SARAGON, JULIAN NETWORK: OUT OF NETWORK CLAIM NUMBER: 20232407A0438 SERVICE PROVIDER ID: 1376642900 RELATIONSHIP TO INSURED: PATIENT NAME: WILHELM, JEREMIAH RECEIVED DATE: 08/28/2023 EXPL CD: APPEALS CODE: MA FOR INQUIRIES CALL: (866) 594-0521													
03/01/2022	03/01/2022	21	5,520.00	0.00	0.00	0.00	0.00	0.00	5,520.00	009 252	0.00		0.00
03/01/2022	03/01/2022	21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	009 252	0.00		0.00
03/01/2022	03/01/2022	21	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	009 252	0.00		0.00
03/01/2022	03/01/2022	21	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	009 252	0.00		0.00
03/01/2022	03/01/2022	21	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	009 252	0.00		0.00
03/01/2022	03/01/2022	21	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	009 252	0.00		0.00
TOTAL:		21	19,010.00	0.00	0.00	0.00	0.00	0.00	19,010.00		0.00		0.00
TOTAL NET PAID													0.00

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: NOVAK, JOSHUA PATIENT ACCOUNT #: 0.2437845 SERVICE PROVIDER NAME: UNGAR SARAGON, JULIAN NETWORK: OUT OF NETWORK CLAIM NUMBER: 20232787A0174 SERVICE PROVIDER ID: 1376642900 RELATIONSHIP TO INSURED: PATIENT NAME: NOVAK, JOSHUA RECEIVED DATE: 10/05/2023 EXPL CD: APPEALS CODE: MA FOR INQUIRIES CALL: (866) 594-0521													
01/21/2022	01/21/2022	22	2,760.00	0.00	0.00	0.00	0.00	0.00	2,760.00	009 252	0.00		0.00
01/21/2022	01/21/2022	22	3,814.00	0.00	0.00	0.00	0.00	0.00	3,814.00	009 252	0.00		0.00
01/21/2022	01/21/2022	22	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	009 252	0.00		0.00
01/21/2022	01/21/2022	22	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	009 252	0.00		0.00
01/21/2022	01/21/2022	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	009 252	0.00		0.00
01/21/2022	01/21/2022	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	009 252	0.00		0.00
01/21/2022	01/21/2022	22	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	009 252	0.00		0.00
01/21/2022	01/21/2022	22	1,310.00	0.00	0.00	0.00	0.00	0.00	1,310.00	009 252	0.00		0.00
01/21/2022	01/21/2022	22	7,200.00	0.00	0.00	0.00	0.00	0.00	7,200.00	009 252	0.00		0.00
TOTAL:		22	24,484.00	0.00	0.00	0.00	0.00	0.00	24,484.00		0.00		0.00
TOTAL NET PAID													0.00

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: HOLLEMAN, KATARZYNA PATIENT ACCOUNT #: 0.2629883 SERVICE PROVIDER NAME: MOCHIZUKI, KEVIN S NETWORK: OUT OF NETWORK CLAIM NUMBER: 20232127A1476 SERVICE PROVIDER ID: 1871679787 RELATIONSHIP TO INSURED: PATIENT NAME: HOLLEMAN, KATARZYNA RECEIVED DATE: 07/31/2023 EXPL CD: APPEALS CODE: MA FOR INQUIRIES CALL: (866) 594-0521													
07/08/2022	07/08/2022	22	2,760.00	0.00	0.00	0.00	0.00	0.00	2,760.00	009 252	0.00		0.00
07/08/2022	07/08/2022	22	3,814.00	0.00	0.00	0.00	0.00	0.00	3,814.00	009 252	0.00		0.00
07/08/2022	07/08/2022	22	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	009 252	0.00		0.00
07/08/2022	07/08/2022	22	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	009 252	0.00		0.00
07/08/2022	07/08/2022	22	1,614.00	0.00	0.00	0.00	0.00	0.00	1,614.00	009 252	0.00		0.00
TOTAL:		22	12,050.00	0.00	0.00	0.00	0.00	0.00	12,050.00		0.00		0.00

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 6003035176

CHECK/EFT DT: 10/18/23
CHECK/EFT: 9022332885

FOR INQUIRIES CALL:
(866) 594-0521

INSURED'S NAME: HOLLEMAN, KATARZYNA				INSURED'S ID: XOF846409404				PATIENT NAME: HOLLEMAN, KATARZYNA				FOR INQUIRIES CALL: (866) 594-0521	
PATIENT ACCOUNT #: 0.2629883				CLAIM NUMBER: 20232127A1476				RECEIVED DATE: 07/31/2023					
SERVICE PROVIDER NAME: MOCHI ZUKI, KEVIN S				SERVICE PROVIDER ID: 1871679787				EXPL CD: APPEALS CODE: MA					
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED:				PLAN TYPE: PPO				DRG RCVD: N/A	
07/08/2022	07/08/2022	95861	, XU	22	1,614.00	0.00	0.00	0.00	0.00	1,614.00	009 252	0.00	0.00
07/08/2022	07/08/2022	95868		22	1,310.00	0.00	0.00	0.00	0.00	1,310.00	009 252	0.00	0.00
07/08/2022	07/08/2022	95868	, XU	22	1,310.00	0.00	0.00	0.00	0.00	1,310.00	009 252	0.00	0.00
07/08/2022	07/08/2022	95999		22	3,600.00	0.00	0.00	0.00	0.00	3,600.00	009 252	0.00	0.00
		TOTAL:		22	20,884.00	0.00	0.00	0.00	0.00	20,884.00		0.00	0.00
INTEREST													
TOTAL NET PAID		0.00											

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

0.00
0.00
0.00

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SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: MILLER, THELMA													
PATIENT ACCOUNT #: 1654780				INSURED'S ID: XOS850674370				CLAIM NUMBER: 20232780A2719				PATIENT NAME: MILLER, THELMA	
SERVICE PROVIDER NAME: UNGAR SARCON, JULIAN				SERVICE PROVIDER ID: 1376642900				RECEIVED DATE: 10/05/2023				APPEALS CODE: MA	
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED:				PLAN TYPE: FFS				DRG RCVD: N/A	
10/14/2020	95955	XU	21	10.60	0.00	0.00	0.00	0.00	10.60	009 252	0.00		0.00
10/14/2020	95938		21	9.05	0.00	0.00	0.00	0.00	9.05	009 252	0.00		0.00
10/14/2020	95870	, 59	21	7.84	0.00	0.00	0.00	0.00	7.84	009 252	0.00		0.00
	TOTAL:			27.49	0.00	0.00	0.00	0.00	27.49		0.00		0.00
INTEREST													
TOTAL NET PAID													

TOTAL APPROVED AMOUNT
TOTAL INTEREST
TOTAL NET AMOUNT DUE: ITS HOST TRADITIONAL NAT

GROSS APPROVED CLAIM AMOUNT
TOTAL INTEREST
NET AMOUNT DUE

0.00
0.00
0.00

0.00
0.00
0.00

EXPL CODES

009

252

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 Availity.com use the Claims & Payments tab to access Claim Status. Find this claim and use the Send Attachments button to send the requested documentation.
AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.

APPEALS CODE

MA

APPEALS

Non-Contracted Medical Care Provider Appeal - Medical Care Advantage/Medical Care Medical 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/MedicalCare/Appeals>-



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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.

Please mail the appeal to this address:

Grievances and Appeals
Mailstop: OH0205-AS37
4361 Irwin Simpson Rd.
Mason, OH 45040-9398

Non-Contracted Medicare Provider Payment Disputes - Medicare Advantage/Medicare Medicaid 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

