



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

10/13/23 9022209579

1013AI 160955-006917000000

1013AI 160955-006917

PROVIDER ID NO  
03095460

TAX ID NO  
XXXXX2508

DATE  
10/13/23



#BWNCQXF  
#93/699045///DF1#  
MONITORING ASSOCIATES LLC  
DEPT 880256 PO BOX 29650  
PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

Anthem BCBS Healthcare Solutions

DATE 10/13/23

PROVIDER NAME	MONITORING ASSOCIATES LLC	
ADDRESS	DEPT 880256 PO BOX 29650 PHOENIX AZ 85038-9650	
PROVIDER-NPI IDS	03095460	- 1174916522
TAX ID NO	XXXXX2508	
CHECK NUMBER:	9022209579	

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





MONITORING ASSOCIATES, LLC  
PROVIDER ID NO: 03095460

CHECK/EFT DT: 10/13/23  
CHECK/EFT: 9022209579

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: RAYMOND, ROBERT														
PATIENT ACCOUNT #: 0.2812831				MEMBER ID: 732318000				STATE/ALT ID: 00002910002				DRG#: 10/02/2023		
SERVICE PROVIDER NAME: MCAULIFFE, MATTHEW B.				CLAIM NUMBER: 255283679500				TOB: 1821388562				RECEIVED DATE: 10/02/2023		
OTH HEALTH INSURANCE: ANTHEM BLUE CROSS BLUE SHIELD OF NE				SERVICE PROVIDER ID: 1821388562				AUTH#: (800) 827-6422				EXPL CD: 454-3730		
POL HOLD NAME:				PHONE: (800) 827-6422				ADDRESS/CITY/STATE: 5250 S VIRGINIA ST, RENO, NV				APPEALS CODE: ANV		
				POL HOLD ID: 1FP24A74602				EFFECTIVE DATE: 12/01/2022				FOR INQUIRIES CALL:		
12/05/22	9593826	1	21	3,107.00	0.00	0.00	0.00	0.00	0.00	3,107.00	CBP 252	0.00		0.00
12/05/22	9595526	1	21	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00	CBP 252	0.00		0.00
12/05/22	9591026	1	21	780.00	0.00	0.00	0.00	0.00	0.00	780.00	CBP 252	0.00		0.00
12/05/22	9588626	2	21	5,944.00	0.00	0.00	0.00	0.00	0.00	5,944.00	CBP 252	0.00		0.00
12/05/22	9588626	2	21	5,944.00	0.00	0.00	0.00	0.00	0.00	5,944.00	CBP 252	0.00		0.00
12/05/22	95999	3	21	5,400.00	0.00	0.00	0.00	0.00	0.00	5,400.00	CBP 252	0.00		0.00
TOTAL:				22,930.00	0.00	0.00	0.00	0.00	0.00	22,930.00		0.00		0.00
INTEREST														0.00
TOTAL NET PAID														0.00

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	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 claims dispute.	CO	29	
CBP	Explanation of Benefits is needed from the Member's Primary Carrier	CO	252	N479
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			



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BCBS HEALTHCARE SOL MD -

252 AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.

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.