



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

Claim Payment

Please Retain for Future Reference

Printed: 10/09/2023
Page: 1 of 18

PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

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: 000233618
Acct: 09046

10-09-2023 51 - 44
119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAY

Nine Thousand Four Hundred Seventy Dollars and 97/100

VOID AFTER ONE YEAR
*****\$9,470.97

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



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Provider Address:

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

Printed: 10/09/2023
Page: 2 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

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: DANIELA ACEVEDO (self)

Claim ID: EVAC6SS5200 Recd: 09/29/23 Member ID: W248264002 Patient Account: 0.3071637

Member: DANIELA ACEVEDO

Group Name: TENET HEALTHCARE COPORATION

Product: Aetna Choice® POS II

DIAG: M4806/1, M5127

Group Number: 0109033-15-007 H P1C\$G0

Network ID: 00000

Funding: Self-funded

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
07/13/23	22	95999		9,000.00	0.00		9,000.00	1				0.00
07/13/23	22	9595526		1,755.00	0.00		1,755.00	1				0.00
07/13/23	22	95941		5,520.00	0.00		5,520.00	1				0.00
07/13/23	22	9593926		3,814.00	0.00		3,814.00	1				0.00
07/13/23	22	9593826		3,107.00	0.00		3,107.00	1				0.00
07/13/23	22	9590726		138.00	0.00		138.00	1				0.00
TOTALS				23,334.00			23,334.00					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

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 3 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: DANIELA ACEVEDO (self)

Remarks (contd):

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]
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 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: \$0.00
Claim Payment: \$0.00

Patient Name: STEFANI ADAMS (spouse)

Claim ID: E8FC6X85Q00 Recd: 10/02/23 Member ID: W018328738 Patient Account: 0.3144457
Member: JERRY L ADAMS
Group Name: EXXONMOBIL
Product: Aetna Choice® POS II

DIAG: E213
Group Number: 0476599-33-004 JA P1.E49
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	PENDING	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/18/23	21	95999		7,200.00	0.00		7,200.00	1				0.00
09/18/23	21	95941		5,520.00	0.00		5,520.00	1				0.00
09/18/23	21	9586526		1,502.00	0.00		1,502.00	1				0.00
09/18/23	21	9586526		1,502.00	0.00		1,502.00	1				0.00
		XU										
TOTALS				15,724.00			15,724.00					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:

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 4 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: STEFANI ADAMS (spouse)

Remarks (contd):

- 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]

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: \$0.00

Patient Name: DENISE BATTAGLINI (self)

Claim ID: EVTX6VJNQ01 Recd: 09/29/23 Member ID: W036912783 Patient Account: 0.3074426

Member: DENISE BATTAGLINI

Group Name: MARS, INCORPORATED

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: M4806/2, M5127

Group Number: 0169551-13-003 CC P1.\$I:

Network ID: 04546 DIS-NAP

Network Status: Out-of-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
07/17/23	21	9586126 XU		1,614.00			1,614.00	1			1,614.00	0.00
TOTALS				1,614.00			1,614.00				1,614.00	0.00

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. 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. [776]
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: EVTX6VJNQ01 Recd: 09/29/23 Member ID: W036912783 Patient Account: 0.3074426

Member: DENISE BATTAGLINI

Group Name: MARS, INCORPORATED

Product: Aetna Choice® POS II

DIAG: M4806/2, M5127

Group Number: 0169551-13-003 CC P1.\$I:

Network ID: 00000

Funding: Self-funded

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
07/17/23	21	95999	2.0	3,600.00	1,800.00		1,800.00	1 2			1,800.00	1,800.00

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 5 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: DENISE BATTAGLINI (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	21	9595526		1,755.00	0.00		1,755.00	3			1,755.00	0.00
07/17/23	21	95941		2,760.00	0.00		2,760.00	3			2,760.00	0.00
07/17/23	21	9593926	1.0	2,459.00	2,459.00			2				2,459.00
07/17/23	21	9593826	1.0	3,107.00	3,107.00			2				3,107.00
07/17/23	21	9586126		1,614.00	0.00		1,614.00	3			1,614.00	0.00
TOTALS				15,295.00	7,366.00		7,929.00				7,929.00	7,366.00

ISSUED AMT: \$7,366.00

Remarks:

- 1 - We paid for these for services in accordance with the Member's benefit plan. Allowed amount is standardly 50% of billed, however, depending on the Member's plan; the allowed amount can be up to 100%. [O51]
- 2 - [ON6]
- 3 - 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. 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. [776]
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: \$9,543.00

Claim Payment: \$7,366.00

Patient Name: LAURA J BERGAN (self)

Claim ID: EXT6S9VL01 Recd: 09/29/23 Member ID: 0000127330 Patient Account: 0.3081104

