



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

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/16/2023

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UNIVERSITY NEURO LLC  
550 N CENTRAL EXPY UNIT 1955  
MCKINNEY TX 75070-0091

PIN: UNIVERSITY NEURO LLC  
TIN: 0006066983  
XXXXXXX5495  
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: DENNIS J KING (self)

Claim ID: EQAC8PQDB01 Recd: 10/11/23 Member ID: W273648941 Patient Account: 0.3082629

Member: DENNIS J KING

Group Name: QARBON AEROSPACE, INC

Product: Aetna Open Access® Managed Choice®

Contract State: TX

DIAG: M4806/1, M5136

Group Number: 0176235-11-003 AC PF>B-0

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
07/24/23	24	9588626 XU		5,944.00	0.00		5,944.00	1				0.00
07/24/23	24	9588626		5,944.00	0.00		5,944.00	1				0.00
07/24/23	24	5178526 XU		2,799.00	0.00		2,799.00	1				0.00
07/24/23	24	5178526		2,799.00	0.00		2,799.00	1				0.00
TOTALS				17,486.00			17,486.00					0.00

ISSUED AMT:

NO PAY

#### Remarks:

- 1 - In accordance with TX regulations, we are questioning the medical necessity, appropriateness, and/or the experimental/investigational nature of the service you provided. You are entitled to a peer-to-peer review to discuss the medical necessity, appropriateness, and/or the experimental/investigational nature of this service with our Medical Director. You can contact us at 866-225-8226 to schedule a peer-to-peer review, if so desired. Please have the claim ID number for the service you are referencing. If we do not receive a request for a peer-to-peer review in 12 calendar days from the date of this document, we will continue our coverage determination without the peer-to-peer review. Our Medical Director may issue an adverse determination at that time which would include appeal rights. [PPND - T68]  
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

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.