



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

08/11/23 7700075778

0811AI 060156-013427000000

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
#562976773///DF6# M001
SANDEEP KUMAR BANSIL MD I
2121 W IMPERIAL HWY STE E494
LA HABRA CA 90631-6300

BLUE CROSS OF CALIFORNIA (CA)

PAYMENT NUMBER 7700075778

DATE 08/11/23

PROVIDER NAME SANDEEP KUMAR BANSIL MD I
ADDRESS 2121 W IMPERIAL HWY STE E494
LA HABRA CA 90631-6300

PROVIDER-NPI IDS XXXXX6347 - 1285271247
TAX ID NO XXXXX6347

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	1,268.25	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	1,268.25
NET AMOUNT DUE	1,268.25	RECOUPMENT BALANCE	0.00



PROVIDER ID NO

XXXXXX6347

SANDEEP KUMAR BANSIL MD I

0811AI 060156-013427

TAX ID NO

XXXXXX6347

DATE

08/11/23

PAYMENT NUMBER

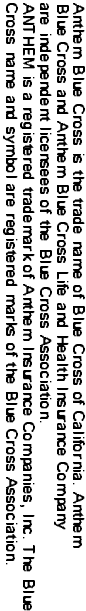
7700075778

3299958571

\$1,268.25



- 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.



SANDEEP KUMAR BANSIL MD I
PROVIDER ID NO: 203226347

CHECK/EFT DT: 08/11/23
CHECK/EFT: 7700075778

PLEASE GO TO URL: enrol@safe.payxehub.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 OTHER MEDICAL TOOL, OR SENT IN ANY OTHER MEDIUM INCLUDING MAIL, EMAIL, FAX, OR OTHER ELECTRONIC TRANSMISSION.

MEDI CARE SUPPLEMENT - PBP -

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL PROVIDER DIFFERENCE	RESP.	EXPL/ANSI CODE(S)	RESPONSIBILITY	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: SAUCEDO, ANTHONY		INSURED'S ID: 926A71546		PATIENT NAME: SAUCEDO, ANTHONY		FOR INQUIRIES CALL: (800) 284-1110							
PATIENT ACCOUNT #: 4066852930		CLAIM NUMBER: 20232206G7722		RECEIVED DATE: 08/08/2023									
SERVICE PROVIDER NAME: BANSI L, SAUDEEP K		SERVICE PROVIDER ID: 1184799124		EXPL CD: APPEALS CODE: DMHC									
NETWORK: I N NETWORK		RELATIONSHIP TO INSURED: SUBSCRIBER		PLAN TYPE: PPO		DRG RCVD: N/A							

[illegible]

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: SAUCEO, ANTHONY														
PATIENT ACCOUNT #: 4066802930														
SERVICE PROVIDER NAME: BANSI L, SAUDEEP K														
NETWORK: I N NETWORK														
INSURED'S ID: 926A71546														
CLAIM NUMBER: 20232206G7344														
SERVICE PROVIDER ID: 118479124														
RELATIONSHIP TO INSURED: SUBSCRIBER														
PLAN TYPE: PRO														
PATIENT NAME: SAUCEO, ANTHONY														
RECEIVED DATE: 08/08/2023														
EXPL CD: A														
DRG RCVD: N/A														
APPEALS CODE: DMHC														
(800) 284-1110														
05/25/2023	05/25/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
05/26/2023	05/26/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
05/27/2023	05/27/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
05/28/2023	05/28/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
05/29/2023	05/29/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
TOTAL:				900.00	84.55	0.00	0.00	0.00	0.00	477.25		0.00	0.00	84.55
INTEREST														
AMOUNT PAID BY OTHER														
INSURANCE COMPANY														
TOTAL NET PAID														
331.45														
84.55														

