



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

PEAK NEUROMONITORING, LLP
550 N CENTRAL EXPY UNIT 2586
MCKINNEY TX 75070-0139

Claim Payment

Please Retain for Future Reference

Printed: 10/23/2023
Page: 1 of 3

PEAK NEUROMONITORING, LLP

PIN: 0006080753
TIN: XXXXXXXX4806
Trace Number: 823296000201557
Trace Amount: \$13,293.00

Aetna Life Insurance Company or an Affiliated Company
as Agent for Specified Payer(s)
P.O. BOX 981106
EL PASO TX 79998-1106
USA

ID No: XXXXXXXX4806
Seq No: 000000004

Trace No: 000201557
Acct: 09046

51 - 44
10-23-2023 119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAID
PAY

PEAK NEUROMONITORING, LLP
Thirteen Thousand Two Hundred Ninety Three Dollars and 00/100

VOID AFTER ONE YEAR
*****\$13,293.00

TO THE
ORDER OF
Bank of America

PEAK NEUROMONITORING, LLP
550 N CENTRAL EXPY UNIT 2586
MCKINNEY TX 75070-0139

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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USA

Payment Address:

PEAK NEUROMONITORING, LLP
550 N CENTRAL EXPY UNIT 2586
MCKINNEY TX 75070-0139

Provider Address:

PEAK NEUROMONITORING, LLP
550 N CENTRAL EXPY UNIT 2586
MCKINNEY TX 75070-0139

Explanation Of Benefits

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PIN: 0006080753

TIN: XXXXXXXX4806

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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: AARON A MILLER (self)

Claim ID: EMJM7TS5J00 Recd: 08/25/23 Member ID: W238717662 Patient Account: 0.3059824

Member: AARON A MILLER

Group Name: PENSKE TRUCK LEASING CO., L.P.

Product: Aetna Choice® POS II

DIAG: M5012/3, M5412, M4802

Group Number: 0654228-31-045 KB P1<:H0

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
07/03/23	15	95999	4.0	7,200.00	7,200.00							7,200.00
07/03/23	15	95940		2,820.00	0.00		2,820.00	1				0.00
07/03/23	15	95939TC	1.0	3,150.00	3,150.00							3,150.00
07/03/23	15	95938TC	1.0	2,943.00	2,943.00							2,943.00
07/03/23	15	95868TC		1,710.00	0.00		1,710.00	2				0.00
07/03/23	15	95868TC		1,710.00	0.00		1,710.00	2				0.00
		XU										
TOTALS				19,533.00	13,293.00		6,240.00					13,293.00

ISSUED AMT: \$13,293.00

Remarks:

- 1 - We denied this charge. This is because this claim is inappropriately coded based on the CPT/HCPSC code definition or standard coding guidelines. The member doesn't owe this amount. [T98]
- 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)

Claim ID: EMJM7TS5J02 Recd: 08/25/23 Member ID: W238717662 Patient Account: 0.3059824

Member: AARON A MILLER

Group Name: PENSKE TRUCK LEASING CO., L.P.

Product: Aetna Choice® POS II

DIAG: M5012/3, M5412, M4802

Group Number: 0654228-31-045 KB P1<:H0

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
07/03/23	15	95861TC		2,100.00	0.00		2,100.00	1				0.00
		XU										
07/03/23	15	95861TC		2,100.00	0.00		2,100.00	1				0.00
07/03/23	15	95822TC	1.0	2,346.00	2,346.00							2,346.00
07/03/23	15	A4556	8.0	48.00	48.00							48.00
07/03/23	15	A4215	20.0	200.00	200.00							200.00
TOTALS				6,794.00	2,594.00		4,200.00					2,594.00

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PEAK NEUROMONITORING, LLP

PIN: 0006080753
TIN: XXXXXXXX4806
Trace Number: 823296000201557
Trace Amount: \$13,293.00

Patient Name: AARON A MILLER (self)

Less Amount Already Paid \$2,594.00

ISSUED AMT:

NO PAY

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)

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:

\$13,293.00

Total Payment to: PEAK NEUROMONITORING, LLP

\$13,293.00

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.