



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/19/2023
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PIN: INTUITUS, LLC
TIN: 0006485945
XXXXXXX7657
NO PAY

INTUITUS, LLC
PO BOX 158
CONWAY AR 72033-0158

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: TONI A GRACZYK (self)

Claim ID: EG367W0RD00 Recd: 10/10/23 Member ID: W276162678 Patient Account: 2805816.3128700
Member: TONI A GRACZYK
Group Name: EXPEDIA GROUP
Product: Aetna HealthFund® Open Choice® PPO

DIAG: M4806/1, M5136, M438X6
Group Number: 0476625-15-001 A D((\$G0
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
08/30/23	22	95999		3,349.00	0.00		3,349.00	1			3,349.00	0.00
08/30/23	22	95941		4,700.00	0.00		4,700.00	2				0.00
08/30/23	22	9587026		7,180.00	0.00		7,180.00	2				0.00
TOTALS				15,229.00			15,229.00				3,349.00	0.00

ISSUED AMT:

NO PAY

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. [784]
- 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]

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: \$3,349.00

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.