



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

## Claim Payment

Please Retain for Future Reference

Printed: 11/02/2023

Page: 1 of 2

MONITORING ASSOCIATES LLC

PIN: 0009501519

TIN: XXXXXXXX2508

Trace Number: 823306000155773

Trace Amount: \$432.62

MONITORING ASSOCIATES 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: XXXXXXXX2508  
Seq No: 000000004

Trace No: 000155773

Acct: 09046

51 - 44

11-02-2023

119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAY

Four Hundred Thirty Two Dollars and 62/100

VOID AFTER ONE YEAR

\*\*\*\*\*\$432.62

TO THE  
ORDER OF

Bank of America

MONITORING ASSOCIATES LLC  
PO BOX 29650  
PHOENIX AZ 85038-9650

**VOID VOID**

766 (10-02)

Payment was made via Electronic Funds Transfer



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

**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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Page: 2 of 2

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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: MICHELL L LOVE (self)

Claim ID: E6Y10R7L405

Recd: 08/24/23

Member ID: W236546454

Patient Account: 0.2572051

Member: MICHELL L LOVE

Group Name: STATE OF IL (STATE PPO)

Product: Aetna Choice® POS II

DIAG: M5126, M5416

Group Number: 0285658-10-001 A P1,LX0

Network ID: 00000

Funding: Self-funded

Aetna Life Insurance Company

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
05/18/22	21	9586526	1.0	1,502.00	108.71		1,393.29	1				108.71
		XU										
05/18/22	21	9586526	1.0	1,502.00	108.71		1,393.29	1				108.71
05/18/22	21	9586126	1.0	1,614.00	107.60		1,506.40	1				107.60
		XU										
05/18/22	21	9586126	1.0	1,614.00	107.60		1,506.40	1				107.60
05/18/22	21	9582226		1,755.00	0.00		1,755.00	2				0.00
TOTALS				7,987.00	432.62		7,554.38					432.62

ISSUED AMT:

\$432.62

#### Remarks:

- 1 - The member's plan provides benefits for covered expenses at the reasonable charge for the service in the geographical area where it is provided. In certain circumstances, especially where the service is unusual or not often provided in the geographical area, the reasonable charge may be determined by considering other factors, including the prevailing charge in other areas. You are not part of our network and therefore we cannot prevent you from billing the member for any balance. But if you do, we reserve the right to challenge your bill.

Note: Some state laws prohibit you from balance billing a fully insured member. Confirm the member's plan funding, then refer to the state's regulation. [W39]

- 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]

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 (888) 632-3862 FOR ASSISTANCE**

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

Total Patient Responsibility:

\$0.00

Claim Payment:

\$432.62

**Total Payment to: MONITORING ASSOCIATES LLC**

**\$432.62**

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.