



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 11/07/2023

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JAROD B JOHN MD
211 PAULINE DR STE 1059
YORK PA 17402-4637

JAROD B JOHN MD
PIN: 0009412743
TIN: XXXXXXXX5495
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: JAMIE L LENTZ (spouse)

Claim ID: E4PC7GMQM01 Recd: 10/30/23 Member ID: W263339826 Patient Account: 0.3094449

Member: STEVEN L LENTZ JR

Group Name: CAMPBELL SOUP COMPANY

Product: Aetna Choice® POS II

DIAG: M5116

Group Number: 0868620-20-009 PB P1_YX0

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
08/04/23	22	9586126 XU		1,614.00	0.00		1,614.00	1				0.00
TOTALS				1,614.00			1,614.00					0.00

ISSUED AMT:

NO PAY

Remarks:

- 1 - 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]
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 981106 EL PASO, TX 79998-1106

CALL (888) 337-0265 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.