



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

Claim Payment

Please Retain for Future Reference

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Page: 1 of 3

PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823283000152119
Trace Amount: \$9,095.00

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Aetna Life Insurance Company or an Affiliated Company
as Agent for Specified Payer(s)
P.O. BOX 14079
LEXINGTON KY 40512-4079
USA

ID No: XXXXXXXX2512
Seq No: 000000004

Trace No: 000152119
Acct: 09046

51 - 44
10-10-2023 119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAID TO ORDER OF EMPLOYEE BENEFIT TRUST

Nine Thousand Ninety Five Dollars and 00/100

VOID AFTER ONE YEAR
*****\$9,095.00

TO THE
ORDER OF
Bank of America

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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Explanation Of Benefits

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Payment Address:

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Provider Address:

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

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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: ELIA RODRIGUEZ (spouse)

Claim ID: **EDPC741N800** Recd: **09/19/23** Member ID: **0605307979** Patient Account: **0.3029537**

Member: **ABIGAIL GOMEZ**

Group Name: **EMPLOYEE PAINTER'S TRUST.**

Product: **Aetna Choice® POS II**

DIAG: **M5126**

Group Number: **0863875-10-001 A P1****0**

Network ID: **00000**

Funding: **Self-funded**

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
06/06/23	22	95999		1,800.00	0.00		1,800.00	1				0.00
06/06/23	22	9593826	1.0	3,107.00	3,107.00							3,107.00
06/06/23	22	9586126	1.0	1,614.00	1,614.00							1,614.00
06/06/23	22	9586126	1.0	1,614.00	1,614.00							1,614.00
		XU										
06/06/23	22	9582226		1,755.00	0.00		1,755.00	2			1,755.00	0.00
06/06/23	22	95941	1.0	2,760.00	2,760.00							2,760.00
TOTALS				12,650.00	9,095.00		3,555.00				1,755.00	9,095.00

ISSUED AMT: \$9,095.00

Remarks:

- 1 - Additional information is needed to determine coverage under the terms of the member's plan. Please submit comprehensive medical records for this service to the address above. When these records are received, we will consider this expense. [P01]
- 2 - The member's plan excludes coverage for this charge because it was done with another service the plan excludes. The service is related to services or supplies that are experimental, investigational, cosmetic, or not generally recognized, or exceeding the allowable number of units. Or, the other service required precertification but it was not obtained. [W65]
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)
We denied or reduced one or more services on this claim. 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. [FDX]

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: \$1,755.00

Claim Payment: \$9,095.00

Total Payment to: PHYSICIAN OVERSIGHT, LLC

\$9,095.00

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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.