



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/24/2023
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MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650

MONITORING ASSOCIATES LLC
PIN: 0009501519
TIN: XXXXXXXX2508
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: THERMAN J JONES (self)

Claim ID: E6PC649BY00 Recd: 10/14/23 Member ID: W180015102 Patient Account: 0.2878337
Member: THERMAN J JONES
Group Name: ARAMCO SHARED BENEFITS COMPANY
Product: Traditional Choice®

DIAG: M4807, M4806/1
Group Number: 0476729-12-001 C CASB@0
Network ID: 00000
Funding: Self-funded

Aetna Life Insurance Company

Network Status: No network applicability

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
01/31/23	21	95999		5,400.00	0.00		5,400.00	1			5,400.00	0.00
01/31/23	21	9593826		3,107.00	0.00		3,107.00	1			3,107.00	0.00
01/31/23	21	9591026		780.00	0.00		780.00	1			780.00	0.00
01/31/23	21	9588626		2,972.00	0.00		2,972.00	1			2,972.00	0.00
01/31/23	21	9588626		2,972.00	0.00		2,972.00	1			2,972.00	0.00
		XU										
01/31/23	21	9582226		1,755.00	0.00		1,755.00	1			1,755.00	0.00
TOTALS				16,986.00			16,986.00				16,986.00	0.00

ISSUED AMT:

NO PAY

Remarks:

1 - We can't complete our review of this claim. We received it under a plan where the member isn't showing as active. If they have an active insurance plan, you will need to send the claim to the active plan of benefits. You should also update your records for this patient. [011]
Our EOB may show a Medicare payment that is different from the payment on the Medicare EOB. We include the Medicare payment reduction in the Medicare paid amount. [Q42]

For Questions Regarding This Claim
P.O. BOX 981543 EL PASO, TX 79998-1543 USA
CALL (800) 231-7729 FOR ASSISTANCE

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

Total Patient Responsibility: \$16,986.00
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.