



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

## Summary of Claim Payment

Please Retain for Future Reference

Printed: 10/19/2023  
Page: 1 of 5

PHYSICIAN OVERSIGHT LLC  
TIN: XXXXXX2512  
Trace Number: 823292000127275  
Trace Amount: \$43.67

PHYSICIAN OVERSIGHT LLC  
PO BOX 388  
DAYTON OH 45409-0388

**Notes:** Enclosed is a group payment to the XXXXXX2512. Below is a itemization of the check. Please refer to the attached statements of details.

### Breakdown of Payment(s) Issued:

NAME	PIN	ISSUED AMT
JULIAN Y UNGAR-SARGON MD	0005835641	\$0.00
PHYSICIAN OVERSIGHT, LLC	0006484765	\$43.67
TOTAL ISSUED AMOUNT		\$43.67

TOTAL TRACE AMOUNT: \$43.67

Aetna Life Insurance Company or an Affiliated Company  
as Agent for Specified Payer(s)  
P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

ID No: XXXXXX2512  
Seq No: 000000004

Trace No: 000127275  
Acct: 09046  
51 - 44  
10-19-2023 119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAID BY JULIAN Y UNGAR-SARGON MD  
PAY Forty Three Dollars and 67/100

TO THE  
ORDER OF  
Bank of America

PHYSICIAN OVERSIGHT LLC  
PO BOX 388  
DAYTON OH 45409-0388

VOID AFTER ONE YEAR  
\*\*\*\*\*\$43.67

**VOID VOID**

766 (10-02)

Payment was made via Electronic Funds Transfer



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USA

## Explanation Of Benefits

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**Payment Address:**  
PHYSICIAN OVERSIGHT LLC  
PO BOX 388  
DAYTON OH 45409-0388

**Provider Address:**  
JULIAN Y UNGAR-SARGON MD  
PO BOX 388  
DAYTON OH 45409-0388

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Page: 2 of 5

JULIAN Y UNGAR-SARGON MD  
PIN: 0005835641  
TIN: XXXXXXXX2512  
Trace Number: 823292000127275  
Trace Amount: \$43.67

### 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: SCOTT LEVINE (self)

Claim ID: ENFCYG7V002 Recd: 09/28/23 Member ID: W248727443 Patient Account: 0.2408869

Member: SCOTT LEVINE

Group Name: ENCORE GROUP USA LLC.

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: M4802, M5030, M5412

Group Number: 0109216-13-004 M P1FA;0

Network ID: 00243 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
12/22/21	24	9595559 26		6,979.00			6,979.00	1				0.00
12/22/21	24	95941	2.0	5,520.00	550.76							550.76
12/22/21	24	9593959 26	1.0	10,303.00	117.96							117.96
12/22/21	24	9593859 26	1.0	7,270.00	46.11							46.11
12/22/21	24	9592759 26	1.0	763.00	26.60							26.60
12/22/21	24	9586859 26		4,214.00			4,214.00	1				0.00
TOTALS				35,049.00	741.43		11,193.00					741.43

Less Amount Already Paid

\$741.43

ISSUED AMT:

NO PAY

#### Remarks:

1 - Charges for or in connection with services or supplies that are, as determined by us, considered to be experimental or investigational are excluded from coverage under the member's plan. 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. To obtain more information regarding coverage of this service, go to our website and enter the procedure code in the search field. You may also use our provider portal on Availity. From the Availity Home page, select Payer Spaces, Aetna, the Code Edit Lookup tools. [777]

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



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

**Payment Address:**

PHYSICIAN OVERSIGHT LLC  
PO BOX 388  
DAYTON OH 45409-0388

**Provider Address:**

PHYSICIAN OVERSIGHT, LLC  
PO BOX 388  
DAYTON OH 45409-0388

## Explanation Of Benefits

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PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765

TIN: XXXXXXXX2512

Trace Number: 823292000127275

Trace Amount: \$43.67

### 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: BRANDON M COCKRILL (spouse)

Claim ID: EKTXX7VRHT00 Recd: 08/28/23 Member ID: W165152571 Patient Account: 0.3062192

