



P.O. BOX 14079  
LEXINGTON KY 40512-4079  
USA

## Explanation Of Benefits

Please Retain for Future Reference

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PEACHTREE NEUROMONITORING, LLC  
PIN: 0006088845  
TIN: XXXXXXXX7916  
NO PAY

PEACHTREE NEUROMONITORING, LLC  
925B PEACHTREE ST NE STE 750  
ATLANTA GA 30309-3918

### Medical providers: sign up before it's your turn

Enroll for directly deposited payments. Just go to **PayerEnrollServices.com**. If you don't enroll to receive payments by direct deposit, you may receive future payments by virtual credit card. You can get electronic Explanation of Benefits (EOB) statements from our provider portal on Availity®. To do so, go to **Availity.com** and register.

### Patient Name: VANESSA H WILLIAMS (self)

Claim ID: EMTX64GPV00 Recd: 10/17/23 Member ID: W256639228 Patient Account: 0.2946370

Member: VANESSA H WILLIAMS

Group Name: TAKEDA PHARMACEUTICALS U.S.A., INC.

Product: Aetna Choice® POS II

DIAG: M5126, M4781/6, M4806/2

Group Number: 0666973-14-002 AA P1)6W0

Network ID: 00000

Funding: Self-funded

Aetna Life Insurance Company

Network Status: Out-of-Network

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/29/23	21	95999		6,000.00	0.00		6,000.00	1				0.00
								2				
03/29/23	21	9593826	1.0	5,886.00	50.01		5,835.99	3				50.01
03/29/23	21	9586126		2,400.00	0.00		2,400.00	4				0.00
03/29/23	21	9586126		2,400.00	0.00		2,400.00	4				0.00
		XU										
03/29/23	21	9582226		4,872.00	0.00		4,872.00	5				0.00
03/29/23	21	95941		7,074.00	0.00		7,074.00	4				0.00
TOTALS				28,632.00	50.01		28,581.99					50.01

ISSUED AMT:

\$50.01

#### Remarks:

- Charges for or in connection with services or supplies that are, as determined by us, considered to be experimental or investigational are excluded from coverage under the member's plan. The member is not responsible for this charge, unless they agreed to be responsible for this charge in writing before the service or supply was given. To obtain more information regarding coverage of this service, go to our website and enter the procedure code in the search field. You may also use our provider portal on Availity. From the Availity Home page, select Payer Spaces, Aetna, the Code Edit Lookup tools. [777]
- This claim has been reprocessed. W02
- The Federal No Surprises Act (NSA) applies for this claim. We allowed covered services using the recognized Qualifying Payment Amount (QPA). The QPA complies with the NSA. The QPA is the difference between the "submitted charges" and "not payable" amount shown on each covered service line. We calculated the member's cost share using the QPA. The member only owes their cost share shown on this notice. You are prohibited from billing the member more than their cost share. Under the NSA, if you don't accept the QPA and want to initiate an Open Negotiation, you have 30 business days from receipt of this notice to do so. You can submit a completed Open Negotiation request form to us via email at FederalNSA@Aetna.com. Our Provider Contact Center team can be reached at 1-888-632-3862 (1-888-MD AETNA) if you need details on initiating an Open Negotiation. If the 30-day negotiation period does not result in the issue of a determination you have 4 business days beginning on the 31st business day following the conclusion of the Open Negotiation period to initiate the independent dispute resolution process. [FDZ]
- Charges for, or in connection with services or supplies that are considered to be experimental or investigational are excluded from coverage under the member's plan. To obtain more information regarding coverage of this service, go to our website and enter the procedure code in the search field. You may also use our provider portal on Availity. From the Availity Home page, select Payer Spaces, Aetna, then Code Edit Lookup tools. [775]
- The member's plan excludes coverage for charges for or in connection with services or supplies that are experimental, investigational, cosmetic or not generally recognized according to professional standards of safety and effectiveness in the United States for diagnosis, care or treatment. Or this procedure is related to a service that exceeded the allowable number of units. While this service or supply

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**Mailing Address:**

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ATLANTA GA 30309-3918

PEACHTREE NEUROMONITORING, LLC

PIN: 0006088845

TIN: XXXXXXXX7916  
NO PAY

**Patient Name: VANESSA H WILLIAMS** (self)

**Remarks (contd):**

*itself is not excluded, it is performed in connection with another service or supply that falls within this exclusion. [W66]*

**For Questions Regarding This Claim** P.O. BOX 14079 LEXINGTON, KY 40512-4079

**CALL (888) 632-3862** FOR ASSISTANCE

*Note: All Inquiries should reference the ID number above for prompt response.*

Total Patient Responsibility: \$0.00

Claim Payment: \$50.01

Recovered From This Payment \$50.01

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



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DETAILS OF OVERPAYMENT, PAYMENT CORRECTION OR REFUND ACTIVITY						
Overpayment or Payment Corrections Due From Prior Claim	New Overpayment or Payment Correction Amount	Amount Removed or Added	Adjustment Amount	Refund Amount	Amount Deducted from or Issued with Payment	Remaining Overpayment or Payment Correction Balance
Member: KELVIN WHITE Pt Acct #: 0.2729229		Member ID #: W253118376 Notification ID: 000000014550219		Date of Service: 9/28/22 Claim ID: EAAC2Y8SH00		EOB Date: 10/26/23 Remark:
\$0.00	\$2,013.34	\$0.00	\$0.00	\$0.00	-\$50.01	\$1,963.33
Overpayment Reason: This is not a covered service under the member's plan. See the overpayment letter for more details.						
TOTAL (Amount Deducted from or Issued with Payment)						-\$50.01