



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

Claim Payment

Please Retain for Future Reference

Printed: 11/02/2023

Page: 1 of 6

PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765

TIN: XXXXXXXX2512

Trace Number: 823306000032239

Trace Amount: \$6,788.67

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650



Aetna Life Insurance Company
P.O. BOX 14079
LEXINGTON KY 40512-4079
USA

ID No: XXXXXXXX2512
Seq No: 000000004

Trace No: 000032239
Acct: 38209108

11-02-2023 62 - 20
311

VOID AFTER ONE YEAR
PAY

NON-NEGOTIABLE NON-NEGOTIABLE

Six Thousand Seven Hundred Eighty Eight Dollars and 67/100

VOID AFTER ONE YEAR
*****\$6,788.67

TO THE
ORDER OF

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Citibank N.A.
New Castle, DE 19720

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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USA

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Provider Address:
PHYSICIAN OVERSIGHT, LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 11/02/2023
Page: 2 of 6

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823306000032239
Trace Amount: \$6,788.67

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: CHRISTOPHE S SATORRE (son)

Claim ID: E73640KGJ07 Recd: 10/26/23 Member ID: W269566943 Patient Account: 0.3004695

Member: DENNIS R SATORRE

Group Name: PIPING TECHNOLOGY & PRODUCTS, INC.

Product: Aetna Open Access® Elect Choice®

Contract State: TX

DIAG: M4112/5

Group Number: 0176057-10-001 A VB@Z10

Network ID: 00000

Funding: Insured

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
05/16/23	21	95941	7.0	19,320.00	4,000.00		15,320.00	1				4,000.00
								2				
								3				
05/16/23	21	9593926	1.0	3,814.00	2,000.00		1,814.00	1				2,000.00
								3				
05/16/23		95999	4.0	SUBMITTED				4				
		95999		1,800.00	0.00		1,800.00	5			1,800.00	0.00
								6				
								3				
05/16/23	21	95999		3,600.00	0.00		3,600.00	5			3,600.00	0.00
								6				
								3				
05/16/23	21	95999	1.0	1,800.00	900.00		900.00	7				900.00
								6				
								3				
TOTALS				30,334.00	6,900.00		23,434.00				5,400.00	6,900.00

Less Amount Already Paid \$2,247.91

ISSUED AMT: \$4,652.09

Remarks:

1 - This payment is the final amount we owe to you based on the decision of the arbitrator/mediator. It's the difference between the amount we paid prior and the amount awarded.

The member only owes their in-network cost share shown on the initial EOB.

The law prohibits you from balance billing the member. [TXD]

2 - This claim has been reprocessed. W02

3 - [MM9]

4 - This service code reflects the submitted code and units. The line has been split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. V45

5 - The member's plan of benefits provides coverage for services or supplies that we determine are necessary. To meet this requirement the service or supply must be accepted under recognized professional standards as appropriate and effective for the diagnosis, care, or treatment of the disease or injury involved. Based on the information provided, this expense does not meet this requirement of the member's plan of benefits and is excluded from coverage. [784]

6 - This service code was originally submitted with multiple units and was split for processing. The individual units have been considered

Continued on Next Page



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PHOENIX AZ 85038-9650

Printed: 11/02/2023
Page: 3 of 6

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823306000032239
Trace Amount: \$6,788.67

Patient Name: CHRISTOPHE S SATORRE (son)

Remarks (contd):

separately and the claim adjudications may appear on multiple EOBs. [V40]

7 - Texas law gives you the option of:

Mandatory Arbitration: When members gets services or supplies from an out-of-network facility-based provider at a participating facility or in emergencies. The law prohibits you from balance billing members. You can ask for an arbitration of a claim settlement through a portal on the Texas Department of Insurance's Internet website if:

- There's a balance remaining after copayments, coinsurance and deductibles that you can't bill members for
- The health benefit claim is for:
- Emergency care
- A health care or medical service or supply done by an out-of-network facility-based provider at a participating facility

Mandatory Mediation: Texas law also gives you the availability of mandatory mediation. Service eligible for mediation are when a participating provider either refers a member for either an out-of-network:

- Laboratory service
- Diagnostic imaging service

In an effort to settle the claim before TDI selects an arbitrator/mediator, the facility and the health plan has to take part in an informal settlement teleconference. This should be no later than the 30th day after the date you request the mediation. An issuer or administrator, if it applies, shall make a reasonable effort to arrange the teleconference.

We told the patient to notify us if you bill them for any amount above their in-network cost share. Get more details at www.tdi.texas.gov.

If you send a mediation request, you have to tell us at TexasMediationRequests@aetna.com. [TXA]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: E73640KGJ06 Recd: 10/26/23 Member ID: W269566943 Patient Account: 0.3004695

Member: DENNIS R SATORRE

Group Name: PIPING TECHNOLOGY & PRODUCTS, INC.

