



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

Claim Payment

Please Retain for Future Reference

Printed: 10/10/2023

Page: 1 of 3

MONITORING ASSOCIATES LLC

PIN: 0009501519

TIN: XXXXXXXX2508

Trace Number: 823283000202154

Trace Amount: \$45.22

MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650



Aetna Life Insurance Company
P.O. BOX 14079
LEXINGTON KY 40512-4079
USA

ID No: XXXXXXXX2508
Seq No: 000000004

Trace No: 000202154
Acct: 38209108

10-10-2023 62 - 20
311

TO THE
ORDER OF

NON-NEGOTIABLE
Forty Five Dollars and 22/100

MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Citibank N.A.
New Castle, DE 19720

VOID AFTER ONE YEAR
*****\$45.22

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



P.O. BOX 14079
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Payment Address:

MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Provider Address:

MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Explanation Of Benefits

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MONITORING ASSOCIATES LLC

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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: DAVID FELLHAUER (self)

Claim ID: ETJM60HY100 Recd: 10/03/23 Member ID: W155728258 Patient Account: 0.2782497

Member: DAVID FELLHAUER

Group Name: DIOCESE OF VICTORIA

Product: Traditional Choice®

Contract State: TX

DIAG: M4312, M4802, G99.2

Group Number: 0819968-11-001 TC CAVE(0

Network ID: 00000

Funding: Insured

Aetna Life Insurance Company

Network Status: No network applicability

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
11/09/22	22	95999		1,800.00	0.00		1,800.00	1				0.00
								2				
11/09/22	22	9593926		3,814.00	0.00		3,692.69	1			121.31	0.00
							121.31	3				
11/09/22	22	9593826		3,107.00	0.00		3,060.53	1			46.47	0.00
							46.47	3				
11/09/22	22	9586826		1,310.00	0.00		1,310.00	3			1,310.00	0.00
		XU										
11/09/22	22	9586826		1,310.00	0.00		1,310.00	3			1,310.00	0.00
11/09/22	22	9586126		1,614.00	0.00		1,614.00	3			1,614.00	0.00
		XU										
TOTALS				12,955.00			12,955.00				4,401.78	0.00

Less Amount Paid by Other Health Plan

\$134.23

ISSUED AMT:

\$33.55

Remarks:

- 1 - You agreed to accept the Medicare approved amount as payment in full. The member doesn't owe anything above that amount. [065]
- 2 - We have paid an additional amount on this claim. Payments made by the member's primary health plan on prior claims reduced the amount we paid on those claims. [730]
- 3 - 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]
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: ETJM60HY101 Recd: 10/03/23 Member ID: W155728258 Patient Account: 0.2782497

Member: DAVID FELLHAUER

Group Name: DIOCESE OF VICTORIA

Product: Traditional Choice®

Contract State: TX

DIAG: M4312, M4802, G99.2

Group Number: 0819968-11-001 TC CAVE(0

Network ID: 00000

Funding: Insured

Aetna Life Insurance Company

Network Status: No network applicability

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
11/09/22	22	9586126		1,614.00	0.00		1,614.00	1				0.00

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Trace Number: 823283000202154
Trace Amount: \$45.22

Patient Name: DAVID FELLHAUER (self)

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
11/09/22	22	9582226	1.0	1,755.00	58.35		1,696.65	1				58.35
TOTALS				3,369.00	58.35		3,310.65					58.35

Less Amount Paid by Other Health Plan \$46.68

ISSUED AMT: \$11.67

Remarks:

- 1 - You agreed to accept the Medicare approved amount as payment in full. The member doesn't owe anything above that amount. [065]
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]

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: \$4,234.00
Claim Payment: \$45.22

Total Payment to: MONITORING ASSOCIATES LLC

\$45.22

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.