



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

## Claim Payment

Please Retain for Future Reference

Printed: 10/13/2023  
Page: 1 of 3

MARCOS J CRUZ MD

PIN: 0009963206  
TIN: XXXXXXXX7518  
Trace Number: 823286000030391  
Trace Amount: \$71.13

C & C NEUROLOGICAL ASSOCIATES PLLC  
353 NEW SHACKLE ISLAND RD STE 100A  
HENDERSONVILLE TN 37075-2355

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: XXXXXXXX7518  
Seq No: 000000004

Trace No: 000030391  
Acct: 38209132

10-13-2023 62 - 20  
311

PAID  
PAY

MHB

Seventy One Dollars and 13/100

TO THE  
ORDER OF

C & C NEUROLOGICAL ASSOCIATES PLLC  
353 NEW SHACKLE ISLAND RD STE 100A  
HENDERSONVILLE TN 37075-2355

Citibank N.A.  
New Castle, DE 19720

VOID AFTER ONE YEAR  
\*\*\*\*\*\$71.13

**VOID VOID**

766 (10-02)

**Payment was made via Electronic Funds Transfer**



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## Explanation Of Benefits

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### Payment Address:

C & C NEUROLOGICAL ASSOCIATES PLLC  
353 NEW SHACKLE ISLAND RD STE 100A  
HENDERSONVILLE TN 37075-2355

### Provider Address:

MARCOS J CRUZ MD  
353 NEW SHACKLE ISLAND RD STE 100A  
HENDERSONVILLE TN 37075-2355

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MARCOS J CRUZ MD

### 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: HATTIE S WHITFIELD (self)

Claim ID: EWY16VPQJ00 Recd: 09/29/23 Member ID: W238891803 Patient Account: 74044

Member: HATTIE S WHITFIELD

Group Name: MHBP

Product: Aetna HealthFund® Aetna Choice® POS II

MHBP

DIAG: M4714, N39.42

Group Number: 0285629-12-001 DB P1,B/0

Network ID: 00395 AETNA CHOICE POS II

Network Status: In-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
06/05/23	21	9595526	1.0	264.00			213.92	1				50.08
		59										
06/05/23	21	9593926	1.0	590.00			478.67	1				111.33
		59										
06/05/23	21	9593826	1.0	226.00			183.43	1				42.57
		XU										
06/05/23	21	9593726	1.0	58.00			25.58	1				32.42
		59										
06/05/23	21	9587026	1.0	98.00			79.66	1				18.34
		RT										
		XS										
06/05/23	21	9587026	1.0	98.00			79.66	1				18.34
		LT										
		XS										
TOTALS				1,334.00			1,060.92					273.08

Less Amount Paid by Other Health Plan \$218.46

ISSUED AMT: \$54.62

### 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]

Claim ID: EWY16VPQJ01 Recd: 09/29/23 Member ID: W238891803 Patient Account: 74044

Member: HATTIE S WHITFIELD

Group Name: MHBP

Product: Aetna HealthFund® Aetna Choice® POS II

MHBP

DIAG: M4714, N39.42

Group Number: 0285629-12-001 DB P1,B/0

Network ID: 00395 AETNA CHOICE POS II

Network Status: In-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
06/05/23	21	5178526	1.0	331.00			248.44	1				82.56
		59										
TOTALS				331.00			248.44					82.56

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**Payment Address:**

C & C NEUROLOGICAL ASSOCIATES PLLC  
353 NEW SHACKLE ISLAND RD STE 100A  
HENDERSONVILLE TN 37075-2355

MARCOS J CRUZ MD

PIN: 0009963206

TIN: XXXXXXXX7518

Trace Number: 823286000030391

Trace Amount: \$71.13

**Patient Name: HATTIE S WHITFIELD** (self)

Less Amount Paid by Other Health Plan \$66.05

**ISSUED AMT: \$16.51**

**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 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: \$0.00

Claim Payment: \$71.13

**Total Payment to: MARCOS J CRUZ MD**

**\$71.13**

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.