



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

Summary of Claim Payment

Please Retain for Future Reference

Printed: 10/16/2023
Page: 1 of 10

Monitoring Associates LLC
TIN: XXXXXX2508
Trace Number: 882328701012899
Trace Amount: \$2,836.20

MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Notes: Enclosed is a group payment to the XXXXXX2508. Below is a itemization of the check. Please refer to the attached statements of details.

Breakdown of Payment(s) Issued:

NAME	PIN	ISSUED AMT
Andrew C Hsu	0005875850	\$2,056.39
Omar J Moore	0006247487	\$288.42
Audrey R Nath	0006483171	\$152.24



P.O. BOX 981106
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USA

ID No: XXXXXX2508
Seq No: 000000004

Trace No: 701012899
Acct: 09146

51 - 44
10-16-2023 119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

VOID AFTER ONE YEAR
*****\$2,836.20

TO THE
ORDER OF
Bank of America

MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



P.O. BOX 981106
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USA

Summary of Claim Payment

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Printed: 10/16/2023

Page: 2 of 10

Monitoring Associates LLC

TIN: XXXXXX2508

Trace Number: 882328701012899

Trace Amount: \$2,836.20

Payment Address:

MONITORING ASSOCIATES LLC

PO Box 29650

Phoenix AZ 85038

NAME	PIN	ISSUED AMT
George P Thomas	0009038504	\$339.15
TOTAL ISSUED AMOUNT		\$2,836.20

TOTAL TRACE AMOUNT:	\$2,836.20
---------------------	------------



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

Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Provider Address:
Andrew C Hsu
PO Box 29650
Phoenix AZ 85038

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/16/2023
Page: 3 of 10

PIN: Andrew C Hsu
TIN: 0005875850
Trace Number: XXXXXXXX2508
Trace Amount: 882328701012899
\$2,836.20

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: RUTH A SPAULDING (self)

Claim ID: EZJM6Z9WK03 Recd: 10/11/23 Member ID: 101554792400 Patient Account: 0.2859321

Member: RUTH A SPAULDING

Group Name: Aetna Medicare Dual Prime Plan (HMO D-SNP)

Product: VBI DSNP Direct Access HMO - Medicare (Aetna)

Contract State: NV

Coventry Health Care of Nebraska, Inc.

DIAG: M54.16, M43.16

Group Number: 000003-NV00 0012

Funding: Insured

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
01/14/23	21	9593826	1.0	3,107.00			0.90	1				43.96
01/14/23	21	9595526	1.0	1,755.00			3,062.14	2				56.77
							1.05	1				
							1,702.34	3				
								2				
01/14/23	21	9586126	1.0	1,614.00			1.61	1				86.83
							1,533.45	3				
								2				
01/14/23	21	9586126 XU	1.0	1,614.00			1.61	1				86.83
							1,533.45	3				
								2				
01/14/23	21	95999	3.0	5,400.00			3,780.00	3				1,782.00
								4				
TOTALS				13,490.00			11,616.55					2,056.39

ISSUED AMT: \$2,056.39

Remarks:

- 1 - This adjustment in provider payment reflects recent changes made in CMS/Medicare reimbursement levels due to sequestration. The members cost share is not affected by this adjustment. We have deducted the members cost share from the original allowed amount and withheld the sequestration adjustment of the remaining balance payable to the provider. [M52]
- 2 - Payment made according to Medicare allowable rate. [P49]
- 3 - The amount paid reflects a physician incentive for performing services in a zip code area that is qualified for the Health Professional Shortage Areas (HPSA) bonus program. [MI7]
- 4 - This charge is paid at a percentage of billed, according to the default value on the Aetna Fee Schedule. Pharmacy J drug codes will still be at 60%. [PH5]

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO TX 79998-1106
USA

CALL 1-800-624-0756 FOR ASSISTANCE

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

Total Patient Responsibility: \$0.00
Claim Payment: \$2,056.39

Total Payment to: Andrew C Hsu

\$2,056.39

Continued on Next Page



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Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
MONITORING ASSOCIATES LLC
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Printed: 10/16/2023
Page: 4 of 10

