



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

Summary of Claim Payment

Please Retain for Future Reference

Printed: 10/09/2023
Page: 1 of 17

Monitoring Associates LLC
TIN: XXXXXX2508
Trace Number: 882328001006037
Trace Amount: \$2,591.25

MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Notes: Enclosed is a group payment to the XXXXXX2508. Below is a itemization of the check. Please refer to the attached statements of details.

Breakdown of Payment(s) Issued:

NAME	PIN	ISSUED AMT
Kevin S Mochizuki	0005579791	\$968.67
Omar J Moore	0006247487	\$0.00
Audrey R Nath	0006483171	\$542.81
Maria A De Jesus	0007051585	\$546.70



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

ID No: XXXXXX2508
Seq No: 000000004

Trace No: 001006037
Acct: 09146

10-09-2023 51 - 44
119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAY Two Thousand Five Hundred Ninety One Dollars and 25/100

VOID AFTER ONE YEAR
*****\$2,591.25

TO THE
ORDER OF
Bank of America

MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



P.O. BOX 981106
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Printed: 10/09/2023
Page: 2 of 17

Monitoring Associates LLC

TIN: XXXXXX2508
Trace Number: 882328001006037
Trace Amount: \$2,591.25

Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

NAME	PIN	ISSUED AMT
Matthew B McAuliffe	0007066969	\$533.07
TOTAL ISSUED AMOUNT		\$2,591.25

TOTAL TRACE AMOUNT:	\$2,591.25
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P.O. BOX 981106
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Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Provider Address:
Kevin S Mochizuki
PO Box 29650
Phoenix AZ 85038

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/09/2023
Page: 3 of 17

PIN: Kevin S Mochizuki
TIN: 0005579791
Trace Number: XXXXXXXX2508
Trace Amount: 882328001006037
\$2,591.25

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: Paul R Lovelace (self)

Claim ID: ERWZ7ZN2B02 Recd: 09/09/23 Member ID: 101340623800 Patient Account: 0.2717713

Member: Paul R Lovelace

Group Name: Medicare (P01) ESA PPO

Product: ESA - Medicare (Aetna)

Aetna Life Insurance Company

DIAG: M48.061, M47.816

Group Number: 200-EGS0000 0281

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/20/22		9582226	20.0	SUBMITTED				1				
		9582226		33,345.00			33,345.00	2				0.00
								3				
09/20/22	21	9582226	1.0	1,755.00			1.10	4				59.29
							1,700.00	5				
								2				
								6				
09/20/22	21	9593826	1.0	3,107.00			0.88	4				42.92
							3,063.20	6				
09/20/22	21	9591026	1.0	780.00			2.05	4				100.38
							677.57	6				
09/20/22	21	9588626	2.0	2,972.00			1.75	4				85.85
							2,884.40	6				
09/20/22	21	9588626	2.0	2,972.00			1.75	4				85.85
		XU					2,884.40	6				
09/20/22	21	95999	1.0	1,800.00			1,260.00	5				594.00
								7				
TOTALS				46,731.00			45,822.10					968.29

Late Claim Interest/Penalty was applied to this claim. [H11]

\$0.38

ISSUED AMT:

\$968.67

Remarks:

- 1 - 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]
- 2 - 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]
- 3 - The member's plan provides coverage for charges that are reasonable and appropriate as determined by us. This procedure exceeds the maximum number of services allowed under our guidelines for a single date of service. [V29]
- 4 - This adjustment in provider payment reflects recent changes made in CMS/Medicare reimbursement levels due to sequestration. The members cost share is not affected by this adjustment. We have deducted the members cost share from the original allowed amount and withheld the sequestration adjustment of the remaining balance payable to the provider. [M52]
- 5 - The amount paid reflects a physician incentive for performing services in a zip code area that is qualified for the Health Professional Shortage Areas (HPSA) bonus program. [M17]
- 6 - Payment made according to Medicare allowable rate. [P49]
- 7 - This charge is paid at a percentage of billed, according to the default value on the Aetna Fee Schedule. Pharmacy J drug codes will still be at 60%. [PH5]

