



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

## Claim Payment

Please Retain for Future Reference

Printed: 10/17/2023

Page: 1 of 6

PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765

TIN: XXXXXXXX2512

Trace Number: 823290000162924

Trace Amount: \$2,210.48

PHYSICIAN OVERSIGHT LLC  
PO BOX 29650  
PHOENIX AZ 85038-9650

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: XXXXXXXX2512  
Seq No: 000000004

Trace No: 000162924

Acct: 09046

51 - 44

10-17-2023

119 CT

**NON-NEGOTIABLE NON-NEGOTIABLE**

PAY

Two Thousand Two Hundred Ten Dollars and 48/100

VOID AFTER ONE YEAR

\*\*\*\*\*\$2,210.48

TO THE  
ORDER OF

Bank of America

PHYSICIAN OVERSIGHT 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

## Explanation Of Benefits

Please Retain for Future Reference

### Payment Address:

PHYSICIAN OVERSIGHT LLC  
PO BOX 29650  
PHOENIX AZ 85038-9650

### Provider Address:

PHYSICIAN OVERSIGHT, LLC  
PO BOX 29650  
PHOENIX AZ 85038-9650

Printed: 10/17/2023  
Page: 2 of 6

PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823290000162924  
Trace Amount: \$2,210.48

### 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: LINDSAY BLACK (self)

Claim ID: E7TX146LG04 Recd: 10/10/23 Member ID: W269216639 Patient Account: 0.2685908

Member: LINDSAY BLACK

Group Name: ENDEAVOR PARENT, LLC

Product: Open Access Aetna Select<sup>SM</sup>

DIAG: M4806/2, M5126

Group Number: 0176578-20-019 A V1@2-0

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
08/24/22	22	95999		3,600.00	0.00		3,600.00	1				0.00
08/24/22	22	95941		2,760.00	0.00		2,760.00	1				0.00
08/24/22	22	9593826	1.0	3,107.00	3,107.00							925.00
08/24/22	22	9592926	1.0	2,459.00	2,459.00							81.17
08/24/22	22	9586126		1,614.00	0.00		1,614.00	1				0.00
08/24/22	22	9586126		1,614.00	0.00		1,614.00	1				0.00
		XU										
TOTALS				15,154.00	5,566.00		9,588.00					1,006.17

Less Amount Already Paid \$127.76

ISSUED AMT: \$878.41

### Remarks:

- 1 - 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]
- Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)
- This claim went through the Federal No Surprises Act Independent Dispute Resolution (IDR) process. This final payment is the difference between our prior payment(s) and the amount awarded by the IDR entity. The member only owes their in-network cost share calculated on the original Qualifying Payment Amount (QPA). [FDD]

For Questions Regarding This Claim PO 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: \$878.41

### Patient Name: THOMAS F CAVALIERI (self)

Claim ID: EXT6SG3002 Recd: 09/28/23 Member ID: W243598388 Patient Account: 0.3068313

Member: THOMAS F CAVALIERI

Group Name: MUTUAL OF OMAHA INSURANCE COMPANY

Product: Aetna Choice® POS II

DIAG: M4802, M5021, M5412

Group Number: 0847850-11-001 AA P1)>N0

Network ID: 00000

Funding: Self-funded

Network Status: Out-of-Network

Aetna Life Insurance Company

Continued on Next Page



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

## Explanation Of Benefits

Please Retain for Future Reference

**Payment Address:**  
PHYSICIAN OVERSIGHT LLC  
PO BOX 29650  
PHOENIX AZ 85038-9650

**Printed:** 10/17/2023  
**Page:** 3 of 6

**PHYSICIAN OVERSIGHT, LLC**  
**PIN:** 0006484765  
**TIN:** XXXXXXXX2512  
**Trace Number:** 823290000162924  
**Trace Amount:** \$2,210.48

**Patient Name:** THOMAS F CAVALIERI (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	PENDING	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/11/23		95941	4.0	<b>SUBMITTED</b>				1				
		95941		2,760.00	0.00		2,760.00	2				0.00
								3				
07/11/23	21	95941		2,760.00	0.00		2,760.00	2				0.00
								3				
07/11/23	21	95941		2,760.00	0.00		2,760.00	2				0.00
								3				
<b>TOTALS</b>				<b>8,280.00</b>			<b>8,280.00</b>					<b>0.00</b>

