



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

Explanation Of Benefits

Please Retain for Future Reference

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

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
NO PAY

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: JUDITH A BECKER (self)

Claim ID: ERNR7VS8Q02 Recd: 08/31/23 Member ID: W238980086 Patient Account: 0.3064663

Member: JUDITH A BECKER

Group Name: MHBP

Product: Aetna HealthFund® Aetna Choice® POS II

DIAG: M4802

Group Number: 0285629-10-001 A P1=X0

Network ID: 00000

Funding: Self-funded

Network Status: Out-of-Network

MHBP

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
07/07/23	21	95999		7,200.00	0.00		7,200.00	1				0.00
TOTALS				7,200.00			7,200.00					0.00

ISSUED AMT:

NO PAY

Remarks:

1 - We denied this service. We did not receive the details we asked for. You can refer to the prior EOB for these charges by logging into your secure provider portal. [PPND - V16]

For Questions Regarding This Claim PO BOX 981106 EL PASO, TX 79998-1106

CALL (800) 410-7778 FOR ASSISTANCE

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

Total Patient Responsibility: \$0.00

Claim Payment: \$0.00

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.