Continued on Next Page



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Phoenix AZ 85038

Printed: 10/09/2023
Page: 4 of 17

PIN: Kevin S Mochizuki
0005579791
TIN: XXXXXXXX2508
Trace Number: 882328001006037
Trace Amount: \$2,591.25

Patient Name: Paul R Lovelace (self)

Remarks (contd):

The payment reflects applicable interest incurred. P91

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO TX 79998-1106
USA

CALL 1-800-624-0756 FOR ASSISTANCE

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

Total Patient Responsibility:	\$0.00
Claim Payment:	\$968.67

Total Payment to: Kevin S Mochizuki

\$968.67

If you are a non-contracted provider and disagree with our decision, you can appeal using the information provided below:

Pursuant to federal regulations governing the Medicare Advantage program, non-contract providers may request reconsideration of a Medicare Advantage plan payment denial determination. To appeal a claim denial, submit a written request within 60 days of the remittance notification date and include:

- A statement indicating factual or legal basis for appeal
- A signed waiver of liability form
http://www.aetnamedicare.com/documents/individual/website/provider_waiver_of_liability.pdf
- A copy of the original claim
- A copy of remit notice showing the denial
- Any additional information, clinical record or documentation

Mail the appeal request to:
Medicare Part C Appeals
P.O. Box 14067
Lexington KY 40512
Fax: 724-741-4953

If you are a contracted provider and disagree with our decision, you can dispute using the information provided below:

Mail the appeal request to:
Medicare Provider Appeals
P.O. Box 14835
Lexington KY 40512
Fax: 860-900-7995



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Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Provider Address:
Omar J Moore
PO Box 29650
Phoenix AZ 85038

Printed: 10/09/2023
Page: 5 of 17

PIN: Omar J Moore
0006247487
TIN: XXXXXXXX2508
Trace Number: 882328001006037
Trace Amount: \$2,591.25

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Patient Name: DIANE A LADLEY (self)

Claim ID: E1366T4PK03 Recd: 10/02/23 Member ID: 101488307600 Patient Account: 0.2812982

Member: DIANE A LADLEY

DIAG: M48.07

Group Name: Aetna Medicare DMG Prime (PPO)

Group Number: 000003-IL00 0013

Product: PPO - Medicare (Aetna)

Contract State: IL

Funding: Insured

Aetna Life Insurance Company

Network Status: Out-of-Network

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
12/05/22	21	9593826		3,107.00			3,107.00	1				0.00
								2				
12/05/22	21	9595526		1,755.00			1,755.00	1				0.00
								2				
12/05/22	21	9590826		437.00			437.00	1				0.00
								2				
12/05/22	21	9588626		2,972.00			2,972.00	1				0.00
								2				
12/05/22	21	9588626		2,972.00			2,972.00	1				0.00
		XU						2				
12/05/22	21	95999		7,200.00			7,200.00	2				0.00
TOTALS				18,443.00			18,443.00					0.00

ISSUED AMT:

NO PAY

Remarks:

- 1 - We adjusted the payment due to the Merit-based Incentive Payment System. The adjustment applies to the Medicare allowed amount. We also deducted the member cost share. [PWX]
- 2 - The member is not responsible for this charge, because the claim was not filed within the required time limit. U19

For Questions Regarding This Claim

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USA

CALL 1-800-624-0756 FOR ASSISTANCE

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

Total Patient Responsibility: \$0.00

Claim Payment: \$0.00

Continued on Next Page



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Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
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Printed: 10/09/2023
Page: 6 of 17

PIN: Omar J Moore
0006247487
TIN: XXXXXXXX2508
Trace Number: 882328001006037
Trace Amount: \$2,591.25

If you are a non-contracted provider and disagree with our decision, you can appeal using the information provided below:

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- A statement indicating factual or legal basis for appeal
- A signed waiver of liability form
http://www.aetnamedicare.com/documents/individual/website/provider_waiver_of_liability.pdf
- A copy of the original claim
- A copy of remit notice showing the denial
- Any additional information, clinical record or documentation

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Lexington KY 40512
Fax: 724-741-4953

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Medicare Provider Appeals
P.O. Box 14835
Lexington KY 40512
Fax: 860-900-7995



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Payment Address:
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Phoenix AZ 85038