SANDEEP KUMAR BANSIL MD I
PROVIDER ID NO: 203226347

CHECK/EFT DT: 08/11/23
CHECK/EFT: 7700075778

MEDI CARE SUPPLEMENT-PBP -

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: SAUCEDO, ANTHONY PATIENT ACCOUNT #: 4066822930 SERVICE PROVIDER NAME: BANSIL L, SANDEEP K NETWORK: I N NETWORK INSURED'S ID: 926A71546 CLAIM NUMBER: 2023220G66943 SERVICE PROVIDER ID: 1184799124 RELATIONSHIP TO INSURED: SUBSCRI BER PATIENT NAME: SAUCEDO, ANTHONY RECEIVED DATE: 08/08/2023 EXPL CD: APEALS CODE: DMHC FOR INQUIRIES CALL: (800) 284-1110													
06/01/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
06/02/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
06/03/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
06/04/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
06/05/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
06/06/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
INTEREST	TOTAL:		1,080.00	101.46	0.00	0.00	0.00	0.00	572.70		0.00		101.46
AMOUNT PAID BY OTHER	INSURANCE COMPANY												0.00
TOTAL NET PAID													101.46

INSURED'S NAME: SAUCEDO, ANTHONY PATIENT ACCOUNT #: 4066842930 SERVICE PROVIDER NAME: BANSIL L, SANDEEP K NETWORK: I N NETWORK INSURED'S ID: 926A71546 CLAIM NUMBER: 2023220G66883 SERVICE PROVIDER ID: 1184799124 RELATIONSHIP TO INSURED: SUBSCRI BER PATIENT NAME: SAUCEDO, ANTHONY RECEIVED DATE: 08/08/2023 EXPL CD: APEALS CODE: DMHC FOR INQUIRIES CALL: (800) 284-1110													
06/07/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
06/08/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
06/09/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
06/10/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
06/11/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
06/12/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
INTEREST	TOTAL:		1,080.00	101.46	0.00	0.00	0.00	0.00	572.70		0.00		101.46
AMOUNT PAID BY OTHER	INSURANCE COMPANY												0.00
TOTAL NET PAID													101.46

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: SAUCEDO, ANTHONY PATIENT ACCOUNT #: 4066922930 SERVICE PROVIDER NAME: BANSIL L, SANDEEP K NETWORK: I N NETWORK INSURED'S ID: 926A71546 CLAIM NUMBER: 2023220G66421 SERVICE PROVIDER ID: 1184799124 RELATIONSHIP TO INSURED: SUBSCRI BER PATIENT NAME: SAUCEDO, ANTHONY RECEIVED DATE: 08/08/2023 EXPL CD: APEALS CODE: DMHC FOR INQUIRIES CALL: (800) 284-1110													
07/01/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
07/02/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91



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.

SANDEEP KUMAR BANSI L MD 1
PROVIDER ID NO: 203226347

CHECK/EFT DT: 08/11/23
CHECK/EFT: 7700075778

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: SAUCEDO, ANTHONY													
PATIENT ACCOUNT #: 406692930				CLAIM NUMBER: 2023220G6421				PATIENT NAME: SAUCEDO, ANTHONY				FOR INQUIRIES CALL: (800) 284-1110	
SERVICE PROVIDER NAME: BANSI L, SANDEEP K				SERVICE PROVIDER ID: 1184799124				RECEIVED DATE: 08/08/2023				APPEALS CODE: DMHC	
NETWORK: I IN NETWORK				RELATIONSHIP TO INSURED: SUBSCRIBER				PLAN TYPE: PPO				DRG RCVD: N/A	

07/03/2023	07/03/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
07/04/2023	07/04/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
07/05/2023	07/05/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
07/06/2023	07/06/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
TOTAL:			1,080.00	101.46	0.00	0.00	0.00	0.00	572.70			0.00	101.46
INTEREST													
AMOUNT PAID BY OTHER													
TOTAL NET PAID													101.46

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: SAUCEDO, ANTHONY													
PATIENT ACCOUNT #: 4066902930				CLAIM NUMBER: 2023220G66206				PATIENT NAME: SAUCEDO, ANTHONY				FOR INQUIRIES CALL: (800) 284-1110	
SERVICE PROVIDER NAME: BANSI L, SANDEEP K				SERVICE PROVIDER ID: 1184799124				RECEIVED DATE: 08/08/2023				APPEALS CODE: DMHC	
NETWORK: I IN NETWORK				RELATIONSHIP TO INSURED: SUBSCRIBER				PLAN TYPE: PPO				DRG RCVD: N/A	

