



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/12/2023

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NEUROMONITORING ASSOCIATES

PIN: 0005223650

TIN: XXXXXXXX4972

NO PAY

NEUROMONITORING ASSOCIATES
PO BOX 29650
PHOENIX AZ 85038-9650

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: KATHLEEN LAMBERT (self)

Claim ID: E9JC0KMF502 Recd: 09/26/23 Member ID: W163271980 Patient Account: 0.2772039

Member: KATHLEEN LAMBERT

Group Name: NV ENERGY

Product: Aetna HealthFund® Aetna Choice® POS II

DIAG: M461

Group Number: 0620383-11-001 C P1+{60

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
07/18/22	15	95999		3,600.00	0.00		3,600.00	1				0.00
07/18/22	15	95940		2,070.00	0.00		2,070.00	2				0.00
07/18/22	15	95938TC		4,163.00	0.00		4,163.00	2				0.00
07/18/22	15	95907TC		497.00	0.00		497.00	2				0.00
07/18/22	15	95887TC		602.00	0.00		602.00	2				0.00
07/18/22	15	95887TC		602.00	0.00		602.00	2				0.00
		XU										
TOTALS				11,534.00			11,534.00					0.00

ISSUED AMT:

NO PAY

Remarks:

- 1 - The member's plan of benefits provide coverage for services or supplies that we determine are medically necessary. To meet this requirement the service or supply must be accepted under recognized professional standards as appropriate and effective for the diagnosis, care and treatment of the disease or injury. Based upon the information provided, this expense does not meet this requirement of the member's plan of benefits and is excluded from coverage. The member is not responsible for this charge unless they agreed to be responsible for this charge in writing before the service or supply was given. [785]
- 2 - We pay these charges when the facility where you received services bills us. This provider should bill the facility. [S85]
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 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: \$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.