065757020200

VAFIRS06 COMB 202301270804 J2FC
20230111 065757 Env [27,038] 2 of 3

560118

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.

Go to *www.irs.gov/Form1095B* for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB No. 1545-2252

2022

Part I Responsible Individual

1 Name of responsible individual–First name, middle name, last name			2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
APOORVA		PONNEKANTI	*****6999	
4 Street address (including apartment no.)	**5** City or town		**6** State or province	**7** Country and ZIP or foreign postal code
3249 TAMARCK CT APT 529	EVANSVILLE		IN	47715

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . B

9 Reserved

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
PAIN MANAGEMENT CENTERS OF AMERICA PSC			*****8987
12 Street address (including room or suite no.)	**13** City or town	**14** State or province	**15** Country and ZIP or foreign postal code
2831 LONE OAK RD	PADUCAH	KY	42003

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
ANTHEM HEALTH PLANS OF KENTUCKY, INC.		61-1237516	1-(833)-578-4443
19 Street address (including room or suite no.)	**20** City or town	**21** State or province	**22** Country and ZIP or foreign postal code
120 VIRGINIA AVE	INDIANAPOLIS	IN	46204-4903

Part IV Covered Individuals (Enter the information for each covered individual.)

	(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
							Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	APOORVA		PONNEKANTI	*****6999		X	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