



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

Claim Payment

Please Retain for Future Reference

Printed: 10/09/2023
Page: 1 of 2

MONITORING ASSOCIATES LLC

PIN: 0009501519
TIN: XXXXXXXX2508
Trace Number: 823282000247341
Trace Amount: \$1,094.92

MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Aetna Life Insurance Company or an Affiliated Company
as Agent for Specified Payer(s)
P.O. BOX 14079
LEXINGTON KY 40512-4079
USA

ID No: XXXXXXXX2508
Seq No: 000000004

Trace No: 000247341
Acct: 09046

51 - 44
10-09-2023 119 CT

PAID
PAY

MEMORIAL HERMAN HEALTH SYSTEM
One Thousand Ninety Four Dollars and 92/100

TO THE
ORDER OF
Bank of America

MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650

NON-NEGOTIABLE NON-NEGOTIABLE

VOID AFTER ONE YEAR
*****\$1,094.92

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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

Payment Address:

MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Provider Address:

MONITORING ASSOCIATES LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Explanation Of Benefits

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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: RAMON M PALEC (self)

Claim ID: EQ362SH9F03

Recd: 10/05/23

Member ID: W255558218

Patient Account: 0.2666093

Member: RAMON M PALEC

Group Name: MEMORIAL HERMANN HEALTH SYSTEM

Product: Open Access Aetna SelectSM

DIAG: M4623

Group Number: 0109072-10-013 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
08/09/22	21	95999		7,200.00	0.00		7,200.00	1			7,200.00	0.00
08/09/22	21	95941	7.0	19,320.00	19,320.00				286.12		286.12	1,874.99
08/09/22	21	9593926	1.0	3,814.00	3,814.00							1,200.00
08/09/22	21	9593826	1.0	3,107.00	3,107.00							40.55
08/09/22	21	9586826		1,310.00	0.00		1,310.00	2				0.00
08/09/22	21	9586826		1,310.00	0.00		1,310.00	2				0.00
		XU										
TOTALS				36,061.00	26,241.00		9,820.00		286.12		7,486.12	3,115.54

Less Amount Already Paid

\$2,020.62

ISSUED AMT:

\$1,094.92

Remarks:

- 1 - The member's plan of benefits provides coverage for services or supplies that we determine are necessary. To meet this requirement the service or supply must be accepted under recognized professional standards as appropriate and effective for the diagnosis, care, or treatment of the disease or injury involved. Based on the information provided, this expense does not meet this requirement of the member's plan of benefits and is excluded from coverage. [784]
- 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)
This claim went through the Federal No Surprises Act Independent Dispute Resolution (IDR) process. This final payment is the difference between our prior payment(s) and the amount awarded by the IDR entity. The member only owes their in-network cost share calculated on the original Qualifying Payment Amount (QPA). [FDD]

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: \$7,486.12

Claim Payment: \$1,094.92

Total Payment to: MONITORING ASSOCIATES LLC

\$1,094.92

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.