



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

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/26/2023

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MONITORING ASSOCIATES LLC

PIN: 0009501519

TIN: XXXXXXXX2508

NO PAY

MONITORING ASSOCIATES LLC  
PO BOX 29650  
PHOENIX AZ 85038-9650

### 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: SCOTT A SMITH (self)

Claim ID: EPPC8SR2201

Recd: 10/24/23

Member ID: W278350419

Patient Account: 0.2895933

Member: SCOTT A SMITH

Group Name: ASG, LLC

Product: OA Managed Choice® POS

Contract State: CA

DIAG: M4802, M5032/2

Group Number: 0770909-11-029 BZ PE;10

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 |
|---------------|----|--------------|-----------|-------------------|----------------------|--------------|-------------|-------------|------------|--------------|--------------|----------------|
| 02/15/23      | 22 | 9586526      |           | 1,502.00          | 0.00                 |              | 1,502.00    | 1           |            |              |              | 0.00           |
|               |    | XU           |           |                   |                      |              |             |             |            |              |              |                |
| 02/15/23      | 22 | 9586526      |           | 1,502.00          | 0.00                 |              | 1,502.00    | 1           |            |              |              | 0.00           |
| 02/15/23      | 22 | 9586126      |           | 1,614.00          | 0.00                 |              | 1,614.00    | 1           |            |              |              | 0.00           |
|               |    | XU           |           |                   |                      |              |             |             |            |              |              |                |
| 02/15/23      | 22 | 9586126      |           | 1,614.00          | 0.00                 |              | 1,614.00    | 1           |            |              |              | 0.00           |
| TOTALS        |    |              |           | 6,232.00          |                      |              | 6,232.00    |             |            |              |              | 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 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

The Consumer Communications Bureau with the California Department of Insurance is available to assist customers with claims they feel have been wrongfully denied or rejected. Consumers may call or write the Bureau to have claims reviewed. Callers outside California and those in California (area codes 213 or 310) may contact the Consumer Communications Bureau at 213-897-8921. The number for the rest of California is 1-800-927-HELP. The mailing address is: Consumer Communications Bureau, California Department of Insurance, 300 S. Spring Street, Los Angeles, CA 90013. The Department's Internet website ([www.insurance.ca.gov](http://www.insurance.ca.gov)) has complaint forms and instructions online.

Before you file a complaint with the California Department of Insurance, you should first contact the insurance company in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete the department's Request for Assistance form. Occasionally, the issue may be of such a nature that attempting to contact the insurance company first

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**Mailing Address:**

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may not be appropriate. In these situations, it would be appropriate to contact the Department first.

**Practitioners:** To enter the dispute resolution process, please call 888-632-3862 or write to P.O. Box 14020, Lexington, KY 40512.

P-TRA-CAMED

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.