



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

Claim Payment

Please Retain for Future Reference

Printed: 10/19/2023
Page: 1 of 2

PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823292000127265
Trace Amount: \$8,187.00

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: 000127265
Acct: 38209132

10-19-2023 62 - 20
311

NON-NEGOTIABLE NON-NEGOTIABLE

Eight Thousand One Hundred Eighty Seven Dollars and 00/100

VOID AFTER ONE YEAR
*****\$8,187.00

TO THE
ORDER OF

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Citibank N.A.
New Castle, DE 19720

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Provider Address:

PHYSICIAN OVERSIGHT, LLC
PO BOX 29650
PHOENIX AZ 85038-9650

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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: SARA A JOE (self)

Claim ID: E6PC6DZ1Z00 Recd: 09/01/23 Member ID: W239022739 Patient Account: 0.2966623
Member: SARA A JOE
Group Name: MHBP
Product: Aetna HealthFund® Aetna Choice® POS II

DIAG: T84.216A
Group Number: 0285629-21-006 HU P1,)=0
Network ID: 00000
Funding: Self-funded
Network Status: Out-of-Network

MHBP										Network Status: Out-of-Network		
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
04/14/23	21	95941	2.0	5,520.00	5,520.00					2,208.00	2,208.00	3,312.00
04/14/23	21	9593926	1.0	3,814.00	3,814.00					1,525.60	1,525.60	2,288.40
04/14/23	21	9593826	1.0	3,107.00	3,107.00					1,242.80	1,242.80	1,864.20
04/14/23	21	9591026	1.0	780.00	780.00					312.00	312.00	468.00
04/14/23	21	9588726	1.0	583.00	424.00		159.00	1		169.60	328.60	254.40
			XU									
TOTALS				13,804.00	13,645.00		159.00			5,458.00	5,617.00	8,187.00

ISSUED AMT: \$8,187.00

Remarks:

- 1 - The member's plan provides benefits for covered expenses at the prevailing charge level made for the service in the geographical area where it is provided. You may bill the member for the difference between the submitted and paid charges. [517]
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim PO BOX 981106 EL PASO, TX 79998-1106

CALL (800) 410-7778 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$5,617.00

Claim Payment: \$8,187.00

Total Payment to: PHYSICIAN OVERSIGHT, LLC

\$8,187.00

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.