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PROVIDER ID NO:

 CHECK/EFT DT:  
CHECK/EFT:

PPO PB INCNTV HOSP/PROF -

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: PATIENT ACCOUNT#: SERVICE PROVIDER NAME: NETWORK:				INSURED'S ID: CLAIM NUMBER: SERVICE PROVIDER ID: RELATIONSHIP TO INSURED:				PATIENT NAME: RECEIVED DATE: EXPL CD: DRG RCVD:				FOR INQUIRIES CALL: (800) 284-1110	
								APPEALS CODE:					
								PLAN TYPE:					
12/19/2022 12/19/2022	30520												
12/19/2022 12/19/2022	30130												
12/19/2022 12/19/2022	30130												
12/29/2022 12/29/2022	30999		875.00	875.00									875.00
TOTAL:													
TOTAL NET PAID													

TOTAL APPROVED AMOUNT  
TOTAL INTEREST  
TOTAL NET AMOUNT DUE: PPO PB INCNTV HOSP/PROF

GROSS APPROVED CLAIM AMOUNT  
NET AMOUNT DUE

EXPL CODES	EXPLANATION
AUZ	We paid the member for this claim because the doctor/facility is not in the plan's network. The member is responsible for paying the bill they receive from the doctor/facility.
015	This was processed, and as an out of network provider, the maximum amount has been paid. The remaining balance can be billed to the member only if it was non-emergent or was not authorized.
45	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.

APPEALS CODE	APPEALS
DMHC	<p>Explanation of claims review procedures</p> <p>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:</p> <p>Department of Managed Health Care Help Center: 1-888-HMO-2219 980 Ninth Street, Suite 500, Sacramento, California 95814-2725</p> <p>If you have questions regarding this Remittance Advice, please contact our Custom Service Department.</p> <p>Provider dispute resolution mechanism for Providers:</p> <p>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</p>