



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

Claim Payment

Please Retain for Future Reference

Printed: 10/09/2023

Page: 1 of 8

PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765

TIN: XXXXXXXX2512

Trace Number: 823282000233605

Trace Amount: \$739.48

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650



Aetna Life Insurance Company
P.O. BOX 14079
LEXINGTON KY 40512-4079
USA

ID No: XXXXXXXX2512
Seq No: 000000004

Trace No: 000233605
Acct: 38209108

10-09-2023 $\frac{62 - 20}{311}$

TO THE
ORDER OF

NON-NEGOTIABLE NON-NEGOTIABLE

Seven Hundred Thirty Nine Dollars and 48/100

VOID AFTER ONE YEAR

*****\$739.48

Citibank N.A.
New Castle, DE 19720

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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

Payment Address:

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Provider Address:

PHYSICIAN OVERSIGHT, LLC
PO BOX 29650
PHOENIX AZ 85038-9650

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PHYSICIAN OVERSIGHT, LLC

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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: JASON W HESS (self)

Claim ID: EDFC8KH2201 Recd: 10/05/23 Member ID: W278119475 Patient Account: 0.3076881

Member: JASON W HESS

Group Name: CAPSTONE LOGISTICS, LLC

Product: Aetna Open Access® Managed Choice®

Contract State: GA

DIAG: M5002/2, M4802, M5032/2

Group Number: 0192601-10-005 I PFB(Y0

Network ID: 00000

Funding: Insured

Aetna Life Insurance Company

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
07/19/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
		XU										
07/19/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
07/19/23	22	9582226	1.0	1,755.00	58.57		1,696.43	2				58.57
TOTALS				4,983.00	58.57		4,924.43					58.57

ISSUED AMT:

\$58.57

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

Claim ID: EDFC8KH2200 Recd: 10/05/23 Member ID: W278119475 Patient Account: 0.3076881

Member: JASON W HESS

Group Name: CAPSTONE LOGISTICS, LLC

Product: Aetna Open Access® Managed Choice®

Contract State: GA

DIAG: M5002/2, M4802, M5032/2

Group Number: 0192601-10-005 I PFB(Y0

Network ID: 00000

Funding: Insured

Aetna Life Insurance Company

Network Status: Out-of-Network

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	PENDING	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/19/23	22	95999		7,200.00	0.00		7,200.00	1				0.00
07/19/23	22	95941		2,760.00	0.00		2,760.00	1				0.00
07/19/23	22	9593926		3,814.00	0.00		3,814.00	1				0.00
07/19/23	22	9593826		3,107.00	0.00		3,107.00	1				0.00
07/19/23	22	9586826		1,310.00	0.00		1,310.00	1				0.00

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PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233605
Trace Amount: \$739.48

Patient Name: JASON W HESS (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	PENDING	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/19/23	22	9586826 XU		1,310.00	0.00		1,310.00	1				0.00
TOTALS				19,501.00			19,501.00					0.00

ISSUED AMT:

NO PAY

Remarks:

1 - To consider this charge, we need you to send us:

- Clinical documents that support medical necessity of the billed service. This includes drugs, medical equipment, and implants.
- The diagnosis and the expected time the patient will need the drug or equipment.
- Copies of the patient's current history and physical exam, office or nursing notes, operative report, photographs, lab or diagnostic testing results, or air ambulance records, if any of these apply. Please send copies since we won't return originals.
- A complete description of the service and the itemized bill if you billed an unlisted code.

You can find more details in our Clinical Policy Bulletins at this link:

<https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html>.

Don't resend the claim form. Attach the information to a copy of this statement along with the subscriber's full name, the patient's full name, and the subscriber's ID number.

You may send this to us by either:

- Fax: 859-455-8650 Attn: ICMN

- Mail: P.O. Box 14089, Attn: ICMN, Lexington, KY 40512

You have 45 days from the date of this statement to send us this information. When we get these details, we'll decide within 15 days. If we don't get it, we'll deny the claim. You will have a right to appeal the claim.