06/25/2023	06/25/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
06/26/2023	06/26/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
06/27/2023	06/27/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
06/28/2023	06/28/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
06/29/2023	06/29/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
06/30/2023	06/30/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
TOTAL:			1,080.00	101.46	0.00	0.00	0.00	0.00	572.70			0.00	101.46
INTEREST													
AMOUNT PAID BY OTHER													
TOTAL NET PAID													101.46

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: SAUCEDO, ANTHONY													
PATIENT ACCOUNT #: 4066952930				CLAIM NUMBER: 2023220G66148				PATIENT NAME: SAUCEDO, ANTHONY				FOR INQUIRIES CALL: (800) 284-1110	
SERVICE PROVIDER NAME: BANSI L, SANDEEP K				SERVICE PROVIDER ID: 1184799124				RECEIVED DATE: 08/08/2023				APPEALS CODE: DMHC	
NETWORK: I IN NETWORK				RELATIONSHIP TO INSURED: SUBSCRIBER				PLAN TYPE: PPO				DRG RCVD: N/A	

07/07/2023	07/07/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
07/08/2023	07/08/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
TOTAL:			360.00	33.82	0.00	0.00	0.00	0.00	190.90			0.00	33.82
INTEREST													
AMOUNT PAID BY OTHER													
TOTAL NET PAID													33.82

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: SAUCEDO, ANTHONY													
PATIENT ACCOUNT #: 4066712930				CLAIM NUMBER: 2023220G66016				PATIENT NAME: SAUCEDO, ANTHONY				FOR INQUIRIES CALL: (800) 284-1110	
SERVICE PROVIDER NAME: BANSI L, SANDEEP K				SERVICE PROVIDER ID: 1184799124				RECEIVED DATE: 08/08/2023				APPEALS CODE: DMHC	
NETWORK: I IN NETWORK				RELATIONSHIP TO INSURED: SUBSCRIBER				PLAN TYPE: PPO				DRG RCVD: N/A	

05/01/2023	05/01/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
05/02/2023	05/02/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91
05/03/2023	05/03/2023	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45	069 23	0.00	16.91



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.

SANDEEP KUMAR BANSI L MD 1
PROVIDER ID NO: 203226347

CHECK/EFT DT: 08/11/23
CHECK/EFT: 7700075778

MEDI CARE SUPPLEMENT-PBP -

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: SAUCEDO, ANTHONY PATIENT ACCOUNT #: 406682930 SERVICE PROVIDER NAME: BANSI L, SANDEEP K NETWORK: I N NETWORK INSURED'S ID: 926A71546 CLAIM NUMBER: 2023220G65856 SERVICE PROVIDER ID: 1184799124 RELATIONSHIP TO INSURED: SUBSCRI BER PATIENT NAME: SAUCEDO, ANTHONY RECEIVED DATE: 08/08/2023 EXPL CD: APEALS CODE: DMHC FOR INQUIRIES CALL: (800) 284-1110													
04/24/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
04/25/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
04/26/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
04/27/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
04/28/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
04/30/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
TOTAL:			1,080.00	101.46	0.00	0.00	0.00	0.00	572.70		0.00		101.46
INTEREST													0.00
AMOUNT PAID BY OTHER													397.74
TOTAL NET PAID													101.46

INSURED'S NAME: SAUCEDO, ANTHONY PATIENT ACCOUNT #: 4066792930 SERVICE PROVIDER NAME: BANSI L, SANDEEP K NETWORK: I N NETWORK INSURED'S ID: 926A71546 CLAIM NUMBER: 2023220G65821 SERVICE PROVIDER ID: 1184799124 RELATIONSHIP TO INSURED: SUBSCRI BER PATIENT NAME: SAUCEDO, ANTHONY RECEIVED DATE: 08/08/2023 EXPL CD: APEALS CODE: DMHC FOR INQUIRIES CALL: (800) 284-1110													
05/19/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
05/20/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
05/21/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
05/22/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
05/23/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
05/24/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
TOTAL:			1,080.00	101.46	0.00	0.00	0.00	0.00	572.70		0.00		101.46
INTEREST													0.00
AMOUNT PAID BY OTHER													397.74
TOTAL NET PAID													101.46

