



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/16/2023
Page: 1 of 1

ATLANTA NEUROLOGY, LLC
925B PEACHTREE ST NE STE 166
ATLANTA GA 30309-3918

PIN: ATLANTA NEUROLOGY, LLC
TIN: 0006131813
XXXXXXXX8358
NO PAY

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: PAUL VAN DYKE (self)

Claim ID: EFY18P76W01 Recd: 10/13/23 Member ID: W257801168 Patient Account: 0.2961865

Member: PAUL VAN DYKE

Group Name: XYLEM INC.

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: M5416, M4806/1

Group Number: 0876001-16-001 GB P10370

Network ID: 04548 DIS-NAPP

Network Status: Out-of-Network

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/07/23		95941	2.0	SUBMITTED				1				
		95941		1,050.00			1,050.00	2			1,050.00	0.00
								3				
TOTALS				1,050.00			1,050.00				1,050.00	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, as determined by us, 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. [776]
- 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

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: \$1,050.00

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.