PIN: Andrew C Hsu
0005875850
TIN: XXXXXXXX2508
Trace Number: 882328701012899
Trace Amount: \$2,836.20

If you are a non-contracted provider and disagree with our decision, you can appeal using the information provided below:

Pursuant to federal regulations governing the Medicare Advantage program, non-contract providers may request reconsideration of a Medicare Advantage plan payment denial determination. To appeal a claim denial, submit a written request within 60 days of the remittance notification date and include:

- A statement indicating factual or legal basis for appeal
- A signed waiver of liability form
http://www.aetnamedicare.com/documents/individual/website/provider_waiver_of_liability.pdf
- A copy of the original claim
- A copy of remit notice showing the denial
- Any additional information, clinical record or documentation

Mail the appeal request to:
Medicare Part C Appeals
P.O. Box 14067
Lexington KY 40512
Fax: 724-741-4953

If you are a contracted provider and disagree with our decision, you can dispute using the information provided below:

Mail the appeal request to:
Medicare Provider Appeals
P.O. Box 14835
Lexington KY 40512
Fax: 860-900-7995



P.O. BOX 981106
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USA

Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Provider Address:
Omar J Moore
PO Box 29650
Phoenix AZ 85038

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/16/2023
Page: 5 of 10

PIN: Omar J Moore
0006247487
TIN: XXXXXXXX2508
Trace Number: 882328701012899
Trace Amount: \$2,836.20

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Patient Name: EMIL W DETTMERING (self)

Claim ID: ECAC8N9GR03 Recd: 10/11/23 Member ID: 101486906400 Patient Account: 0.2860856

Member: EMIL W DETTMERING

Group Name: Aetna Medicare Premier Plus (PPO)

Product: PPO - Medicare (Aetna)

Contract State: IL

Aetna Life Insurance Company

DIAG: M48.062

Group Number: 000003-IL00 0011

Funding: Insured

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
01/16/23	21	9593826	1.0	3,107.00			0.94	1				46.24
							3,059.82	2				
								3				
01/16/23	21	9595526	1.0	1,755.00			1.11	1				59.60
							1,699.71	4				
								2				
								3				
01/16/23	21	9586126	1.0	1,614.00			1.69	1				91.29
							1,529.32	4				
								2				
								3				
01/16/23	21	9586126 XU	1.0	1,614.00			1.69	1				91.29
							1,529.32	4				
								2				
								3				
01/16/23	21	95999		5,400.00			5,400.00	5				0.00
TOTALS				13,490.00			13,223.60					288.42

ISSUED AMT: \$288.42

Remarks:

- 1 - This adjustment in provider payment reflects recent changes made in CMS/Medicare reimbursement levels due to sequestration. The members cost share is not affected by this adjustment. We have deducted the members cost share from the original allowed amount and withheld the sequestration adjustment of the remaining balance payable to the provider. [M52]
- 2 - We adjusted the payment due to the Merit-based Incentive Payment System. The adjustment applies to the Medicare allowed amount. We also deducted the member cost share. [PWX]
- 3 - Payment made according to Medicare allowable rate. [P49]
- 4 - The amount paid reflects a physician incentive for performing services in a zip code area that is qualified for the Health Professional Shortage Areas (HPSA) bonus program. [M17]
- 5 - We need more details to complete our review. Please send us:

1. The clinical details to support the medical necessity for this service. This includes details around the drugs, DME and implants.
2. Copies of current history and the physical exam, office or nursing notes, operative report, lab or diagnostic testing results, administration notes and air ambulance transportation records, if it applies
3. The diagnosis and the expected period-of-time the member will need the drug or equipment

Continued on Next Page



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Explanation Of Benefits

Please Retain for Future Reference

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Phoenix AZ 85038

Printed: 10/16/2023
Page: 6 of 10

PIN: Omar J Moore
0006247487
TIN: XXXXXXXX2508
Trace Number: 882328701012899
Trace Amount: \$2,836.20

Patient Name: EMIL W DETTMERING (self)

Remarks (contd):

