



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

Claim Payment

Please Retain for Future Reference

Printed: 10/12/2023

Page: 1 of 4

PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765

TIN: XXXXXXXX2512

Trace Number: 823285000242498

Trace Amount: \$4,759.02

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: 000242498

Acct: 09046

51 - 44

10-12-2023

119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

Four Thousand Seven Hundred Fifty Nine Dollars and 02/100

VOID AFTER ONE YEAR

*****\$4,759.02

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

Explanation Of Benefits

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Payment Address:

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Provider Address:

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

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PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
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Trace Amount: \$4,759.02

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: DANIEL EDWARDS (spouse)

Claim ID: EFAC7ZNC100 Recd: 09/01/23 Member ID: W277080043 Patient Account: 0.3004809
Member: YONCARDIA M EDWARDS
Group Name: SODEXO, INC.
Product: Aetna Choice® POS II

DIAG: M4802, M5412, M4020/2
Group Number: 0181184-23-005 A P1.~I
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
05/16/23	21	95999		7,200.00	0.00		7,200.00	1				0.00
05/16/23	21	95941	9.0	24,840.00	2,992.14		21,847.86	2				2,992.14
05/16/23	21	9593926	1.0	3,814.00	113.16		3,700.84	2				113.16
05/16/23	21	9593826	1.0	3,107.00	43.67		3,063.33	2				43.67
05/16/23	21	9586826		1,310.00	0.00		1,310.00	1				0.00
05/16/23	21	9586826		1,310.00	0.00		1,310.00	1				0.00
TOTALS				41,581.00	3,148.97		38,432.03					3,148.97

ISSUED AMT: \$3,148.97

Remarks:

- 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]
- 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. [FDZ]
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 PO BOX 981106 EL PASO, TX 79998-1106

CALL (888) 337-0265 FOR ASSISTANCE

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

Total Patient Responsibility: \$0.00
Claim Payment: \$3,148.97

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PHOENIX AZ 85038-9650

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PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823285000242498
Trace Amount: \$4,759.02

Patient Name: MYAH GRUBBS (daughter)

Claim ID: EGTX7D3LY00 Recd: 08/23/23 Member ID: W212621756 Patient Account: 0.2842083
Member: NICHOLAS D GRUBBS
Group Name: HOLMAN AUTOMOTIVE GROUP, INC.
Product: Aetna Choice® POS II

DIAG: S32.029A
Group Number: 0718535-21-501 MB P1*;I0
Network ID: 00000
Funding: Self-funded

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
12/28/22	21	95999		7,200.00	0.00		7,200.00	1				0.00
12/28/22	21	95941		8,280.00	0.00		8,280.00	1				0.00
12/28/22	21	9593926		3,814.00	0.00		3,814.00	1				0.00
12/28/22	21	9593826		3,107.00	0.00		3,107.00	1				0.00
12/28/22	21	9587026		583.00	0.00		583.00	1				0.00
12/28/22	21	XU										
12/28/22	21	9587026		583.00	0.00		583.00	1				0.00
12/28/22	21	XU										
TOTALS				23,567.00			23,567.00					0.00

ISSUED AMT:

NO PAY

Remarks:

1 - We denied this service. We did not receive the details we asked for. You can refer to the prior EOB for these charges by logging into your secure provider portal. [PPND - V16]
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 PO 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: \$0.00

Patient Name: ROBIN Q REED (self)

Claim ID: E6Y16D75Z00 Recd: 10/03/23 Member ID: W172551840 Patient Account: 0.2983597
Member: ROBIN Q REED
Group Name: CVS PHARMACY, INC.
Product: Aetna HealthFund® Aetna Choice® POS II

DIAG: M5416
Group Number: 0141974-10-003 C P1WQ:0
Network ID: 00000
Funding: Self-funded

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
04/28/23	21	95999		9,000.00	0.00		9,000.00	1			9,000.00	0.00
04/28/23	21	95941	4.0	11,040.00	1,349.20		9,690.80	2				1,349.20
04/28/23	21	9593926	1.0	3,814.00	126.72		3,687.28	2				126.72
04/28/23	21	9593826	1.0	3,107.00	48.88		3,058.12	2				48.88
04/28/23	21	9590926	1.0	555.00	85.25		469.75	2				85.25
04/28/23	21	9588626		2,972.00	0.00		2,972.00	3				0.00
TOTALS				30,488.00	1,610.05		28,877.95				9,000.00	1,610.05

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PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823285000242498
Trace Amount: \$4,759.02

PHYSICIAN OVERSIGHT, LLC

Patient Name: ROBIN Q REED (self)

ISSUED AMT: \$1,610.05

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 - 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. [FDZ]
- 3 - 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 PO 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: \$9,000.00

Claim Payment: \$1,610.05

Total Payment to: PHYSICIAN OVERSIGHT, LLC

\$4,759.02

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.