Member: LAURA J BERGAN

Group Name: PIMA COUNTY

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: M4316, M5136, S32.030A

Group Number: 0863646-12-029 CA P1\$T<0

Network ID: 04546 DIS-NAP

Network Status: Out-of-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
07/21/23	21	9588626		2,972.00			2,972.00	1				0.00
07/21/23	21	9588626		2,972.00			2,972.00	1				0.00
		XU										
TOTALS				5,944.00			5,944.00					0.00

ISSUED AMT: NO PAY

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)

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/09/2023
Page: 6 of 18

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: LAURA J BERGAN (self)

Claim ID: **EXTX6S9VL00** Recd: **09/29/23** Member ID: **0000127330** Patient Account: **0.3081104**

Member: **LAURA J BERGAN**

Group Name: **PIMA COUNTY**

Product: **Aetna Choice® POS II**

DIAG: **M4316, M5136, S32.030A**
Group Number: **0863646-12-029 CA P1\$T<0**
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	PENDING	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/21/23	21	95999		9,000.00	0.00		9,000.00	1				0.00
07/21/23	21	9595526		1,755.00	0.00		1,755.00	1				0.00
07/21/23	21	95941		11,040.00	0.00		11,040.00	1				0.00
07/21/23	21	9593926		3,814.00	0.00		3,814.00	1				0.00
07/21/23	21	9593826		3,107.00	0.00		3,107.00	1				0.00
07/21/23	21	9590826		437.00	0.00		437.00	1				0.00
TOTALS				29,153.00			29,153.00					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]

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

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 7 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: LAURA J BERGAN (self)

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

Patient Name: CLARENCE J BREAUX (self)

Claim ID: ESY16WK600 Recd: 09/28/23 Member ID: W229805678 Patient Account: 0.3066132

Member: CLARENCE J BREAUX

Group Name: ALIEF INDEPENDENT SCHOOL DISTRICT

Product: Open Access Aetna SelectSM

DIAG: S32.022A, M4806/1

Group Number: 0100085-13-201 M V1)T\$0

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
07/10/23	21	95941	3.0	8,280.00	997.38		7,282.62	1				997.38
07/10/23	21	9593926	1.0	3,814.00	113.16		3,700.84	1				113.16
07/10/23	21	9593826	1.0	3,107.00	43.67		3,063.33	1				43.67
07/10/23	21	9591026	1.0	780.00	101.60		678.40	1				101.60
07/10/23	21	9588726		583.00	0.00		583.00	2				0.00
TOTALS				16,564.00	1,255.81		15,308.19					1,255.81

ISSUED AMT: \$1,255.81

Remarks:

- 1 - 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]
- 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)

Claim ID: ESY16WK602 Recd: 09/28/23 Member ID: W229805678 Patient Account: 0.3066132

Member: CLARENCE J BREAUX

Group Name: ALIEF INDEPENDENT SCHOOL DISTRICT

Product: Open Access Aetna SelectSM

DIAG: S32.022A, M4806/1

Group Number: 0100085-13-201 M V1)T\$0

Network ID: 00000

Funding: Self-funded

Network Status: Out-of-Network

Aetna Life Insurance Company

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 8 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: CLARENCE J BREAUX (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
07/10/23	21	95999		7,200.00	0.00		7,200.00	1				0.00
TOTALS				7,200.00			7,200.00					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]

Claim ID: **ESY16WKF601** Recd: **09/28/23** Member ID: **W229805678** Patient Account: **0.3066132**

Member: **CLARENCE J BREAUX**

Group Name: **ALIEF INDEPENDENT SCHOOL DISTRICT**

Product: **Open Access Aetna SelectSM**

DIAG: **S32.022A, M4806/1**

Group Number: **0100085-13-201 M V1)T\$0**

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
07/10/23	21	9588726 XU		583.00	0.00		583.00	1				0.00
07/10/23	21	9588626 XU		2,972.00	0.00		2,972.00	1				0.00

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 9 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: CLARENCE J BREAUX (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
07/10/23	21	9588626		2,972.00	0.00		2,972.00	1				0.00
TOTALS				6,527.00			6,527.00					0.00

ISSUED AMT: NO PAY

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)

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: \$1,255.81

Patient Name: BRAD S BUSH (spouse)

Claim ID: E0Y16RRHN01 Recd: 09/27/23 Member ID: W262697253 Patient Account: 0.3055834
Member: DORIS S BUSH
Group Name: WW INTERNATIONAL INC.
Product: Aetna Choice® POS II

DIAG: M4806/2, M5116, M5117
Group Number: 0169547-11-001 AD P10*W0
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
06/28/23	21	9588626		2,972.00	0.00		2,972.00	1				0.00
		XU										
06/28/23	21	9582226	1.0	1,755.00	106.16		1,648.84	2				106.16
TOTALS				4,727.00	106.16		4,620.84					106.16