Member: RIQUI COCKRILL

Group Name: BANK OF AMERICA CORPORATION

Product: Open Access Aetna Select<sup>SM</sup>

DIAG: M5412, M4802, M5022/0

Group Number: 0109131-10-103 AA V1-A0

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
07/05/23	22	95999		7,200.00	0.00		7,200.00	1			7,200.00	0.00
07/05/23	22	95941		2,760.00	0.00		2,760.00	1			2,760.00	0.00
07/05/23	22	9593926		3,814.00	0.00		3,814.00	1			3,814.00	0.00
07/05/23	22	9593826		3,107.00	0.00		3,107.00	1			3,107.00	0.00
07/05/23	22	9586826		1,310.00	0.00		1,310.00	2				0.00
07/05/23	22	9586826		1,310.00	0.00		1,310.00	2				0.00
		XU										
TOTALS				19,501.00			19,501.00				16,881.00	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]
- 2 - Charges for, or in connection with services or supplies that are considered to be experimental or investigational are excluded from coverage under the member's plan. To obtain more information regarding coverage of this service, go to our website and enter the procedure code in the search field. You may also use our provider portal on Availity. From the Availity Home page, select Payer Spaces, Aetna, then Code Edit Lookup tools. [775]  
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 PO 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:

\$16,881.00

Claim Payment:

\$0.00

### Patient Name: ALIREZA S HASHEMI (self)

Claim ID: ENFC7DMY201 Recd: 10/03/23 Member ID: W193468272 Patient Account: 0.2894375

Member: ALIREZA S HASHEMI

Group Name: BANK OF AMERICA CORPORATION

Product: Aetna Choice® POS II

DIAG: M5116, M2137/9

Group Number: 0326475-10-192 AB P1\$>10

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
02/14/23	22	95999		5,400.00	0.00		5,400.00	1				0.00

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DAYTON OH 45409-0388

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PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823292000127275  
Trace Amount: \$43.67

**Patient Name: ALIREZA S HASHEMI (self)**

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
02/14/23	22	95941		2,760.00	0.00		2,760.00	1				0.00
02/14/23	22	9593826	1.0	3,107.00	43.67		3,063.33	2				43.67
02/14/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
02/14/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
		XU										
02/14/23	22	9582226		1,755.00	0.00		1,755.00	3				0.00
<b>TOTALS</b>				<b>16,250.00</b>	<b>43.67</b>		<b>16,206.33</b>					<b>43.67</b>

**ISSUED AMT: \$43.67**

### Remarks:

- Charges for, or in connection with services or supplies that are considered to be experimental or investigational are excluded from coverage under the member's plan. To obtain more information regarding coverage of this service, go to our website and enter the procedure code in the search field. You may also use our provider portal on Availity. From the Availity Home page, select Payer Spaces, Aetna, then Code Edit Lookup tools. [775]
- 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. 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]
- The service is related to or provided in conjunction with a service that requires precertification. Since a precertification was not obtained, this service is not covered. The member is not responsible. [M38]

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: \$43.67

**Patient Name: JUDY B MCCRAW (self)**

Claim ID: EZAC566SB00 Recd: 08/29/23 Member ID: W093431967 Patient Account: 0.3061451

Member: JUDY B MCCRAW

Group Name: COX ENTERPRISES, INC.

Product: Aetna Choice® POS II

DIAG: E210

Group Number: 0779409-34-603 GB P1070

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
07/05/23	22	95999		3,600.00	0.00		3,600.00	1			3,600.00	0.00
07/05/23	22	95941		2,760.00	0.00		2,760.00	2				0.00
07/05/23	22	9586526		1,502.00	0.00		1,502.00	2				0.00
07/05/23	22	9586526		1,502.00	0.00		1,502.00	2				0.00

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**PHYSICIAN OVERSIGHT, LLC**  
**PIN:** 0006484765  
**TIN:** XXXXXXXX2512  
**Trace Number:** 823292000127275  
**Trace Amount:** \$43.67

**Patient Name: JUDY B MCCRAW (self)**

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
		XU										
<b>TOTALS</b>				<b>9,364.00</b>			<b>9,364.00</b>				<b>3,600.00</b>	<b>0.00</b>

**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]
- 2 - Charges for, or in connection with services or supplies that are considered to be experimental or investigational are excluded from coverage under the member's plan. To obtain more information regarding coverage of this service, go to our website and enter the procedure code in the search field. You may also use our provider portal on Availity. From the Availity Home page, select Payer Spaces, Aetna, then Code Edit Lookup tools. [775]

**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: \$3,600.00  
Claim Payment: \$0.00

**Total Payment to: PHYSICIAN OVERSIGHT, LLC**

**\$43.67**

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.