



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/13/2023

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MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650

MONITORING ASSOCIATES LLC
PIN: 0009501519
TIN: XXXXXXXX2508
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: STEVE TALAMANTES (spouse)

Claim ID: EVAC53PH802 Recd: 08/22/23 Member ID: W255320881 Patient Account: 0.3012771

Member: LISA G TALAMANTES

Group Name: MEMORIAL HERMANN HEALTH SYSTEM

Product: Open Access Aetna SelectSM

DIAG: M4802, M5032/0

Group Number: 0109072-10-009 A V1;@J0

Network ID: 00000

Funding: Self-funded

Network Status: Out-of-Network

Aetna Life Insurance Company

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
05/22/23	22	95999		7,200.00	0.00		7,200.00	1			7,200.00	0.00
TOTALS				7,200.00			7,200.00				7,200.00	0.00

ISSUED AMT:

NO PAY

Remarks:

1 - We denied this service. We did not receive the details we asked for. You can refer to the prior EOB for these charges by logging into your secure provider portal. [PPND - 717]

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

CALL (888) 337-0265 FOR ASSISTANCE

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

Total Patient Responsibility: \$7,200.00

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.