



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

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/19/2023

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NORTHEAST GEORGIA NEUROLOGY

PIN: 0006385025

TIN: XXXXXXXX1928

NO PAY

NORTHEAST GEORGIA NEUROLOGY  
925B PEACHTREE ST NE STE 835  
ATLANTA GA 30309-3918

### 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: NANCY GREEN (self)

Claim ID: E1JM4RK4401 Recd: 05/31/23 Member ID: W267259908 Patient Account: 0.2962976

Member: NANCY GREEN

Group Name: HCA HEALTHCARE

Product: Open Choice®

Group Number: 0169592-28-462 NA D(<O-0

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
04/12/23	22	9582226	1.0	-4,872.00	-112.07		-4,759.93	1				-112.07
TOTALS				-4,872.00	-112.07		-4,759.93					-112.07

ISSUED AMT: -\$112.07

#### Remarks:

- 1 - The Federal No Surprises Act (NSA) applies for this claim. We allowed covered services using the recognized Qualifying Payment Amount (QPA). The QPA complies with the NSA. The QPA is the difference between the "submitted charges" and "not payable" amount shown on each covered service line. We calculated the member's cost share using the QPA. The member only owes their cost share shown on this notice. You are prohibited from billing the member more than their cost share. Under the NSA, if you don't accept the QPA and want to initiate an Open Negotiation, you have 30 business days from receipt of this notice to do so. You can submit a completed Open Negotiation request form to us via email at [FederalNSA@Aetna.com](mailto:FederalNSA@Aetna.com). Our Provider Contact Center team can be reached at 1-888-632-3862 (1-888-MD AETNA) if you need details on initiating an Open Negotiation. If the 30-day negotiation period does not result in the issue of a determination you have 4 business days beginning on the 31st business day following the conclusion of the Open Negotiation period to initiate the independent dispute resolution process. [FDZ]
- Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)
- This is a reversal of a previously paid claim. RREV

Claim ID: E1JM4RK4403 Recd: 05/31/23 Member ID: W267259908 Patient Account: 0.2962976

Member: NANCY GREEN

Group Name: HCA HEALTHCARE

Product: Open Choice®

DIAG: M9923, M4316, M532X6

Group Number: 0169592-28-462 NA D(<O-0

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
04/12/23	22	9582226	1.0	4,872.00	112.07		4,759.93	1		22.41	22.41	89.66
TOTALS				4,872.00	112.07		4,759.93			22.41	22.41	89.66

ISSUED AMT: \$89.66

#### Remarks:

- 1 - The Federal No Surprises Act (NSA) applies for this claim. We allowed covered services using the recognized Qualifying Payment Amount (QPA). The QPA complies with the NSA. The QPA is the difference between the "submitted charges" and "not payable" amount shown on each covered

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**Mailing Address:**

NORTHEAST GEORGIA NEUROLOGY  
925B PEACHTREE ST NE STE 835  
ATLANTA GA 30309-3918

NORTHEAST GEORGIA NEUROLOGY

PIN: 0006385025

TIN: XXXXXXXX1928

NO PAY

**Patient Name: NANCY GREEN** (self)

**Remarks (contd):**

service line. We calculated the member's cost share using the QPA. The member only owes their cost share shown on this notice. You are prohibited from billing the member more than their cost share. Under the NSA, if you don't accept the QPA and want to initiate an Open Negotiation, you have 30 business days from receipt of this notice to do so. You can submit a completed Open Negotiation request form to us via email at [FederalNSA@Aetna.com](mailto:FederalNSA@Aetna.com). Our Provider Contact Center team can be reached at 1-888-632-3862 (1-888-MD AETNA) if you need details on initiating an Open Negotiation. If the 30-day negotiation period does not result in the issue of a determination you have 4 business days beginning on the 31st business day following the conclusion of the Open Negotiation period to initiate the independent dispute resolution process. [FDZ]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

This is a correction of a previously paid claim. This correction resulted in an overpayment. RCOR

For Questions Regarding This Claim P.O. BOX 14079 LEXINGTON, KY 40512-4079

**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: \$89.66

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.



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DETAILS OF OVERPAYMENT, PAYMENT CORRECTION OR REFUND ACTIVITY						
Overpayment or Payment Corrections Due From Prior Claim	New Overpayment or Payment Correction Amount	Amount Removed or Added	Adjustment Amount	Refund Amount	Amount Deducted from or Issued with Payment	Remaining Overpayment or Payment Correction Balance
Member: NANCY GREEN Pt Acct #: 0.2962976		Member ID #: W267259908 Notification ID: 000000015952775		Date of Service: 4/12/23 Claim ID: E1JM4RK4401		EOB Date: 10/19/23 Remark:
\$0.00	\$22.41	\$0.00	\$0.00	\$0.00	\$0.00	\$22.41
Overpayment Reason: We calculated the benefits wrong on this claim. See the overpayment letter for more details.						
TOTAL (Amount Deducted from or Issued with Payment)						\$0.00