Provider Address:
Audrey R Nath
PO Box 29650
Phoenix AZ 85038

Printed: 10/09/2023
Page: 7 of 17

PIN: Audrey R Nath
0006483171
TIN: XXXXXXXX2508
Trace Number: 882328001006037
Trace Amount: \$2,591.25

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Patient Name: **DONNIE D HAMMETT** (self)

Claim ID: **EFY18HR6804** Recd: **10/02/23** Member ID: **101122270300** Patient Account: **0.2816456**

Member: **DONNIE D HAMMETT**

DIAG: **M48.062, M43.16**

Group Name: **Aetna Medicare Choice Plan (PPO)**

Group Number: **000003-TX00 0008**

Product: **PPO - Medicare (Aetna)**

Contract State: **TX**

Funding: **Insured**

Aetna Health and Life Insurance Company

Network Status: **Out-of-Network**

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
12/07/22	21	9593826	1.0	3,107.00			0.90	1				43.88
							3,062.22	2				
12/07/22	21	9595526	1.0	1,755.00			1.05	1				51.57
							1,702.38	2				
12/07/22	21	9586126	1.0	1,614.00			1.61	1				78.75
							1,533.64	2				
12/07/22	21	9586126	1.0	1,614.00			1.61	1				78.75
		XU					1,533.64	2				
12/07/22	21	95999		5,400.00			5,400.00	3				0.00
TOTALS				13,490.00			13,237.05					252.95

Less Amount Already Paid \$252.95

ISSUED AMT:

NO PAY

Remarks:

- 1 - This adjustment in provider payment reflects recent changes made in CMS/Medicare reimbursement levels due to sequestration. The members cost share is not affected by this adjustment. We have deducted the members cost share from the original allowed amount and withheld the sequestration adjustment of the remaining balance payable to the provider. [M52]
- 2 - Payment made according to Medicare allowable rate. [P49]
- 3 - We need more details to complete our review. Please send us:

1. The clinical details to support the medical necessity for this service. This includes details around the drugs, DME and implants.
2. Copies of current history and the physical exam, office or nursing notes, operative report, lab or diagnostic testing results, administration notes and air ambulance transportation records, if it applies
3. The diagnosis and the expected period-of-time the member will need the drug or equipment
4. If billing an unlisted code, a complete description of the service and the itemized bill
5. If photos are a part of the clinical records, please send copies since originals will not be returned

To ensure proper identification and tracking of this claim, we'll need the subscriber's name, patient's name and the subscriber's ID number. Just attach the information to this document and return it to us at P.O. Box 14089, Attn: ICMC, Lexington, KY 40512. Or, to expedite this process, you can fax the information to 859-455-8650. You have 45 days from the date of this statement to send us this information. If we don't receive it, we'll deny the claim. You will have a right to appeal the denial at that time. [D41]

Continued on Next Page



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Printed: 10/09/2023
Page: 8 of 17

PIN: 0006483171
TIN: XXXXXXXX2508
Trace Number: 882328001006037
Trace Amount: \$2,591.25

Audrey R Nath

Patient Name: DONNIE D HAMMETT (self)

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO TX 79998-1106
USA

CALL 1-800-624-0756 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: THOMAS A Risinger (self)

Claim ID: ERFC8J5KM04 Recd: 10/04/23 Member ID: 101120014600 Patient Account: 0.2829027

Member: THOMAS A Risinger

Group Name: Aetna Medicare Value Plan (PPO)

Product: PPO - Medicare (Aetna)

Contract State: TX

Aetna Health and Life Insurance Company

DIAG: M48.02, M54.12

Group Number: 000003-TX00 0020

Funding: Insured

Network Status: Out-of-Network

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
12/15/22	21	9593926	1.0	3,814.00			2.34	1				114.56
							3,697.10	2				
12/15/22	21	9593826	1.0	3,107.00			0.90	1				43.88
							3,062.22	2				
12/15/22	21	9595526	1.0	1,755.00			1.05	1				56.73
							1,702.38	3				
								2				
12/15/22	21	9586126	1.0	1,614.00			1.61	1				86.63
							1,533.64	3				
								2				
12/15/22	21	9586126 XU	1.0	3,139.00			1.61	1				86.63
							3,058.64	3				
								2				
12/15/22	21	9586526	1.0	1,502.00			1.63	1				87.88
							1,420.48	3				
								2				
12/15/22	21	9586526 XU		7,190.00			7,190.00	4				0.00
12/15/22	21	9586826 XU		1,310.00			1,310.00	4				0.00
12/15/22	21	9586826 XU	1.0	1,310.00			1.23	1				66.50
							1,248.32	3				
								2				
12/15/22	21	95999		5,400.00			5,400.00	5				0.00
TOTALS				30,141.00			29,633.15					542.81