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: SAUCEDO, ANTHONY PATIENT ACCOUNT #: 4066732930 SERVICE PROVIDER NAME: BANSI L, SANDEEP K NETWORK: I N NETWORK INSURED'S ID: 926A71546 CLAIM NUMBER: 2023220G65759 SERVICE PROVIDER ID: 1184799124 RELATIONSHIP TO INSURED: SUBSCRI BER PATIENT NAME: SAUCEDO, ANTHONY RECEIVED DATE: 08/08/2023 EXPL CD: APEALS CODE: DMHC FOR INQUIRIES CALL: (800) 284-1110													
05/07/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
05/08/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91

SANDEEP KUMAR BANSIL MD I
PROVIDER ID NO: 203226347

CHECK/EFT DT: 08/11/23
CHECK/EFT: 7700075778

FOR INQUIRIES CALL:
(800) 284-1110

SERVICE DATE(S)	SERVICE CODES	POS	CHANGE	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: SAUCEDO, ANTHONY PATIENT ACCOUNT #: 4066732930 SERVICE PROVIDER NAME: BANSIL L, SANDEEP K NETWORK: I N NETWORK INSURED'S ID: 926A71546 CLAIM NUMBER: 2023220G65759 SERVICE PROVIDER ID: 1184799124 RELATIONSHIP TO INSURED: SUBSCRIBER PATIENT NAME: SAUCEDO, ANTHONY RECEIVED DATE: 08/08/2023 EXPL CD: APEALS CODE: DMHC FOR INQUIRIES CALL: (800) 284-1110													
05/09/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
05/10/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
05/11/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
05/12/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
TOTAL:			1,080.00	101.46	0.00	0.00	0.00	0.00	572.70		0.00		101.46
INTEREST													
AMOUNT PAID BY OTHER													
TOTAL NET PAID											397.74		101.46

INSURED'S NAME: SAUCEDO, ANTHONY		INSURED'S ID: 926A71546		PATIENT NAME: SAUCEDO, ANTHONY		FOR INQUIRIES CALL:	
PATIENT ACCOUNT #: 4066812930		CLAIM NUMBER: 2023220G65389		RECEIVED DATE: 08/08/2023		(800) 284-1110	
SERVICE PROVIDER NAME: BANSIL L, SANDEEP K		SERVICE PROVIDER ID: 1184799124		EXPL CD: APEALS CODE: DMHC			
NETWORK: I N NETWORK		RELATIONSHIP TO INSURED: SUBSCRIBER		PLAN TYPE: PPO		DRG RCD: N/A	

05/30/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
05/31/2023	99232	21	180.00	16.91	0.00	0.00	0.00	0.00	95.45	021 45 069 23	0.00		16.91
TOTAL:			360.00	33.82	0.00	0.00	0.00	0.00	190.90		0.00		33.82
INTEREST													
AMOUNT PAID BY OTHER													
TOTAL NET PAID											132.58		33.82

TOTAL APPROVED AMOUNT 1,268.25
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: MEDICARE SUPPLEMENT-PBP 1,268.25

GROSS APPROVED CLAIM AMOUNT 1,268.25
TOTAL INTEREST 0.00
NET AMOUNT DUE 1,268.25

EXPL CODES

EXPLANATION

- 021
This was processed and adjusted because these charges were paid by Medi cal d. For additional information visit www. medicare.gov or contact the state Medical agency for additional information.
This amount includes a portion of benefits paid by medicare or applied to your medicare deductible. Please refer to your explanation of medicare benefits (E.O.M.B.) to determine your liability.
CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
USAGE: THIS ADJUSTMENT AMOUNT CANNOT EQUAL THE TOTAL SERVICE OR CLAIM CHARGE AMOUNT.
AND MUST NOT DUPLICATE PROVIDER ADJUSTMENT AMOUNTS (PAYMENTS AND CONTRACTUAL REDUCTIONS) THAT HAVE RESULTED FROM PRIOR PAYER(S) ADJUDICATION.
THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.
- 069
- 45
- 23

APEALS CODE

APEALS

Explanation of claims review procedures
If you believe that your claim is wrongfully in whole or in part, rejected or denied you may request a review from the Department of Managed Health Care at the following address and phone number:
Department of Managed Health Care Help Center: 1-888-HMO-2219
980 Ninth Street, Suite 500, Sacramento, California 95814-2725

DMHC



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.