ISSUED AMT: \$106.16

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 - 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

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 10 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: BRAD S BUSH (spouse)

Remarks (contd):

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
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: \$106.16

Patient Name: THOMAS F CAVALIERI (self)

Claim ID: EXT6SG3001 Recd: 09/28/23 Member ID: W243598388 Patient Account: 0.3068313
Member: THOMAS F CAVALIERI
Group Name: MUTUAL OF OMAHA INSURANCE COMPANY
Product: Aetna Choice® POS II

DIAG: M4802, M5021, M5412
Group Number: 0847850-11-001 AA P1>N0
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
07/11/23	21	9586126 XU	1.0	1,614.00	78.07		1,535.93	1				78.07
07/11/23	21	9586126	1.0	1,614.00	78.07		1,535.93	1				78.07
07/11/23	21	9582226	1.0	1,755.00	54.59		1,700.41	1				54.59
TOTALS				4,983.00	210.73		4,772.27					210.73

ISSUED AMT: \$210.73

Remarks:

1 - 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)

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: \$210.73

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 11 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: THOMAS F CAVALIERI (self)

Claim ID: EVJM6WBXN00 Recd: 09/29/23 Member ID: W243598388 Patient Account: 0.3072627
Member: THOMAS F CAVALIERI
Group Name: MUTUAL OF OMAHA INSURANCE COMPANY
Product: Aetna Choice® POS II

DIAG: S06.4X0A
Group Number: 0847850-11-001 AA P1)>N0
Network ID: 00000
Funding: Self-funded

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
07/14/23	21	95999		1,800.00	0.00		1,800.00	1				0.00
07/14/23	21	9595526		1,755.00	0.00		1,755.00	1				0.00
07/14/23	21	95941		2,760.00	0.00		2,760.00	1				0.00
07/14/23	21	9593926		3,814.00	0.00		3,814.00	1				0.00
07/14/23	21	9593826		3,107.00	0.00		3,107.00	1				0.00
07/14/23	21	9586826		1,310.00	0.00		1,310.00	1				0.00
		XU										
TOTALS				14,546.00			14,546.00					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]

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

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 12 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: THOMAS F CAVALIERI (self)

Claim ID: EVJM6WBXN01 Recd: 09/29/23 Member ID: W243598388 Patient Account: 0.3072627
Member: THOMAS F CAVALIERI
Group Name: MUTUAL OF OMAHA INSURANCE COMPANY
Product: Aetna Choice® POS II

DIAG: S06.4X0A
Group Number: 0847850-11-001 AA P1>N0
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
07/14/23	21	9586826		1,310.00	0.00		1,310.00	1				0.00
07/14/23	21	9586126	1.0	1,614.00	78.07		1,535.93	2				78.07
		XU										
07/14/23	21	9586126	1.0	1,614.00	78.07		1,535.93	2				78.07
TOTALS				4,538.00	156.14		4,381.86					156.14

ISSUED AMT: \$156.14

Remarks:

- 1 - Procedures designated as bilateral should not be billed with multiple units. Payment has been based on one unit. W18
- 2 - 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)

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: \$156.14

Patient Name: RHONDA J GRATE-HEATH (self)

Claim ID: E2PC6NFJT02 Recd: 09/21/23 Member ID: W212269821 Patient Account: 0.3053445
Member: RHONDA J GRATE-HEATH
Group Name: ALIEF INDEPENDENT SCHOOL DISTRICT
Product: Open Access Aetna SelectSM

DIAG: M5412, M5022/3
Group Number: 0100085-13-201 M V1)T\$0
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	PENDING	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/27/23	22	95999		3,600.00	0.00		3,600.00	1				0.00
TOTALS				3,600.00			3,600.00					0.00

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 13 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: RHONDA J GRATE-HEATH (self)

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]

Claim ID: **E2PC6NFJT00** Recd: **09/21/23** Member ID: **W212269821** Patient Account: **0.3053445**

Member: **RHONDA J GRATE-HEATH**

Group Name: **ALIEF INDEPENDENT SCHOOL DISTRICT**

Product: **Open Access Aetna SelectSM**

DIAG: **M5412, M5022/3**

Group Number: **0100085-13-201 M V1)T\$0**

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
06/27/23	22	95941	1.0	2,760.00	332.46		2,427.54	1				332.46
06/27/23	22	9593826	1.0	3,107.00	43.67		3,063.33	1				43.67
06/27/23	22	9586826		1,310.00	0.00		1,310.00	2				0.00
		XU										
06/27/23	22	9586826		1,310.00	0.00		1,310.00	2				0.00
06/27/23	22	9586126		1,614.00	0.00		1,614.00	2				0.00
		XU										
TOTALS				10,101.00	376.13		9,724.87					376.13