4. If billing an unlisted code, a complete description of the service and the itemized bill
5. If photos are a part of the clinical records, please send copies since originals will not be returned

To ensure proper identification and tracking of this claim, we'll need the subscriber's name, patient's name and the subscriber's ID number. Just attach the information to this document and return it to us at P.O. Box 14089, Attn: ICMC, Lexington, KY 40512. Or, to expedite this process, you can fax the information to 859-455-8650. You have 45 days from the date of this statement to send us this information. If we don't receive it, we'll deny the claim. You will have a right to appeal the denial at that time. [D41]

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO TX 79998-1106
USA

CALL 1-800-624-0756 FOR ASSISTANCE

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

Total Patient Responsibility:	\$0.00
Claim Payment:	\$288.42

Total Payment to: Omar J Moore

\$288.42

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- A copy of remit notice showing the denial
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Lexington KY 40512
Fax: 724-741-4953

If you are a contracted provider and disagree with our decision, you can dispute using the information provided below:

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Medicare Provider Appeals
P.O. Box 14835
Lexington KY 40512
Fax: 860-900-7995



P.O. BOX 981106
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USA

Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Provider Address:
Audrey R Nath
PO Box 29650
Phoenix AZ 85038

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/16/2023
Page: 7 of 10

PIN: Audrey R Nath
0006483171
TIN: XXXXXXXX2508
Trace Number: 882328701012899
Trace Amount: \$2,836.20

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Patient Name: Barbara Szamreto (self)

Claim ID: EZAC6Z9WN03 Recd: 10/11/23 Member ID: 101223933100 Patient Account: 0.2859269

Member: Barbara Szamreto

Group Name: Aetna Medicare Premier Plus (PPO)

Product: PPO - Medicare (Aetna)

Contract State: IL

Aetna Life Insurance Company

DIAG: M51.26, M54.41, M54.42
Group Number: 000003-IL00 0011

Funding: Insured

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
01/14/23	22	9593826	1.0	3,107.00			0.60	1		16.25	16.25	29.59
							3,060.56	2				
01/14/23	22	9595526	1.0	1,755.00			0.71	1		19.05	19.05	38.13
							1,700.58	3				
								2				
01/14/23	22	9587026	3.0	3,498.00			0.78	1		21.10	21.10	42.26
							3,437.70	3				
								2				
01/14/23	22	9587026 XU	3.0	3,498.00			0.78	1		21.10	21.10	42.26
							3,437.70	3				
								2				
01/14/23	22	95999		5,400.00			5,400.00	4				0.00
TOTALS				17,258.00			17,039.41			77.50	77.50	152.24

ISSUED AMT: \$152.24

Remarks:

- 1 - This adjustment in provider payment reflects recent changes made in CMS/Medicare reimbursement levels due to sequestration. The members cost share is not affected by this adjustment. We have deducted the members cost share from the original allowed amount and withheld the sequestration adjustment of the remaining balance payable to the provider. [M52]
- 2 - Payment made according to Medicare allowable rate. [P49]
- 3 - The amount paid reflects a physician incentive for performing services in a zip code area that is qualified for the Health Professional Shortage Areas (HPSA) bonus program. [MI7]
- 4 - We need more details to complete our review. Please send us:

1. The clinical details to support the medical necessity for this service. This includes details around the drugs, DME and implants.
2. Copies of current history and the physical exam, office or nursing notes, operative report, lab or diagnostic testing results, administration notes and air ambulance transportation records, if it applies
3. The diagnosis and the expected period-of-time the member will need the drug or equipment
4. If billing an unlisted code, a complete description of the service and the itemized bill
5. If photos are a part of the clinical records, please send copies since originals will not be returned

To ensure proper identification and tracking of this claim, we'll need the subscriber's name, patient's name and the subscriber's ID number. Just attach the information to this document and return it to us at P.O. Box 14089, Attn: ICMC, Lexington, KY 40512. Or, to expedite this process,

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Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Printed: 10/16/2023
Page: 8 of 10