SANDEEP KUMAR BANSIL MD I
PROVIDER ID NO: 203226347

CHECK/EFT DT: 08/11/23
CHECK/EFT: 7700075778

MEDICAL CARE SUPPLEMENT-PBP

If you have questions regarding this Reimbursement Advice, please contact our Custom Service Department.

Provider dispute resolution mechanism for Providers:

If you are a contracting provider with Anthem Blue Cross (Anthem) you are required to follow dispute resolution process in your contract. If you have a dispute with Anthem Blue Cross regarding your contract, you may ask for a "meet and confer" unless your contract specifies otherwise. If the "meet and confer" does not resolve the issue, you may request binding arbitration as specified in your provider contract. See your contract for more detailed information, or contact the Custom Service Department at the telephone number shown on the member's ID card. If you disagree with an Anthem Blue Cross claim or billing determination, or Anthem Blue Cross request for reimbursement of an overpayment, or if you have a contract dispute, you may submit a provider by mailing a written notice to us at P.O. Box 60007, Los Angeles, CA 90060-0007. The written notice must include the provider name, tax identification number, patient name, health plan identification number, description of the dispute, and whether this is a single dispute or a substantially similar multiple claims dispute. Disputes involving a claim, or billing or overpayment must also include the service "From/To" date. Further instructions and forms are available via Anthem Blue Cross website at www.anthem.com/ca or call the customer service number referenced on the member's identification card. If the dispute is not resolved to your satisfaction, you may contact the California Department of Managed Health Care Help Center (a state agency) at 1-888-4HMO-2218 for assistance. They may also be contacted by mail at 980 North Street, Suite 500, Sacramento, California 95814-2725. Their website is www.healthhelp.org. State dispute resolution requirements are preempted by Federal law. You or your authorized representative may have the right to request an independent medical review (IMR) of disputed health care services from the California Department of Managed Health Care if you believe that services have been improperly denied, modified, or delayed. A disputed health care service is any health care service eligible for coverage and payment under your plan that has been denied, modified, or delayed by your health plan, in whole or in part because the service is not medically necessary.

Such IMR may be available to you immediately without going through our appeal or grievance process if the California Department of Managed Health Care determines that an earlier review is warranted or if there exists an imminent or serious threat to your health that requires an expedited review of your case. In other circumstances, IMR is available only after you have filed a grievance with us and we uphold our original decision, or your grievance remains unresolved thirty days after you have filed it. If you need assistance with identifying whether your grievance is urgent or non-urgent you may call 1-800-365-0609.

Please be aware that failing to apply for an IMR may forfeit other statutory rights to pursue legal action against your plan regarding the disputed health care service. Your application may be barred if not submitted within six months of being denied the disputed health care service. You may submit an IMR application to the California Department of Managed Care at the following address:

California Department of Managed Health Care Help Center
980 North Street, Suite 500
Sacramento, California 95814-2725



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.

