



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

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/27/2023

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Kimberly E Monday  
PO BOX 29650  
PHOENIX AZ 85038

PIN: Kimberly E Monday  
0005936501  
TIN: XXXXXXXX2512  
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: JULITA LOREDO (self)

Claim ID: ERWZ8QYQ402 Recd: 10/20/23 Member ID: 101680078600 Patient Account: 0.3060516

Member: JULITA LOREDO

Group Name: Silver S: Aetna network of doctors & hospitals + \$0 Walk-in clinic + \$0 Telehealth 24/7

DIAG: I67.1  
Group Number: 000001-EXTX 0283

Product: HMO (Aetna)

Contract State: TX

Funding: Insured

Aetna Health Inc.

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
07/02/23	21	95941		5,520.00	0.00		5,520.00	1				0.00
								2				
07/02/23	21	9582226		1,755.00	0.00		1,755.00	1				0.00
								2				
07/02/23	21	9593826		3,107.00	0.00		3,107.00	1				0.00
								2				
07/02/23	21	95999		3,600.00	0.00		3,600.00	1				0.00
								2				
TOTALS				13,982.00			13,982.00					0.00

ISSUED AMT:

NO PAY

#### Remarks:

1 - [EBF]

2 - Member's IPA/PHO is responsible for this service. Claim forwarded to the member's IPA/PHO. [DA4]

#### For Questions Regarding This Claim

P.O. BOX 981106 EL PASO TX 79998-1106  
USA

**CALL 1-888-632-3862 FOR ASSISTANCE**

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

Total Patient Responsibility: \$0.00

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.