

P.O. BOX 14079 LEXINGTON KY 40512-4079

Explanation Of Benefits

Please Retain for Future Reference

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MICAELA KASHEFSKA OTD

 PIN:
 0008272203

 TIN:
 XXXXXXXX4188

 NO PAY

MICAELA KASHEFSKA OTD 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: ANNA C MILLARD (daughter)

Claim ID: E1366R9TC00 Recd: 09/28/23 Member ID: W268783448 Patient Account: 0.2795950

Member: JOHN MILLARD DIAG: H90.2, H65.05

Group Name: ADP TOTALSOURCE, INC.

Product: Aetna Open Access® Managed Choice®

Group Number: 0115180-32-017 H PEH#L0

Network ID: 00000

Contract State: FL Funding: Insured

Aetna Life Insurance Company Network Status: Out-of-Network

Active Life insurance company											on otatas. Oa	COLUMN CINC
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
11/18/22 11/18/22	15 15	95867TC 95867TC XU		425.00 425.00				25.00 1 25.00 1				0.00 0.00
TOTALS			850.00			85	0.00				0.00	

ISSUED AMT: NO PAY

Remarks

1 - We pay these charges when the facility where you received services bills us. This provider should bill the facility. [S85]

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: \$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.