ISSUED AMT:

NO PAY

### Remarks:

- This service code reflects the submitted code and units. The line has been split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. V45
- To consider this charge, we need you to send us:
  - Clinical documents that support medical necessity of the billed service. This includes drugs, medical equipment, and implants.
  - The diagnosis and the expected time the patient will need the drug or equipment.
  - Copies of the patient's current history and physical exam, office or nursing notes, operative report, photographs, lab or diagnostic testing results, or air ambulance records, if any of these apply. Please send copies since we won't return originals.
  - A complete description of the service and the itemized bill if you billed an unlisted code.You can find more details in our Clinical Policy Bulletins at this link:  
<https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html>  
Don't resend the claim form. Attach the information to a copy of this statement along with the subscriber's full name, the patient's full name, and the subscriber's ID number.  
You may send this to us by either:
  - Fax: 859-455-8650 Attn: ICMN
  - Mail: P.O. Box 14089, Attn: ICMN, Lexington, KY 40512You have 45 days from the date of this statement to send us this information. When we get these details, we'll decide within 15 days. If we don't get it, we'll deny the claim. You will have a right to appeal the claim.  
The following does not apply to Federal plans:
  - For claims sent from NC: you have 90 days to send us the information. If we don't get it, we'll deny the claim.
  - For claims sent from Texas: if we don't get the information, your claim may remain open.In Texas, you can ask for a peer review with our medical director to discuss the medical necessity, appropriateness, and/or the experimental/investigational nature of this service. You must submit medical records to us prior to asking for a peer review. To schedule a peer review, please call 866-225-8226 and leave the member's name, date of birth, and claim ID for the associated service. The peer review option expires 7 calendar days from the date you submit the medical records. If we don't receive the peer review request by the deadline, we will make our decision on this claim. A peer review call may not change our decision and isn't required to start an appeal. If we deny the service, we will send you a letter with the appeal rights and process. [U33]
- This service code was originally submitted with multiple units and was split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. [V40]

Continued on Next Page



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

## Explanation Of Benefits

Please Retain for Future Reference

**Payment Address:**  
PHYSICIAN OVERSIGHT LLC  
PO BOX 29650  
PHOENIX AZ 85038-9650

Printed: 10/17/2023  
Page: 4 of 6

PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823290000162924  
Trace Amount: \$2,210.48

**Patient Name: THOMAS F CAVALIERI (self)**

Claim ID: **EXTX6SG3000** Recd: **09/28/23** Member ID: **W243598388** Patient Account: **0.3068313**

Member: **THOMAS F CAVALIERI**

Group Name: **MUTUAL OF OMAHA INSURANCE COMPANY**

Product: **Aetna Choice® POS II**

DIAG: **M4802, M5021, M5412**

Group Number: **0847850-11-001 AA P1)>N0**

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	PENDING	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/11/23	21	95999		3,600.00	0.00		3,600.00	1				0.00
07/11/23	21	9593926		3,814.00	0.00		3,814.00	1				0.00
07/11/23	21	9593826		3,107.00	0.00		3,107.00	1				0.00
07/11/23	21	9586826		1,310.00	0.00		1,310.00	1				0.00
07/11/23	21	9586826		1,310.00	0.00		1,310.00	1				0.00
07/11/23		XU										
		95941	4.0	SUBMITTED				2				
		95941		2,760.00	0.00		2,760.00	1				0.00
								3				
TOTALS				15,901.00			15,901.00					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - To consider this charge, we need you to send us:

- Clinical documents that support medical necessity of the billed service. This includes drugs, medical equipment, and implants.
- The diagnosis and the expected time the patient will need the drug or equipment.
- Copies of the patient's current history and physical exam, office or nursing notes, operative report, photographs, lab or diagnostic testing results, or air ambulance records, if any of these apply. Please send copies since we won't return originals.
- A complete description of the service and the itemized bill if you billed an unlisted code.

You can find more details in our Clinical Policy Bulletins at this link:

<https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html>

Don't resend the claim form. Attach the information to a copy of this statement along with the subscriber's full name, the patient's full name, and the subscriber's ID number.

