



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/19/2023

Page: 1 of 2

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: JOSEPH R BARLETTA (Self)

Claim ID: EGJM8L1NB00 Recd: 10/07/23 Member ID: W183654007 Patient Account: 0.2869397

Member: JOSEPH R BARLETTA

Group Name: GENERAL ELECTRIC COMPANY

Product: Aetna Choice® POS II

DIAG: M5136, M4806/2

Group Number: 0836424-24-004 AA P1!PF0

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
01/24/23	22	95999		7,200.00	0.00		7,200.00	1			7,200.00	0.00
01/24/23	22	9593926		3,814.00	0.00		3,814.00	1			3,814.00	0.00
01/24/23	22	9593826		3,107.00	0.00		3,107.00	1			3,107.00	0.00
01/24/23	22	9590926		555.00	0.00		555.00	1			555.00	0.00
01/24/23	22	9588626		2,972.00	0.00		2,972.00	1			2,972.00	0.00
01/24/23	22	9588626		2,972.00	0.00		2,972.00	1			2,972.00	0.00
		XU										
TOTALS				20,620.00			20,620.00				20,620.00	0.00

Less Amount Paid by Other Health Plan

\$344.41

ISSUED AMT:

NO PAY

Remarks:

1 - We can't complete our review of this claim. We received it under a plan where the member isn't showing as active. If they have an active insurance plan, you will need to send the claim to the active plan of benefits. You should also update your records for this patient. [011] Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73) Our EOB may show a Medicare payment that is different from the payment on the Medicare EOB. We include the Medicare payment reduction in the Medicare paid amount. [Q42]

Claim ID: EGJM8L1NB01 Recd: 10/07/23 Member ID: W183654007 Patient Account: 0.2869397

Member: JOSEPH R BARLETTA

Group Name: GENERAL ELECTRIC COMPANY

Product: Aetna Choice® POS II

DIAG: M5136, M4806/2

Group Number: 0836424-24-004 AA P1!PF0

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
01/24/23	22	9582226		1,755.00	0.00		1,755.00	1			1,755.00	0.00
TOTALS				1,755.00			1,755.00				1,755.00	0.00

Less Amount Paid by Other Health Plan

\$46.08

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TIN: XXXXXXXX2508

NO PAY

Patient Name: JOSEPH R BARLETTA (self)

ISSUED AMT:

NO PAY

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Our EOB may show a Medicare payment that is different from the payment on the Medicare EOB. We include the Medicare payment reduction in the Medicare paid amount. [Q42]

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:

\$21,984.51

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.