



BLUE CROSS OF CALIFORNIA (CA)
3075 VANDERCAR WAY
CINCINNATI, OH 45209

09/20/23 7700199291

0920AI 060156-000531000000

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.



#BWNCQXF
#5428865653CA/DF2#
NEWPORT DIAGNOSTIC RADIOLOGY, INC
PO BOX 80463
CITY OF INDUSTRY CA 91716-8403

BLUE CROSS OF CALIFORNIA (CA)

PAYMENT NUMBER 7700199291

DATE 09/20/23

PROVIDER NAME NEWPORT DIAGNOSTIC RADIOLOGY, INC
ADDRESS PO BOX 80463
CITY OF INDUSTRY CA 91716-8403

PROVIDER-NPI IDS 1134345473CA - 1134345473

TAX ID NO XXXXX3695

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	36.19	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	36.19
NET AMOUNT DUE	36.19	RECOUPMENT BALANCE	0.00



PAYMENT NUMBER

7700199291

0920AI 060156-000531

3299958571

PROVIDER ID NO

1134345473CA

TAX ID NO

XXXXXX3695

DATE

09/20/23

\$36.19

NEWPORT DIAGNOSTIC RADIOLOGY, INC



- Funds have been remitted via your preferred Zelis ePayment method. For questions regarding the payment method please contact Zelis at 877.828.8770, or visit Zelis.com to log into your Zelis account.
- If you prefer to receive payments directly from the health plan, it is easy to sign up for electronic funds transfer (EFT). Sign up at <https://enrollsafe.payeehub.org>.
- For claim inquiries, log onto Availity.com and use the Claims & Payments tab to access Claims Status.



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NEWPORT DIAGNOSTIC RADIOLOGY, INC
PROVIDER ID NO: 1134345473CA CHECK/EFT DT: 09/20/23
CHECK/EFT: 7700199291

PLEASE GO TO URL: enrollsafe.payeehub.org FOR ENROLLING INTO ELECTRONIC FUNDS TRANSFER (EFT).

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.

IN MED-SUPP G2001

- Kelly, Barbara

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: KELLY, BARBARA M				INSURED'S ID: VNF415A68037				PATIENT NAME: KELLY, BARBARA M				FOR INQUIRIES CALL:	
PATIENT ACCOUNT#: C219060328				CLAIM NUMBER: 254018039000				RECEIVED DATE: 09/13/2023				(800) 676-2583	
SERVICE PROVIDER NAME: REUSS, KAREN L.				SERVICE PROVIDER ID: 1336190354				EXPL CD:					
NETWORK:				RELATIONSHIP TO INSURED:				PLAN TYPE:					
08/03/2023 08/03/2023	77067	11	460.00	0.00	0.00	0.00	0.00	0.00	460.00	Q00 23	0.00		0.00
08/03/2023 08/03/2023	7664150	11	740.00	36.19	0.00	0.00	0.00	0.00	703.81	Q00 23	0.00		36.19
08/03/2023 08/03/2023	77063	11	185.00	0.00	0.00	0.00	0.00	0.00	185.00	Q00 23	0.00		0.00
TOTAL:			1,385.00	36.19	0.00	0.00	0.00	0.00	1,348.81		0.00		36.19
INTEREST													0.00
TOTAL NET PAID													36.19

TOTAL APPROVED AMOUNT	36.19
TOTAL INTEREST	0.00
TOTAL NET AMOUNT DUE: IN MED-SUPP G2001	36.19
GROSS APPROVED CLAIM AMOUNT	36.19
TOTAL INTEREST	0.00
NET AMOUNT DUE	36.19

EXPL CODES	EXPLANATION
Q00	The impact of prior payer(s) adjudication including payments and/or adjustments.
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.