You may send this to us by either:

- Fax: 859-455-8650 Attn: ICMN

- Mail: P.O. Box 14089, Attn: ICMN, Lexington, KY 40512

You have 45 days from the date of this statement to send us this information. When we get these details, we'll decide within 15 days. If we don't get it, we'll deny the claim. You will have a right to appeal the claim.

The following does not apply to Federal plans:

- For claims sent from NC: you have 90 days to send us the information. If we don't get it, we'll deny the claim.

- For claims sent from Texas: if we don't get the information, your claim may remain open.

In Texas, you can ask for a peer review with our medical director to discuss the medical necessity, appropriateness, and/or the experimental/investigational nature of this service. You must submit medical records to us prior to asking for a peer review. To schedule a peer review, please call 866-225-8226 and leave the member's name, date of birth, and claim ID for the associated service.

The peer review option expires 7 calendar days from the date you submit the medical records. If we don't receive the peer review request by the deadline, we will make our decision on this claim. A peer review call may not change our decision and isn't required to start an appeal. If we deny the service, we will

Continued on Next Page



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

## Explanation Of Benefits

Please Retain for Future Reference

**Payment Address:**  
PHYSICIAN OVERSIGHT LLC  
PO BOX 29650  
PHOENIX AZ 85038-9650

**Printed:** 10/17/2023  
**Page:** 5 of 6

**PHYSICIAN OVERSIGHT, LLC**  
**PIN:** 0006484765  
**TIN:** XXXXXXXX2512  
**Trace Number:** 823290000162924  
**Trace Amount:** \$2,210.48

**Patient Name: THOMAS F CAVALIERI (self)**

**Remarks (contd):**

- send you a letter with the appeal rights and process. [U33]
- 2 - This service code reflects the submitted code and units. The line has been split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. V45
- 3 - This service code was originally submitted with multiple units and was split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. [V40]
- Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

**For Questions Regarding This Claim** PO 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:** \$0.00

**Patient Name: JEFFREY S ZANNI (spouse)**

**Claim ID:** EFPC22MXK04 **Recd:** 10/12/23 **Member ID:** W228533629 **Patient Account:** 0.2656483  
**Member:** SARAH M ZANNI  
**Group Name:** ASTELLAS US LLC  
**Product:** Aetna Choice® POS II

**DIAG:** M4806/2  
**Group Number:** 0466048-11-002 B P1+=O0  
**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
08/01/22	21	95999		7,200.00	0.00		7,200.00	1				0.00
08/01/22	21	95941		2,760.00	0.00		2,760.00	2				0.00
08/01/22	21	9593926	1.0	3,814.00	3,814.00							160.61
08/01/22	21	9593826	1.0	3,107.00	3,107.00							1,387.50
08/01/22	21	9586126		1,614.00	0.00		1,614.00	2				0.00
08/01/22	21	9586126		1,614.00	0.00		1,614.00	2				0.00
		XU										
<b>TOTALS</b>				<b>20,109.00</b>	<b>6,921.00</b>		<b>13,188.00</b>					<b>1,548.11</b>

Less Amount Already Paid \$216.04

**ISSUED AMT: \$1,332.07**

**Remarks:**

- 1 - The member's plan of benefits provides coverage for services or supplies that we determine are necessary. To meet this requirement the service or supply must be accepted under recognized professional standards as appropriate and effective for the diagnosis, care, or treatment of the disease or injury involved. Based on the information provided, this expense does not meet this requirement of the member's plan of benefits and is excluded from coverage. [783]
- 2 - 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]
- Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)
- This claim went through the Federal No Surprises Act Independent Dispute Resolution (IDR) process. This final payment is the difference between our prior payment(s) and the amount awarded by the IDR entity. The member only owes their in-network cost share calculated on the original Qualifying Payment Amount (QPA). [FDD]

Continued on Next Page



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

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/17/2023  
Page: 6 of 6

**Payment Address:**  
PHYSICIAN OVERSIGHT LLC  
PO BOX 29650  
PHOENIX AZ 85038-9650

PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823290000162924  
Trace Amount: \$2,210.48

**Patient Name: JEFFREY S ZANNI** (spouse)

**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:	\$1,332.07

**Total Payment to: PHYSICIAN OVERSIGHT, LLC**

**\$2,210.48**

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.