



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

MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Claim Payment

Please Retain for Future Reference

Printed: 11/07/2023
Page: 1 of 2

JONATHAN D BURNS MD
PIN: 0009730214
TIN: XXXXXXXX2508
Trace Number: 823311000155086
Trace Amount: \$69.45

Aetna Life Insurance Company or an Affiliated Company
as Agent for Specified Payer(s)
P.O. BOX 14079
LEXINGTON KY 40512-4079
USA

ID No: XXXXXXXX2508
Seq No: 000000004

Trace No: 000155086
Acct: 09046

51 - 44
11-07-2023 119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAYEE NEW YORK CITY TRANSIT
SIXTY NINE DOLLARS AND 45/100

VOID AFTER ONE YEAR
*****\$69.45

TO THE
ORDER OF
Bank of America

MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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

Payment Address:

MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Provider Address:

JONATHAN D BURNS MD
PO BOX 29650
PHOENIX AZ 85038-9650

Explanation Of Benefits

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Page: 2 of 2

JONATHAN D BURNS MD

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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: ROBERTO MELENDEZ (self)

Claim ID: EJFC8TKS400 Recd: 10/18/23 Member ID: W231905515 Patient Account: 0.2886480

Member: ROBERTO MELENDEZ

Group Name: MTA NEW YORK CITY TRANSIT

Product: Open Choice®

DIAG: M4806/2, M5136, M4316

Group Number: 0285612-11-024 B D(<NQ0

Network ID: 00000

Funding: Self-funded

Network Status: Out-of-Network

Aetna Life Insurance Company

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
02/07/23	21	95999		7,200.00	0.00		7,200.00	1				0.00
02/07/23	21	9593826	1.0	3,107.00	44.86		3,062.14	1				44.86
02/07/23	21	9590826	1.0	437.00	65.20		371.80	1				65.20
02/07/23	21	9588626	2.0	2,972.00	90.40		2,881.60	1				90.40
02/07/23	21	9588626	2.0	2,972.00	90.40		2,881.60	1				90.40
		XU										
02/07/23	21	9582226	1.0	1,755.00	56.39		1,698.61	1				56.39
TOTALS				18,443.00	347.25		18,095.75					347.25

Less Amount Paid by Other Health Plan

\$277.80

ISSUED AMT:

\$69.45

Remarks:

- 1 - You agreed to accept the Medicare approved amount as payment in full. The member doesn't owe anything above that amount. [065]
Our EOB may show a Medicare payment that is different from the payment on the Medicare EOB. We include the Medicare payment reduction in the Medicare paid amount. [Q42]

For Questions Regarding This Claim

P.O. BOX 981106 EL PASO, TX 79998-1106

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:

\$69.45

Total Payment to: JONATHAN D BURNS MD

\$69.45

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.