



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

SYNAPSE HEALTHCARE SERVICE, P.A.
7050 BROOKHOLLOW WEST DR UNIT 41749
HOUSTON TX 77241-0833

Claim Payment

Please Retain for Future Reference

Printed: 10/24/2023
Page: 1 of 2

SYNAPSE HEALTHCARE SERVICES, PA
PIN: 0004997964
TIN: XXXXXXXX5628
Trace Number: 832329700801959
Trace Amount: \$196.32

Aetna Life Insurance Company or an Affiliated Company
as Agent for Specified Payer(s)
P.O. BOX 981106
EL PASO TX 79998-1106
USA

ID No: XXXXXXXX5628
Seq No: 000000004

Trace No: 700801959
Acct: 09046

10-24-2023 51 - 44
119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

TO THE
ORDER OF
Bank of America

SYNAPSE HEALTHCARE SERVICE, P.A.
7050 BROOKHOLLOW WEST DR UNIT 41749
HOUSTON TX 77241-0833

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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

Payment Address:

SYNAPSE HEALTHCARE SERVICE, P.A.
7050 BROOKHOLLOW WEST DR UNIT 41749
HOUSTON TX 77241-0833

Provider Address:

SYNAPSE HEALTHCARE SERVICES, PA
7050 BROOKHOLLOW WEST DR UNIT 41749
HOUSTON TX 77241-0833

Explanation Of Benefits

Please Retain for Future Reference

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SYNAPSE HEALTHCARE SERVICES, PA

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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: SHARDAE D JOHNSON (self)

Claim ID: E136374QR01

Recd: 10/09/23

Member ID: W115630480

Patient Account: 0.2659023

Member: SHARDAE D JOHNSON

Group Name: UNITED PARCEL SERVICE OF AMERICA, INC.

Product: Aetna Choice® POS II

DIAG: M4626, M4806/1, M5416

Group Number: 0868598-18-001 AB P1B5*0

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
08/03/22	21	95999		3,600.00	0.00		3,600.00	1				0.00
08/03/22	21	9593926	1.0	3,814.00	105.08		3,708.92	2				105.08
08/03/22	21	9593826	1.0	3,107.00	40.55		3,066.45	2				40.55
08/03/22	21	9586126		1,614.00	0.00		1,614.00	1				0.00
08/03/22	21	9586126		1,614.00	0.00		1,614.00	1				0.00
		XU										
08/03/22	21	9582226	1.0	1,755.00	50.69		1,704.31	2				50.69
TOTALS				15,504.00	196.32		15,307.68					196.32

ISSUED AMT:

\$196.32

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]

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:

\$196.32

Total Payment to: SYNAPSE HEALTHCARE SERVICES, PA

\$196.32

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.