ISSUED AMT: \$542.81

Remarks:

1 - This adjustment in provider payment reflects recent changes made in CMS/Medicare reimbursement levels due to sequestration. The members cost

Continued on Next Page



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Printed: 10/09/2023
Page: 9 of 17

PIN: Audrey R Nath
0006483171
TIN: XXXXXXXX2508
Trace Number: 882328001006037
Trace Amount: \$2,591.25

Patient Name: THOMAS A Risinger (self)

Remarks (contd):

- share is not affected by this adjustment. We have deducted the members cost share from the original allowed amount and withheld the sequestration adjustment of the remaining balance payable to the provider. [M52]
- 2 - Payment made according to Medicare allowable rate. [P49]
- 3 - The amount paid reflects a physician incentive for performing services in a zip code area that is qualified for the Health Professional Shortage Areas (HPSA) bonus program. [M17]
- 4 - Procedures designated as bilateral should not be billed with multiple units. Payment has been based on one unit. [DXT]
- 5 - We need more details to complete our review. Please send us:

1. The clinical details to support the medical necessity for this service. This includes details around the drugs, DME and implants.
2. Copies of current history and the physical exam, office or nursing notes, operative report, lab or diagnostic testing results, administration notes and air ambulance transportation records, if it applies
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Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility:	\$0.00
Claim Payment:	\$542.81

Total Payment to: Audrey R Nath

\$542.81



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0006483171
TIN: XXXXXXXX2508
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Trace Amount: \$2,591.25

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- A signed waiver of liability form
http://www.aetnamedicare.com/documents/individual/website/provider_waiver_of_liability.pdf
- A copy of the original claim
- A copy of remit notice showing the denial
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Fax: 724-741-4953

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Provider Address:
Maria A De Jesus
PO Box 29650
Phoenix AZ 85038

Printed: 10/09/2023
Page: 11 of 17

PIN: 0007051585
TIN: XXXXXXXX2508
Trace Number: 882328001006037
Trace Amount: \$2,591.25

Maria A De Jesus
0007051585
XXXXXXX2508
882328001006037
\$2,591.25

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Patient Name: LAURIE J ALEXANDER (self)

Claim ID: EVAC6RDCQ02 Recd: 09/27/23 Member ID: 101548573600 Patient Account: 0.2783787

Member: LAURIE J ALEXANDER

DIAG: M48.02, M47.22, M43.12
Group Number: 200-EGS0000 0016

Group Name: Medicare (C05) ESA PPO

Product: ESA - Medicare MA (Aetna)

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
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							3,697.10	2				
11/10/22	21	9582226	1.0	1,755.00			1.12	1				60.62
							1,698.77	3				
								2				
11/10/22	21	9593826	1.0	3,107.00			0.90	1				43.88
							3,062.22	2				
11/10/22	21	9586126	1.0	1,614.00			1.61	1				86.63
							1,533.64	3				
								2				
11/10/22	21	9586126	1.0	1,614.00			1.61	1				86.63
		XU					1,533.64	3				
								2				
11/10/22	21	9586526		1,502.00			1,502.00	4				0.00
11/10/22	21	9586526	1.0	1,502.00			1.63	1				87.88
		XU					1,420.48	3				
								2				
11/10/22	21	9586826		1,310.00			1,310.00	4				0.00
		XU										
11/10/22	21	9586826	1.0	1,310.00			1.23	1				66.50
		XU					1,248.32	3				
								2				
11/10/22	21	95999		5,400.00			5,400.00	5				0.00
TOTALS				22,928.00			22,416.61					546.70

ISSUED AMT:

\$546.70

Remarks:

