



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

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/20/2023

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NEUROMONITORING ASSOCIATES

PIN: 0005223650

TIN: XXXXXXXX4188

NO PAY

NEUROMONITORING ASSOCIATES  
4164 AUSTIN BLUFFS PKWY UNIT 603  
COLORADO SPGS CO 80918-2928

### 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: **ELVIRA RODRIGUEZ** (spouse)

Claim ID: **EPPC2KFTS01** Recd: **08/03/23** Member ID: **W117704628** Patient Account: **2272943**

Member: **JOSE C RODRIGUEZ**

Group Name: **COX ENTERPRISES, INC.**

Product: **Aetna Choice® POS II**

DIAG: **H92.01, H92.11, H70.11**

Group Number: **0779409-42-601 CD P1+VZ0**

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
05/05/22	15	95940		4,500.00	0.00		4,500.00	1				0.00
								2				
05/05/22	15	95867TC		425.00	0.00		425.00	1				0.00
05/05/22	15	95867TC		425.00	0.00		425.00	1				0.00
		XU										
05/05/22	15	A4649		40.00	0.00		40.00	1				0.00
<b>TOTALS</b>				<b>5,390.00</b>			<b>5,390.00</b>					<b>0.00</b>

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]
- 2 - This claim has been reprocessed. W02

For Questions Regarding This Claim P.O. 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



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JONATHAN M MCCLINTOCK MD  
4164 AUSTIN BLUFFS PKWY UNIT 603  
COLORADO SPGS CO 80918-2928

JONATHAN M MCCLINTOCK MD  
PIN: 0009160926  
TIN: XXXXXXXX4188  
NO PAY

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### Patient Name: JEAN BRUGGEMAN (Self)

Claim ID: PZAC3NP6D00 Recd: 07/28/23 Member ID: W197623262 Patient Account: 0.2760158  
Member: JEAN BRUGGEMAN  
Group Name: UNITED SERVICES AUTOMOBILE ASSOCIATION  
Product: Aetna Choice® POS II

DIAG: M5022/2, M5412, M4802  
Group Number: 0727813-15-001 BD P1.1\*\*  
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
10/24/22	15	95939TC		1,050.00	0.00		1,050.00	1				0.00
10/24/22	15	95938TC		981.00	0.00		981.00	1				0.00
10/24/22	15	95868TC		1,425.00	0.00		1,425.00	1				0.00
10/24/22	15	95868TC		1,425.00	0.00		1,425.00	1				0.00
10/24/22	15	95861TC		1,750.00	0.00		1,750.00	1				0.00
10/24/22	15	95999		500.00	0.00		500.00	1				0.00
TOTALS				7,131.00			7,131.00					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 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

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.