



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

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/16/2023

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PEAK NEUROMONITORING, LLP  
550 N CENTRAL EXPY UNIT 2586  
MCKINNEY TX 75070-0139

PEAK NEUROMONITORING, LLP  
PIN: 0006080753  
TIN: XXXXXXXX4806  
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: STEVEN T HEIECK (self)

Claim ID: P8FC6YQ5700 Recd: 10/10/23 Member ID: W277160935 Patient Account: 0.2980514

Member: STEVEN T HEIECK

Group Name: YESCO ADMINISTRATION LLC

Product: Aetna Choice® POS II

DIAG: M4806/2, M5136, M5416

Group Number: 0192853-11-001 AA P1.EVH

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
04/26/23	15	95822TC		2,346.00	0.00		2,346.00	1				0.00
04/26/23	15	A4556		54.00	0.00		54.00	1				0.00
04/26/23	15	A4215		140.00	0.00		140.00	1				0.00
TOTALS				2,540.00			2,540.00					0.00

ISSUED AMT:

NO PAY

#### Remarks:

1 - We received your request to reconsider these services. We considered the services based on the reported service and our decision of a fair payment. Our review finds that our original payment is correct. We will make no extra payment. If you disagree, send an appeal within 60 days of this denial. [MDV]

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.