



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

Claim Payment

Please Retain for Future Reference

Printed: 11/02/2023

Page: 1 of 3

PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765

TIN: XXXXXXXX2512

Trace Number: 823306000032237

Trace Amount: \$1,093.57

PHYSICIAN OVERSIGHT 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: XXXXXXXX2512
Seq No: 000000004

Trace No: 000032237

Acct: 09046

51 - 44

11-02-2023

119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAY

One Thousand Ninety Three Dollars and 57/100

VOID AFTER ONE YEAR

*****\$1,093.57

TO THE
ORDER OF

Bank of America

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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Explanation Of Benefits

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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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Page: 2 of 3

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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: SAM HODGSON (self)

Claim ID: ELPC231PW03 Recd: 10/25/23 Member ID: W243507475 Patient Account: 0.2738685
Member: SAM HODGSON
Group Name: RAYMOURS FURNITURE CO, INC.
Product: Aetna Choice® POS II

DIAG: M5416, M5127
Group Number: 0177061-20-002 FA P1.;!"
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 |
|---------------|----|--------------|-----------|-------------------|----------------------|--------------|-----------------|-------------|------------|--------------|--------------|-----------------|
| 10/06/22 | 21 | 95999 | 4.0 | 7,200.00 | 7,200.00 | | | | | | | 3,600.00 |
| 10/06/22 | 21 | 9593826 | 1.0 | 3,107.00 | 3,107.00 | | | | | | | 1,149.00 |
| 10/06/22 | 21 | 9590826 | 1.0 | 437.00 | 437.00 | | | | | | | 103.14 |
| 10/06/22 | 21 | 9588626 | | 2,972.00 | 0.00 | | 2,972.00 | 1 | | | | 0.00 |
| 10/06/22 | 21 | 9588626 | | 2,972.00 | 0.00 | | 2,972.00 | 1 | | | | 0.00 |
| | | XU | | | | | | | | | | |
| 10/06/22 | 21 | 95941 | 2.0 | 5,520.00 | 5,520.00 | | | | | | | 638.92 |
| TOTALS | | | | 22,208.00 | 16,264.00 | | 5,944.00 | | | | | 5,491.06 |

Less Amount Already Paid \$4,397.49

ISSUED AMT: \$1,093.57

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]
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
P.O. BOX 981106 EL PASO, TX 79998-1106
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: \$1,093.57

Patient Name: JAMES OCCHIOGROSSO CFA (self)

Claim ID: ENY171CMM00 Recd: 09/12/23 Member ID: W146792111 Patient Account: 0.3074181
Member: JAMES OCCHIOGROSSO CFA
Group Name: ROSENTHAL & ROSENTHAL
Product: Aetna HealthFund® Aetna Choice® POS II

DIAG: M1901/1, M2551/1
Group Number: 0697129-14-002 EB P1,-Z0
Network ID: 00000
Funding: Self-funded
Network Status: Out-of-Network

Aetna Life Insurance Company

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Page: 3 of 3

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
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Trace Number: 823306000032237
Trace Amount: \$1,093.57

Patient Name: JAMES OCCHIOGROSSO CFA (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 |
|---------------|----|--------------|-----------|-------------------|----------------------|--------------|-----------------|-------------|------------|--------------|-----------------|----------------|
| 07/17/23 | 22 | 95999 | | 3,600.00 | 0.00 | | 3,600.00 | 1 | | | 3,600.00 | 0.00 |
| 07/17/23 | 22 | 95941 | | 2,760.00 | 0.00 | | 2,760.00 | 2 | | | | 0.00 |
| 07/17/23 | 22 | 9592526 | | 353.00 | 0.00 | | 353.00 | 1 | | | 353.00 | 0.00 |
| 07/17/23 | 22 | 9587026 | | 583.00 | 0.00 | | 583.00 | 1 | | | 583.00 | 0.00 |
| 07/17/23 | 22 | 9587026 | | 583.00 | 0.00 | | 583.00 | 1 | | | 583.00 | 0.00 |
| | | XU | | | | | | | | | | |
| 07/17/23 | 22 | 9582226 | | 1,755.00 | 0.00 | | 1,755.00 | 1 | | | 1,755.00 | 0.00 |
| TOTALS | | | | 9,634.00 | | | 9,634.00 | | | | 6,874.00 | 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]

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO, TX 79998-1106
CALL (888) 632-3862 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$6,874.00
Claim Payment: \$0.00

Total Payment to: PHYSICIAN OVERSIGHT, LLC

\$1,093.57

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.