Product: Aetna Open Access® Elect Choice®

Contract State: TX

Aetna Life Insurance Company

DIAG: M4112/5

Group Number: 0176057-10-001 A VB@Z10

Network ID: 00000

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
05/16/23	21	9586126 XU		1,614.00	0.00		1,614.00	1 2 3				0.00
05/16/23	21	9586126		1,614.00	0.00		1,614.00	1				0.00

Continued on Next Page



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Printed: 11/02/2023
Page: 4 of 6

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823306000032239
Trace Amount: \$6,788.67

Patient Name: CHRISTOPHE S SATORRE (son)

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
								3				
TOTALS				3,228.00			3,228.00					0.00

ISSUED AMT: NO PAY

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]
- This claim has been reprocessed. W02
- [MM9]
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: **E73640KGJ05** Recd: **10/26/23** Member ID: **W269566943** Patient Account: **0.3004695**
Member: **DENNIS R SATORRE**
Group Name: **PIPING TECHNOLOGY & PRODUCTS, INC.**
Product: **Aetna Open Access® Elect Choice®**
Contract State: **TX**
Aetna Life Insurance Company

DIAG: **M4112/5**
Group Number: **0176057-10-001 A VB@Z10**
Network ID: **00000**
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
05/16/23	21	9593826	1.0	3,107.00	500.00		2,607.00	1				500.00
								2				
								3				
05/16/23	21	9587026		583.00	0.00		583.00	4				0.00
		XU						3				
05/16/23	21	9587026		583.00	0.00		583.00	4				0.00
		XU						3				
TOTALS				4,273.00	500.00		3,773.00					500.00

Less Amount Already Paid \$57.30

ISSUED AMT: \$442.70

Remarks:

- This payment is the final amount we owe to you based on the decision of the arbitrator/mediator. It's the difference between the amount we paid prior and the amount awarded.

The member only owes their in-network cost share shown on the initial EOB.
The law prohibits you from balance billing the member. [TXD]
- This claim has been reprocessed. W02
- [MM9]
- 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

Continued on Next Page



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Printed: 11/02/2023
Page: 5 of 6

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823306000032239
Trace Amount: \$6,788.67

Patient Name: CHRISTOPHE S SATORRE (son)

Remarks (contd):

Edit Lookup tools. [775]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: **E73640KGJ04** Recd: **10/26/23** Member ID: **W269566943** Patient Account: **0.3004695**

Member: **DENNIS R SATORRE**

DIAG: **M4112/5**

Group Name: **PIPING TECHNOLOGY & PRODUCTS, INC.**

Group Number: **0176057-10-001 A VB@Z!0**

Product: **Aetna Open Access® Elect Choice®**

Network ID: **00000**

Contract State: **TX**

Funding: **Insured**

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
05/16/23	21	9582226	1.0	1,755.00	500.00		1,255.00	1				500.00
								2				
								3				
TOTALS				1,755.00	500.00		1,255.00					500.00

Less Amount Already Paid

\$72.00

ISSUED AMT:

\$428.00

Remarks:

1 - This payment is the final amount we owe to you based on the decision of the arbitrator/mediator. It's the difference between the amount we paid prior and the amount awarded.

The member only owes their in-network cost share shown on the initial EOB.

The law prohibits you from balance billing the member. [TXD]

2 - This claim has been reprocessed. W02

3 - [MM9]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim PO 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:

\$5,400.00

Claim Payment:

\$5,522.79

Patient Name: STEVEN J VILCAK (spouse)

Claim ID: **EYFC09K3L03** Recd: **10/24/23** Member ID: **W190510666** Patient Account: **0.2676362**

Member: **CYNTHIA M VILCAK**

DIAG: **M4806/1**

Group Name: **BELIMO AIRCONTROLS (USA), INC.**

Group Number: **0837092-20-001 LP PDAC/0**

Product: **Aetna HealthFund® Aetna Open Access® Managed Choice® POS**

Network ID: **00000**

Contract State: **CT**

Funding: **Insured**

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
08/17/22	22	95999		5,400.00	0.00		5,400.00	1			5,400.00	0.00
08/17/22	22	95941	2.0	5,520.00	1,800.00		3,720.00	2				1,800.00
08/17/22	22	9593826	1.0	3,107.00	1,387.50		1,719.50	2				1,387.50

Continued on Next Page



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PO BOX 29650
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Page: 6 of 6

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823306000032239
Trace Amount: \$6,788.67

Patient Name: STEVEN J VILCAK (spouse)

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
08/17/22	22	9586126		1,614.00	0.00		1,614.00	3				0.00
08/17/22	22	9586126		1,614.00	0.00		1,614.00	3				0.00
		XU										
08/17/22	22	9582226	1.0	1,755.00	58.41		1,696.59	4				58.41
TOTALS				19,010.00	3,245.91		15,764.09				5,400.00	3,245.91

Less Amount Already Paid \$1,980.03

ISSUED AMT: \$1,265.88

Remarks:

- The member's plan of benefits provides coverage for services or supplies that we determine are necessary. To meet this requirement the service or supply must be accepted under recognized professional standards as appropriate and effective for the diagnosis, care, or treatment of the disease or injury involved. Based on the information provided, this expense does not meet this requirement of the member's plan of benefits and is excluded from coverage. [784]
- This claim went through the Federal No Surprises Act Independent Dispute Resolution (IDR) process. This final payment is the difference between our prior payment(s) and the amount awarded by the IDR entity. The member only owes their in-network cost share calculated on the original Qualifying Payment Amount (QPA). [FDP]
- 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]
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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: \$5,400.00
Claim Payment: \$1,265.88

Total Payment to: PHYSICIAN OVERSIGHT, LLC

\$6,788.67

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.