- 1 - This adjustment in provider payment reflects recent changes made in CMS/Medicare reimbursement levels due to sequestration. The members cost share is not affected by this adjustment. We have deducted the members cost share from the original allowed amount and withheld the sequestration adjustment of the remaining balance payable to the provider. [M52]
- 2 - Payment made according to Medicare allowable rate. [P49]
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- 4 - Procedures designated as bilateral should not be billed with multiple units. Payment has been based on one unit. [DXT]
- 5 - We need more details to complete our review. Please send us:

Continued on Next Page



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USA

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Printed: 10/09/2023
Page: 12 of 17

PIN: Maria A De Jesus
0007051585
TIN: XXXXXXXX2508
Trace Number: 882328001006037
Trace Amount: \$2,591.25

Patient Name: LAURIE J ALEXANDER (self)

Remarks (contd):

1. The clinical details to support the medical necessity for this service. This includes details around the drugs, DME and implants.
2. Copies of current history and the physical exam, office or nursing notes, operative report, lab or diagnostic testing results, administration notes and air ambulance transportation records, if it applies
3. The diagnosis and the expected period-of-time the member will need the drug or equipment
4. If billing an unlisted code, a complete description of the service and the itemized bill
5. If photos are a part of the clinical records, please send copies since originals will not be returned

To ensure proper identification and tracking of this claim, we'll need the subscriber's name, patient's name and the subscriber's ID number. Just attach the information to this document and return it to us at P.O. Box 14089, Attn: ICMC, Lexington, KY 40512. Or, to expedite this process, you can fax the information to 859-455-8650. You have 45 days from the date of this statement to send us this information. If we don't receive it, we'll deny the claim. You will have a right to appeal the denial at that time. [D41]

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO TX 79998-1106
USA

CALL 1-800-624-0756 FOR ASSISTANCE

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

Total Patient Responsibility:	\$0.00
Claim Payment:	\$546.70

Total Payment to: Maria A De Jesus

\$546.70



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Page: 13 of 17

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0007051585
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If you are a non-contracted provider and disagree with our decision, you can appeal using the information provided below:

Pursuant to federal regulations governing the Medicare Advantage program, non-contract providers may request reconsideration of a Medicare Advantage plan payment denial determination. To appeal a claim denial, submit a written request within 60 days of the remittance notification date and include:

- A statement indicating factual or legal basis for appeal
- A signed waiver of liability form
http://www.aetnamedicare.com/documents/individual/website/provider_waiver_of_liability.pdf
- A copy of the original claim
- A copy of remit notice showing the denial
- Any additional information, clinical record or documentation

Mail the appeal request to:
Medicare Part C Appeals
P.O. Box 14067
Lexington KY 40512
Fax: 724-741-4953

If you are a contracted provider and disagree with our decision, you can dispute using the information provided below:

Mail the appeal request to:
Medicare Provider Appeals
P.O. Box 14835
Lexington KY 40512
Fax: 860-900-7995



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EL PASO TX 79998-1106
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Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Provider Address:
Matthew B McAuliffe
PO Box 29650
Phoenix AZ 85038

Printed: 10/09/2023
Page: 14 of 17

PIN: Matthew B McAuliffe
0007066969
TIN: XXXXXXXX2508
Trace Number: 882328001006037
Trace Amount: \$2,591.25

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: Milton G Blair SR (self)

Claim ID: EQJM8J70P03 Recd: 10/04/23 Member ID: 101366894800 Patient Account: 0.2810568

Member: Milton G Blair SR

Group Name: Medicare (C05) ESA PPO

Product: ESA - Medicare MA (Aetna)

DIAG: M48.07

Group Number: 200-EGS0000 0217

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/02/22	22	9593826	1.0	3,107.00			0.72	1		9.02	9.02	35.36
							3,061.90	2				
12/02/22	22	9595526	1.0	1,755.00			0.85	1		10.58	10.58	41.49
							1,702.08	2				
12/02/22	22	9586126	1.0	1,614.00			1.30	1		16.20	16.20	63.51
							1,532.99	2				
12/02/22	22	9586126	1.0	1,614.00			1.30	1		16.20	16.20	63.51
		XU					1,532.99	2				
12/02/22	22	95999		5,400.00			5,400.00	3				0.00
TOTALS				13,490.00			13,234.13			52.00	52.00	203.87

