



Anthem Blue Cross and Blue Shield Healthcare Solutions is the trade name of Community Care Health Plan of Nevada, Inc., an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Anthem BCBS Healthcare Solutions
3075 VANDERCAR WAY
CINCINNATI, OH 45209

10/17/23 9022318680

1017AI 160955-030617000000

1017AI 160955-030617

PROVIDER ID NO
11193283

TAX ID NO
XXXXX2508

DATE
10/17/23



#BWNCQXF
#61/888067////DF4#
MONITORING ASSOCIATES LLC
PO BOX 29650 DEPT 880256
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

Anthem BCBS Healthcare Solutions

DATE 10/17/23

PROVIDER NAME	MONITORING ASSOCIATES LLC	
ADDRESS	PO BOX 29650 DEPT 880256 PHOENIX AZ 85038-9650	
PROVIDER-NPI IDS	11193283	- 1174916522
TAX ID NO	XXXXX2508	
CHECK NUMBER:	9022318680	

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



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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 11193283

CHECK/EFT DT: 10/17/23
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BCBS HEALTHCARE SOL MD -

SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPLANSI CODE(S)	INSURED'S RESP AMOUNT	EXPLANSI CODE(S)	NET PAID
PATIENT NAME: PASCUA, JULIE A PATIENT ACCOUNT#: 0. 2864110 SERVICE PROVIDER NAME: NATH, AUDREY R. MEMBER ID: 720775274 CLAIM NUMBER: 256133155900 SERVICE PROVIDER ID: 1053679019 STATE/ALT ID: 00000674971 TOB: AUTH#: DRG#: 10/13/2023 RECEIVED DATE: EXPL CD: APPEALS CODE: ANV FOR INQUIRIES CALL: (800) 454-3730														
01/18/23	01/18/23	9593826		1 21	3,107.00	0.00	0.00	0.00	0.00	3,107.00	TFO 29	0.00		0.00
01/18/23	01/18/23	9595526		1 21	1,755.00	0.00	0.00	0.00	0.00	1,755.00	TFO 29	0.00		0.00
01/18/23	01/18/23	9591026	XU	1 21	780.00	0.00	0.00	0.00	0.00	780.00	TFO 29	0.00		0.00
01/18/23	01/18/23	5178526		1 21	2,799.00	0.00	0.00	0.00	0.00	2,799.00	TFO 29	0.00		0.00
01/18/23	01/18/23	5178526	XU	1 21	2,799.00	0.00	0.00	0.00	0.00	2,799.00	TFO 29	0.00		0.00
01/18/23	01/18/23	9588626		2 21	5,944.00	0.00	0.00	0.00	0.00	5,944.00	TFO 29	0.00		0.00
01/18/23	01/18/23	9588626	XU	2 21	5,944.00	0.00	0.00	0.00	0.00	5,944.00	TFO 29	0.00		0.00
01/18/23	01/18/23	95999		4 21	7,200.00	0.00	0.00	0.00	0.00	7,200.00	TFO 29	0.00		0.00
TOTAL:					30,328.00	0.00	0.00	0.00	0.00	30,328.00		0.00		0.00
TOTAL NET PAID														

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: BCBS HEALTHCARE SOL MD 0.00
GROSS APPROVED CLAIM AMOUNT 0.00
TOTAL INTEREST 0.00
NET AMOUNT DUE 0.00

GENERAL INFORMATION

PAYEE ENDORSEMENT ACKNOWLEDGEMENT: "I UNDERSTAND THAT PAYMENT OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSIFICATION, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER FEDERAL AND STATE LAWS." (42 CFR 455.19)

EXPL CODES	EXPLANATION	GROUP CODE	CARC	RARC
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TFO 29
This was not paid because it was not filed within the claim timely filing limit. 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.
THE TIME LIMIT FOR FILING HAS EXPIRED.

MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 11193283

CHECK/EFT DT: 10/17/23
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APPEALS CODE APPEALS

ANV Payment disputes-If you disagree with a claim determination, you may file a payment dispute in writing within that prescribed period mandated by the state which you do business. Your payment dispute should be directed to Anthem Blue Cross and Blue Shield Healthcare Solutions Payment Dispute Unit at P. O. Box 61599, Virginia Beach, VA 23466 or call 1-844-396-2330.