The following does not apply to Federal plans:

- For claims sent from NC: you have 90 days to send us the information. If we don't get it, we'll deny the claim.

- For claims sent from Texas: if we don't get the information, your claim may remain open.

In Texas, you can ask for a peer review with our medical director to discuss the medical necessity, appropriateness, and/or the experimental/investigational nature of this service. You must submit medical records to us prior to asking for a peer review. To schedule a peer review, please call 866-225-8226 and leave the member's name, date of birth, and claim ID for the associated service.

The peer review option expires 7 calendar days from the date you submit the medical records. If we don't receive the peer review request by the deadline, we will make our decision on this claim. A peer review call may not change our decision and isn't required to start an appeal. If we deny the service, we will send you a letter with the appeal rights and process. [U33]

This claim is deficient in accordance with Texas legislation. 949

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:

\$58.57

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Page: 4 of 8

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233605
Trace Amount: \$739.48

Patient Name: THOMAS J WILLIAMS (spouse)

Claim ID: EAAC7V54P00 Recd: 09/21/23 Member ID: W269163163 Patient Account: 0.3019270

Member: HOLLY F HOLLOWAY

Group Name: OASIS OUTSOURCING HOLDINGS, INC.

Product: Aetna Open Access® Managed Choice®

Contract State: NY

DIAG: M5127

Group Number: 0186916-10-045 AK PF#1E0

Network ID: 00000

Funding: Insured

Aetna Life Insurance Company

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
05/26/23	21	95999		9,000.00	0.00		9,000.00	1				0.00
								2				
05/26/23	21	95941		11,040.00	0.00		11,040.00	3			11,040.00	0.00
								2				
05/26/23	21	9593926	1.0	3,814.00	130.17		3,683.83	4				130.17
05/26/23	21	9593826	1.0	3,107.00	50.16		3,056.84	4				50.16
05/26/23	21	9590826	1.0	437.00	73.50		363.50	4				73.50
05/26/23	21	9588626		2,972.00	0.00		2,972.00	1				0.00
								2				
TOTALS				30,370.00	253.83		30,116.17				11,040.00	253.83

ISSUED AMT:

\$253.83

Remarks:

- ¹ - 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]
- ² - NOTICE OF DENIAL OF MEDICAL COVERAGE [NYI]
- ³ - Charges for cosmetic surgery and other cosmetic services are excluded from coverage under the member's plan. To obtain more information regarding coverage of this service, log into our secure provider website and enter the procedure code in the search field to access our Clinical Policy Bulletins. [768]
- ⁴ - 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

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PHOENIX AZ 85038-9650

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PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233605
Trace Amount: \$739.48

PHYSICIAN OVERSIGHT, LLC

Patient Name: THOMAS J WILLIAMS (spouse)

Remarks (contd):

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]
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: \$11,040.00

Claim Payment: \$253.83

Patient Name: JOHN R PARKER (self)

Claim ID: E2Y16HVGR00 Recd: 09/25/23 Member ID: W278042959 Patient Account: 0.3076485

Member: JOHN R PARKER

Group Name: INDUSTRIAL SERVICE SOLUTIONS

Product: Aetna Open Access® Managed Choice®

Contract State: FL

Aetna Life Insurance Company

DIAG: I65.21

Group Number: 0192748-10-001 AB PF(SB0

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
07/18/23	21	95999		1,800.00	0.00		1,800.00	1			1,800.00	0.00
								2				
07/18/23	21	95941	1.0	2,760.00	299.74		2,460.26	3				299.74
								2				
07/18/23	21	9593826	1.0	3,107.00	56.35		3,050.65	3				56.35
								2				
07/18/23	21	9582226	1.0	1,755.00	70.99		1,684.01	3				70.99
								2				
TOTALS				9,422.00	427.08		8,994.92				1,800.00	427.08

ISSUED AMT: \$427.08

Remarks:

- 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]
- [MM9]

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PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233605
Trace Amount: \$739.48

Patient Name: JOHN R PARKER (self)

Remarks (contd):

3 - Texas law gives you the option of:

Mandatory Arbitration: When members gets services or supplies from an out-of-network facility-based provider at a participating facility or in emergencies. The law prohibits you from balance billing members. You can ask for an arbitration of a claim settlement through a portal on the Texas Department of Insurance's Internet website if:

- There's a balance remaining after copayments, coinsurance and deductibles that you can't bill members for
- The health benefit claim is for:
- Emergency care
- A health care or medical service or supply done by an out-of-network facility-based provider at a participating facility

Mandatory Mediation: Texas law also gives you the availability of mandatory mediation. Service eligible for mediation are when a participating provider either refers a member for either an out-of-network:

- Laboratory service
- Diagnostic imaging service

In an effort to settle the claim before TDI selects an arbitrator/mediator, the facility and the health plan has to take part in an informal settlement teleconference. This should be no later than the 30th day after the date you request the mediation. An issuer or administrator, if it applies, shall make a reasonable effort to arrange the teleconference.

We told the patient to notify us if you bill them for any amount above their in-network cost share. Get more details at www.tdi.texas.gov.

If you send a mediation request, you have to tell us at TexasMediationRequests@aetna.com.
[TXA]

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:	\$1,800.00
Claim Payment:	\$427.08

Patient Name: BRANDON C PEGG (spouse)

Claim ID: EVJM6WBVL00 Recd: 09/29/23 Member ID: W274455466 Patient Account: 0.3072851
Member: JAMI D PEGG
Group Name: FRANKCRUM
Product: Aetna HealthFund® Aetna Open Access® Elect Choice®
Contract State: FL
Aetna Life Insurance Company

DIAG: M5127, M5442
Group Number: 0143109-23-028 JH VB"2"0
Network ID: 00000
Funding: Insured
Network Status: Out-of-Network

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Page: 7 of 8

PHYSICIAN OVERSIGHT, LLC
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Trace Number: 823282000233605
Trace Amount: \$739.48

Patient Name: BRANDON C PEGG (spouse)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	PENDING	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/14/23	22	95999		3,600.00	0.00		3,600.00	1				0.00
07/14/23	22	9595526		1,755.00	0.00		1,755.00	1				0.00
07/14/23	22	95941		2,760.00	0.00		2,760.00	1				0.00
07/14/23	22	9593826		3,107.00	0.00		3,107.00	1				0.00
07/14/23	22	9592926		2,459.00	0.00		2,459.00	1				0.00
07/14/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
TOTALS				15,295.00			15,295.00					0.00

ISSUED AMT:

NO PAY

Remarks:

1 - To consider this charge, we need you to send us:

- Clinical documents that support medical necessity of the billed service. This includes drugs, medical equipment, and implants.
- The diagnosis and the expected time the patient will need the drug or equipment.
- Copies of the patient's current history and physical exam, office or nursing notes, operative report, photographs, lab or diagnostic testing results, or air ambulance records, if any of these apply. Please send copies since we won't return originals.
- A complete description of the service and the itemized bill if you billed an unlisted code.

You can find more details in our Clinical Policy Bulletins at this link:

<https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html>

Don't resend the claim form. Attach the information to a copy of this statement along with the subscriber's full name, the patient's full name, and the subscriber's ID number.

You may send this to us by either:

- Fax: 859-455-8650 Attn: ICMN

- Mail: P.O. Box 14089, Attn: ICMN, Lexington, KY 40512

You have 45 days from the date of this statement to send us this information. When we get these details, we'll decide within 15 days. If we don't get it, we'll deny the claim. You will have a right to appeal the claim.

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The peer review option expires 7 calendar days from the date you submit the medical records. If we don't receive the peer review request by the deadline, we will make our decision on this claim. A peer review call may not change our decision and isn't required to start an appeal. If we deny the service, we will send you a letter with the appeal rights and process. [U33]

This claim is deficient in accordance with Texas legislation. 949

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: \$0.00

Claim Payment: \$0.00

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PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765

TIN: XXXXXXXX2512

Trace Number: 823282000233605

Trace Amount: \$739.48

Total Payment to: PHYSICIAN OVERSIGHT, LLC

\$739.48

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.