



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

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/11/2023

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MCKENNA PAULLEY OTD  
PO BOX 29650  
PHOENIX AZ 85038-9650

PIN: MCKENNA PAULLEY OTD  
TIN: 0008313679  
XXXXXXX4188  
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: KIM HARRIS (self)

Claim ID: E4FC6NQJL01 Recd: 09/22/23 Member ID: W277754086 Patient Account: 0.3013442

Member: KIM HARRIS

Group Name: MBK REAL ESTATE LLC ET AL.

Product: HMO

Contract State: CO

Aetna Health Inc.

DIAG: M4317, M4806/2

Group Number: 0148504-13-019 CF EACDL4

Network ID: 00000

Funding: Insured

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
05/23/23	15	A4556		84.00	0.00			84.00 1			84.00	0.00
05/23/23	15	A4215		120.00	0.00			120.00 1			120.00	0.00
TOTALS				204.00				204.00			204.00	0.00

ISSUED AMT:

NO PAY

#### Remarks:

- 1 - The member's plan doesn't cover out of network benefits unless they're preauthorized. The balance is the member's responsibility. Contact us if you believe this service was preauthorized. [W77]  
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: \$204.00

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.