



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/18/2023
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JONATHAN M MCCLINTOCK MD
PO BOX 29650
PHOENIX AZ 85038-9650

JONATHAN M MCCLINTOCK MD
PIN: 0009160926
TIN: XXXXXXXX4188
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: SUSAN BYGREN (spouse)

Claim ID: PTAC63D2V00 Recd: 07/25/23 Member ID: W239672886 Patient Account: 0.2978045
Member: STEVEN C BYGREN
Group Name: THE MITRE CORPORATION
Product: Aetna HealthFund® Aetna Choice® POS II

DIAG: M4806/2
Group Number: 0307177-20-201 HB P1!!F0
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
04/25/23	15	95938TC		981.00	0.00		981.00	1				0.00
04/25/23	15	95861TC		1,750.00	0.00		1,750.00	1				0.00
04/25/23	15	95861TC		1,750.00	0.00		1,750.00	1				0.00
04/25/23	15	95822TC		1,955.00	0.00		1,955.00	1				0.00
04/25/23	15	A4556		12.00	0.00		12.00	1				0.00
04/25/23	15	95999		500.00	0.00		500.00	1				0.00
TOTALS				6,948.00			6,948.00					0.00

ISSUED AMT:

NO PAY

Remarks:

1 - This is in response to your inquiry about this claim. We reviewed our original decision; based on available information, our original decision appears to be correct. To appeal this decision, contact the Provider Service Center or submit additional information to P.O. Box 14020, Lexington, KY 40512. [F48]

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:

\$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.