

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

Claim Payment

Please Retain for Future Reference

Printed: 10/10/2023
Page: 1 of 3

PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823283000152121
Trace Amount: \$345.00

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: 000152121
Acct: 09046

51 - 44
10-10-2023 119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAY

Three Hundred Forty Five Dollars and 00/100

VOID AFTER ONE YEAR
*****\$345.00

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

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 85038-9650Printed: 10/10/2023
Page: 2 of 3PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
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Trace Amount: \$345.00**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.

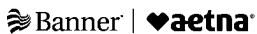
Patient Name: JASON D JOHNS (self)Claim ID: EHY17Z87K00 Recd: 09/18/23 Member ID: W272005814 Patient Account: 0.3070424
Member: JASON D JOHNS
Group Name: BANNER HEALTH
Product: Open Access POS IIDIAG: M5416, M4807
Group Number: 0285731-40-001 DB P1_9'0
Network ID: 00000
Funding: Self-funded
Network Status: Out-of-Network**Banner Health and Aetna Health 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
07/12/23	21	95999		9,000.00	0.00		9,000.00	1			9,000.00	0.00
07/12/23	21	9593926	1.0	3,814.00	126.72		3,687.28	2				126.72
07/12/23	21	9593826	1.0	3,107.00	48.88		3,058.12	2				48.88
07/12/23	21	9590826	1.0	437.00	71.54		365.46	2				71.54
07/12/23	21	9588626	2.0	2,972.00	97.86		2,874.14	2				97.86
07/12/23		95941	3.0	SUBMITTED				3				
		95941		2,760.00	0.00		2,760.00	4				0.00
								5				
TOTALS				22,090.00	345.00		21,745.00				9,000.00	345.00

ISSUED AMT: \$345.00**Remarks:**

- The member's plan of benefits provides coverage for services or supplies that we determine are necessary. To meet this requirement the service or supply must be accepted under recognized professional standards as appropriate and effective for the diagnosis, care, or treatment of the disease or injury involved. Based on the information provided, this expense does not meet this requirement of the member's plan of benefits and is excluded from coverage. [784]
- 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. [FDZ]
- This service code reflects the submitted code and units. The line has been split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. V45
- 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]
- This service code was originally submitted with multiple units and was split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. [V40]
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page



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Page: 3 of 3

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823283000152121
Trace Amount: \$345.00

Patient Name: JASON D JOHNS (self)

Claim ID: **EHY17Z87K02** Recd: **09/18/23** Member ID: **W272005814** Patient Account: **0.3070424**
Member: **JASON D JOHNS**
Group Name: **BANNER HEALTH**
Product: **Open Access POS II**

DIAG: **M5416, M4807**
Group Number: **0285731-40-001 DB P1_9'0**
Network ID: **00000**
Funding: **Self-funded**
Network Status: **Out-of-Network**

Banner Health and Aetna Health 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
07/12/23		95941	3.0	SUBMITTED				1				
		95941		2,760.00	0.00		2,760.00	2				0.00
								3				
07/12/23	21	95941		2,760.00	0.00		2,760.00	2				0.00
								3				
TOTALS				5,520.00			5,520.00					0.00

ISSUED AMT:

NO PAY

Remarks:

- 1 - This service code reflects the submitted code and units. The line has been split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. V45
- 2 - 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]
- 3 - This service code was originally submitted with multiple units and was split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. [V40]

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: \$9,000.00

Claim Payment: \$345.00

Total Payment to: PHYSICIAN OVERSIGHT, LLC

\$345.00

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.