VAFIRSO1 COMB (20220128B0A JCBB 20220124 083935 KM) Env [27,542] 2 of 3

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Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form1095B for instructions and the latest information.	Do not attach to your tax return. Keep for your records.	nealth coverage	
	CORRECTED	4	VOID
			OMB No. 1545-2252

98	27	26	25	24	APOORVA	First name,	(a) Name	Part IV Cov	120 MONUMENT CIRCLE	19 Street address (in	ANTHEM HEALTH	" [Part III Issu	2831 LONE OAK RD RUSSELL CA	12 Street address (in	PAIN MANAGEME	10 Employer name	Part II Info	8 Enter letter ider	3249 TAMARCK CT APT 529	4 Street address (in	APOORVA	1 Name of respons	Part I Res
					PONNEKANTI	First name, middle initial, last name	(a) Name of covered individual(s)	Covered Individuals (Enter	RCLE	Street address (including room or suite no.)	ANTHEM HEALTH PLANS OF KENTUCKY, INC.		Issuer or Other Coverage Provider (see instructions)	RUSSELL CA	Street address (including room or suite no.)	PAIN MANAGEMENT CENTERS OF AMERICA PSC		Information About Certain Employer-Sponsored Coverage (see instructions)	Enter letter identifying Origin of the Health Coverage (see instructions for codes):	APT 529	Street address (including apartment no.)		Name of responsible individual-First name, middle name, last name	Responsible Individual
			4. 27		*****6999		(b) SSN or other TIN	(Enter the information for each covered individual.)		20			rovider (see instruc		13	SC		Employer-Sponsor	overage (see instructions :	a	55		name, last name	
						TIN is not available) a	(c) DOB (if SSN or other (d) Covered	ach covered indiv	INDIANAPOLIS	City or town			ctions)	PADUCAH	City or town			red Coverage (se	for codes):	EVANSVILLE	City or town	PONNEKANTI		
					×	all 12 months	(d) Covered	vidual.)										e instruc	▼					
						Jan			_	21		17			14			ctions)	9		6		2 (9	
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						Apr						cation nu											ber (SSN	
		3 5 3				May	(e		elie v	ià.		Employer identification number (EIN)	1.		d g			J., 19					number (SSN) or other TIN	
						Jun) Months			N					_		_				7		TIN 3	
						Jul	(e) Months of coverage		46204-4903	22 Coun	1-(833)-	18 Cont		42003	15 Coun	*****8987	11 Empl			47715				
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						Sep	1	- 1		IP or fore		Contact telephone number			IP or fore		tification				P or forei		SSN or of	
	<u> </u>					Oct				Country and ZIP or foreign postal code		ıber			Country and ZIP or foreign postal code		Employer identification number (EIN)				Country and ZIP or foreign postal code		Date of birth (if SSN or other TIN is not available)	
						Nov				al code					al code		EIN)				code		s not ava.	
						Dec																	ilable)	

Form **1095-B** (2021)