ISSUED AMT:

\$203.87

Remarks:

1 - This adjustment in provider payment reflects recent changes made in CMS/Medicare reimbursement levels due to sequestration. The members cost share is not affected by this adjustment. We have deducted the members cost share from the original allowed amount and withheld the sequestration adjustment of the remaining balance payable to the provider. [M52]

2 - Payment made according to Medicare allowable rate. [P49]

3 - We need more details to complete our review. Please send us:

1. The clinical details to support the medical necessity for this service. This includes details around the drugs, DME and implants.

2. Copies of current history and the physical exam, office or nursing notes, operative report, lab or diagnostic testing results, administration notes and air ambulance transportation records, if it applies

3. The diagnosis and the expected period-of-time the member will need the drug or equipment

4. If billing an unlisted code, a complete description of the service and the itemized bill

5. If photos are a part of the clinical records, please send copies since originals will not be returned

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Continued on Next Page



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Page: 15 of 17

PIN: 0007066969
TIN: XXXXXX2508
Trace Number: 882328001006037
Trace Amount: \$2,591.25

Matthew B McAuliffe

Patient Name: Milton G Blair SR (self)

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO TX 79998-1106
USA

CALL 1-800-624-0756 FOR ASSISTANCE

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

Total Patient Responsibility: \$52.00
Claim Payment: \$203.87

Patient Name: Donna N SMITH (self)

Claim ID: EKT8K403 Recd: 10/05/23 Member ID: 101546260000 Patient Account: 0.2831285

Member: Donna N SMITH

Group Name: Aetna Medicare Dual Preferred Plan (HMO D-SNP)

Product: VBID DSNP Direct Access HMO - Medicare (Aetna)

Contract State: NV

Coventry Health Care of Nebraska, Inc.

DIAG: M51.16

Group Number: 000003-NV00 0013

Funding: Insured

Network Status: Out-of-Network

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
12/19/22	22	9593826	1.0	3,107.00			0.75	1		9.33	9.33	36.58
							3,060.34	2				
								3				
12/19/22	22	9595526 XU	1.0	1,755.00			0.87	1		10.93	10.93	42.85
							1,700.35	2				
								3				
12/19/22	22	5178526	1.0	1,071.00			1.61	1		20.09	20.09	78.75
							970.55	2				
								3				
12/19/22	22	5178526 XU	1.0	1,071.00			0.80	1		10.05	10.05	39.38
							1,020.77	2				
								3				
12/19/22	22	9586126 XU	1.0	1,614.00			1.34	1		16.79	16.79	65.82
							1,530.05	2				
								3				
12/19/22	22	9586126 XU	1.0	1,614.00			1.34	1		16.79	16.79	65.82
							1,530.05	2				
								3				
12/19/22	22	95999		5,400.00			5,400.00	4				0.00
TOTALS				15,632.00			15,218.82			83.98	83.98	329.20

ISSUED AMT: \$329.20

Remarks:

- 1 - This adjustment in provider payment reflects recent changes made in CMS/Medicare reimbursement levels due to sequestration. The members cost share is not affected by this adjustment. We have deducted the members cost share from the original allowed amount and withheld the sequestration adjustment of the remaining balance payable to the provider. [M52]
- 2 - You cannot collect the coinsurance amount since the patient is a Medicaid / Qualified Medicare Beneficiary. Review your records to ensure you didn't collect the coinsurance from the patient. [BZI]
- 3 - Payment made according to Medicare allowable rate. [P49]
- 4 - We need more details to complete our review. Please send us:

Continued on Next Page



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Page: 16 of 17

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0007066969
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Trace Number: 882328001006037
Trace Amount: \$2,591.25

Patient Name: Donna N SMITH (self)

Remarks (contd):

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CALL 1-800-624-0756 FOR ASSISTANCE

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

Total Patient Responsibility:	\$83.98
Claim Payment:	\$329.20

Total Payment to: Matthew B McAuliffe

\$533.07

Continued on Next Page



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- A copy of remit notice showing the denial
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Fax: 860-900-7995

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.