



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

Claim Payment

Please Retain for Future Reference

Printed: 10/24/2023
Page: 1 of 2

PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823297000314595
Trace Amount: \$102.27

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: 000314595
Acct: 09046

10-24-2023 51 - 44
119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

VOID AFTER ONE YEAR
*****\$102.27

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

Payment Address:

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Provider Address:

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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/24/2023

Page: 2 of 2

PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765

TIN: XXXXXXXX2512

Trace Number: 823297000314595

Trace Amount: \$102.27

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: ROCIO MEDINA (spouse)

Claim ID: EJY1YQ16T02 Recd: 04/27/23 Member ID: W086908281 Patient Account: 0.2442475

Member: CESAR MEDINA

Group Name: COSTCO WHOLESALE CORPORATION

Product: Open Access Aetna SelectSM

DIAG: M4806/1, M5116

Group Number: 0169579-15-002 AQ V1= 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
01/26/22	24	9595526	1.0	6,979.00	6,979.00			1				51.67
		59										
01/26/22	24	95941	1.0	2,760.00	2,760.00							319.46
01/26/22	24	9593826	1.0	7,270.00	7,270.00							55.43
		59										
01/26/22	24	9592726	1.0	763.00	763.00							47.00
		59										
01/26/22	24	9586126	1.0	4,753.00	4,753.00							114.66
		59										
TOTALS				22,525.00	22,525.00							588.22

Less Amount Already Paid \$485.95

ISSUED AMT: \$102.27

Remarks:

1 - This claim has been reprocessed. W02

We denied or reduced one or more services on this claim. 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. [FDX]

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: \$102.27

Total Payment to: PHYSICIAN OVERSIGHT, LLC

\$102.27

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.