08/11/23 7700075778

0811AI060156-013427

RECOUPMENT NOTIFICATION

PROVIDER: SANDEEP KUMAR BANSIL MD I
PAYEE ID: 203226547
NEG BAL REF #: 08/11/23
DATE: 08/11/23
CHECK AMT: 1,268.25

THIS IS A DETAILED NOTIFICATION OF THE RECOUPMENT PROCESSED BY ANTHEM FOR OVERPAYMENTS MADE TO YOUR ACCOUNT AS INDICATED ON THE ENCLOSED REMITTANCE ADVISE. THE "ORIGINAL NEGATIVE CLAIM NUMBER" COLUMN CONTAINS THE ORIGINAL CLAIM ID THAT CREATED THE NEGATIVE BALANCE. THE CORRESPONDING PRIOR AND CURRENT RECOUPMENT SECTIONS BELOW SHOW THE RECOUPMENT DETAILS FOR EACH ORIGINAL NEGATIVE CLAIM LISTED IN THE NEGATIVE BALANCE HISTORY. THE "NEGATIVE BALANCE DEFERRED" SECTION SHOWS DEFERRED (FUTURE) RECOUPMENTS WHERE REFUNDS ARE DUE. THESE ARE NOT REFLECTED ON THIS REMITTANCE ADVISE. A SEPARATE LETTER HAS BEEN SENT WITH FURTHER DETAILS AND OVERPAYMENT RECOVERY WILL COMMENCE FOLLOWING EXISTING PROCESSES IF A REFUND IS NOT RECEIVED. IF YOU HAVE QUESTIONS REGARDING A RECOUPMENT, PLEASE CONTACT PROVIDER SERVICE AT NUMBER NOTED ON REMITTANCE ADVISE.

REMIT DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	CREDITS RECOVERED	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
------------	--------------	--------------	---------------	------------------------	-----------------	--------------------------------	--------------	-------------------	--------	------------	--------------------

NEGATIVE BALANCE HISTORY:

--

PRIOR RECOUPMENT:

--

CURRENT RECOUPMENT:

--

REMIT DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	EXPECTED RECOUP DATE	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
------------	--------------	--------------	---------------	------------------------	-----------------	--------------------------------	--------------	----------------------	--------	------------	--------------------

NEGATIVE BALANCE DEFERRED:

08/10/23	MITCHELL LARRY	3913682930	491A73964	2023091BI 876398	02/01/23	2023091BI 876398	424.38-	09/07/23		1,080.00	15061433
08/10/23	MITCHELL LARRY	3913692930	491A73964	2023091BI 938098	02/09/23	2023091BI 938098	141.46-	09/07/23		360.00	15061433
08/10/23	MITCHELL LARRY	3955802930	491A73964	2023117BZ156798	02/19/23	2023117BZ156798	424.38-	09/07/23		1,080.00	15061433
08/10/23	MITCHELL LARRY	3955812930	491A73964	2023117BZ582598	02/25/23	2023117BZ582598	282.92-	09/07/23		720.00	15061433
08/10/23	MITCHELL LARRY	3955792930	491A73964	2023117BZ675798	02/13/23	2023117BZ675798	424.38-	09/07/23		1,080.00	15061433
08/10/23	MITCHELL LARRY	3960652930	491A73964	2023118DI 406798	03/08/23	2023118DI 406798	424.38-	09/07/23		1,080.00	15061433
08/10/23	MITCHELL LARRY	3960692930	491A73964	2023118DI 411998	03/20/23	2023118DI 411998	424.38-	09/07/23		1,080.00	15067958

THIS IS NOT A BILL

PLEASE RETAIN FOR YOUR RECORDS. THIS IS THE ONLY COPY YOU WILL RECEIVE.

RECOUPMENT NOTIFICATION

PAGE 2

REMIT DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/ REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	EXPECTED RECOUP DATE	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
------------	--------------	--------------	---------------	-------------------------	-----------------	--------------------------------	--------------	----------------------	--------	------------	--------------------

08/10/23	MITCHELL LARRY	3960672930	491A73964	2023118DI 516598	03/14/23	2023118DI 516598	424.38-	09/07/23		1,080.00	15061433
08/10/23	MITCHELL LARRY	3960712930	491A73964	2023118DI 544898	03/26/23	2023118DI 544898	353.65-	09/07/23		900.00	15061433
08/10/23	MITCHELL LARRY	3960642930	491A73964	2023118DI 576698	03/01/23	2023118DI 576698	424.38-	09/07/23		1,080.00	15061433
08/10/23	MITCHELL LARRY	3965012930	491A73964	2023123BG339098	04/01/23	2023123BG339098	437.10-	09/07/23		1,080.00	15067958

TOTAL NEGATIVE BALANCE DEFERRED 4,185.79-

TOTAL NEGATIVE BALANCE 0.00
TOTAL PRIOR RECOUPMENT 0.00
TOTAL CURRENT RECOUPMENT 0.00
TOTAL OUTSTANDING NEGATIVE BALANCE 4,185.79-
TOTAL DEFERRED 4,185.79-
OUTSTANDING NEGATIVE BALANCE WITH DEFERRED 4,185.79-