PIN: Audrey R Nath
0006483171
TIN: XXXXXXXX2508
Trace Number: 882328701012899
Trace Amount: \$2,836.20

Patient Name: Barbara Szamreto (self)

Remarks (contd):

you can fax the information to 859-455-8650. You have 45 days from the date of this statement to send us this information. If we don't receive it, we'll deny the claim. You will have a right to appeal the denial at that time. [D41]

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USA

CALL 1-800-624-0756 FOR ASSISTANCE

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

Total Patient Responsibility:	\$77.50
Claim Payment:	\$152.24

Total Payment to: Audrey R Nath

\$152.24

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- A copy of remit notice showing the denial
- Any additional information, clinical record or documentation

Mail the appeal request to:
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P.O. Box 14067
Lexington KY 40512
Fax: 724-741-4953

If you are a contracted provider and disagree with our decision, you can dispute using the information provided below:

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P.O. Box 14835
Lexington KY 40512
Fax: 860-900-7995



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EL PASO TX 79998-1106
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Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Provider Address:
George P Thomas
PO Box 29650
Phoenix AZ 85038

Explanation Of Benefits

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Page: 9 of 10

PIN: 0009038504
TIN: XXXXXXXX2508
Trace Number: 882328701012899
Trace Amount: \$2,836.20

George P Thomas

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Patient Name: MARILYN J ALVAREZ (self)

Claim ID: EX3660MJP03 Recd: 10/11/23 Member ID: 101195069600 Patient Account: 0.2860483

Member: MARILYN J ALVAREZ

Group Name: Aetna Medicare Prime (HMO-POS)

Product: Direct Access POS - Medicare (Aetna)

Contract State: IN

Aetna Health Inc.

DIAG: T84.296A

Group Number: 000003-IN00 0005

Funding: Insured

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
01/16/23	21	9593826	1.0	3,107.00			0.87	1				42.61
							3,063.52	2				
								3				
01/16/23	21	9595526	1.0	1,755.00			1.02	1				50.15
							1,703.83	2				
								3				
01/16/23	21	9590926	1.0	555.00			1.52	1				74.71
							478.77	2				
								3				
01/16/23	21	9588626	2.0	5,944.00			1.75	1				85.84
							5,856.41	2				
								3				
01/16/23	21	9588626 XU	2.0	5,944.00			1.75	1				85.84
							5,856.41	2				
								3				
01/16/23	21	95999		5,400.00			5,400.00	4				0.00
TOTALS				22,705.00			22,365.85					339.15

ISSUED AMT: \$339.15

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- 2 - We adjusted the payment due to the Merit-based Incentive Payment System. The adjustment applies to the Medicare allowed amount. We also deducted the member cost share. [PWX]
- 3 - Payment made according to Medicare allowable rate. [P49]
- 4 - We need more details to complete our review. Please send us:

1. The clinical details to support the medical necessity for this service. This includes details around the drugs, DME and implants.
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3. The diagnosis and the expected period-of-time the member will need the drug or equipment
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Page: 10 of 10

PIN: George P Thomas
0009038504
TIN: XXXXXXXX2508
Trace Number: 882328701012899
Trace Amount: \$2,836.20

Patient Name: MARILYN J ALVAREZ (self)

Remarks (contd):
returned

To ensure proper identification and tracking of this claim, we'll need the subscriber's name, patient's name and the subscriber's ID number. Just attach the information to this document and return it to us at P.O. Box 14089, Attn: ICMC, Lexington, KY 40512. Or, to expedite this process, you can fax the information to 859-455-8650. You have 45 days from the date of this statement to send us this information. If we don't receive it, we'll deny the claim. You will have a right to appeal the denial at that time. [D41]

For Questions Regarding This Claim
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USA

CALL 1-800-624-0756 FOR ASSISTANCE

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

Total Patient Responsibility:	\$0.00
Claim Payment:	\$339.15

Total Payment to: George P Thomas

\$339.15

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Fax: 724-741-4953

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Mail the appeal request to:
Medicare Provider Appeals
P.O. Box 14835
Lexington KY 40512
Fax: 860-900-7995

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.