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 14 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: RHONDA J GRATE-HEATH (self)

ISSUED AMT: \$376.13

Remarks:

- 1 - 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]
- 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

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: \$376.13

Patient Name: JUSUNG KWOK (self)

Claim ID: P6FC3D8QB00 **Recd: 10/04/23** **Member ID: W260260896** **Patient Account: 0.2384807**

Member: JUSUNG KWOK

Group Name: DEUTSCHE BANK

Product: Aetna Choice® POS II

DIAG: M4806/1, M5416, R53.1

Group Number: 0783132-12-001 ME P1*G(0

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
12/06/21	24	9595559		6,979.00	0.00		6,979.00	1				0.00
								2				
12/06/21	24	95941		2,760.00	0.00		2,760.00	1				0.00
12/06/21	24	9593826		7,270.00	0.00		7,270.00	1				0.00
12/06/21	24	9592926		3,837.00	0.00		3,837.00	1				0.00
12/06/21	24	9592726		763.00	0.00		763.00	1				0.00
12/06/21	24	9586159		4,753.00	0.00		4,753.00	1				0.00
TOTALS				26,362.00			26,362.00					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - You asked us to reconsider this claim. Our original decision is still correct. The member doesn't owe this amount. If you disagree, you can submit an appeal within 60 days of this denial. [839]
- 2 - Your request was not received within the reconsideration timeframe. 846

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 15 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: JUSUNG KWOK (self)

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: \$0.00

Claim Payment: \$0.00

Patient Name: KATHLEEN R MCCUSKER (self)

Claim ID: EDPC7K42S02 Recd: 08/17/23 Member ID: W195556827 Patient Account: 0.3039863

Member: KATHLEEN R MCCUSKER

Group Name: KATY INDEPENDENT SCHOOL DISTRICT

Product: Open Access Aetna SelectSM

DIAG: M5412

Group Number: 0724976-21-003 IC V1_O(0

Network ID: 00000

Funding: Self-funded

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
06/14/23	22	95999		3,600.00	0.00		3,600.00	1				0.00
TOTALS				3,600.00			3,600.00					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 - V16]

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: \$0.00

Patient Name: SARA E RUIZ (self)

Claim ID: EATX7PNMM02 Recd: 08/17/23 Member ID: W212639893 Patient Account: 0.3033894

Member: SARA E RUIZ

Group Name: KATY INDEPENDENT SCHOOL DISTRICT

Product: Aetna Choice[®] POS II

DIAG: M4712

Group Number: 0724976-22-001 JA P11{,0

Network ID: 00000

Funding: Self-funded

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
06/09/23	22	95999		5,400.00	0.00		5,400.00	1				0.00
TOTALS				5,400.00			5,400.00					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

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 16 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: SARA E RUIZ (self)

Remarks (contd):

secure provider portal. [PPND - V16]

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: \$0.00

Patient Name: BRYAN WATHEN (self)

Claim ID: EVTX6VJLN00 Recd: 09/29/23 Member ID: W272980273 Patient Account: 0.3072894

Member: BRYAN WATHEN

Group Name: GLENTRONICS INC

Product: Aetna Choice® POS II

DIAG: I61.8

Group Number: 0607218-10-716 Y P1.C12

Network ID: 00000

Funding: Self-funded

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
07/15/23	21	95999		4,000.00	0.00		4,000.00	1				0.00
07/15/23	21	95941		8,280.00	0.00		8,280.00	1				0.00
07/15/23	21	9593826		3,107.00	0.00		3,107.00	1				0.00
07/15/23	21	9582226		1,755.00	0.00		1,755.00	1				0.00
TOTALS				17,142.00			17,142.00					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,

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 17 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: BRYAN WATHEN (self)

Remarks (contd):

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]

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: \$0.00

Patient Name: JON E WEATHERS (self)

Claim ID: ECJM7NLPF00 Recd: 08/16/23 Member ID: W208304462 Patient Account: 0.2997898
Member: JON E WEATHERS
Group Name: STARR INSURANCE HOLDINGS, INC.
Product: Aetna Choice® POS II

DIAG: M4802, M4020/2
Group Number: 0314799-10-001 A P1!_>0
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
05/10/23	21	95999		7,200.00	0.00		7,200.00	1			7,200.00	0.00
05/10/23	21	95941		13,800.00	0.00		13,800.00	1			13,800.00	0.00
05/10/23	21	9593926		3,814.00	0.00		3,814.00	1			3,814.00	0.00
05/10/23	21	9593826		3,107.00	0.00		3,107.00	1			3,107.00	0.00
05/10/23	21	9586826		1,310.00	0.00		1,310.00	2				0.00
		XU										
05/10/23	21	9586826		1,310.00	0.00		1,310.00	2				0.00
		XU										
TOTALS				30,541.00			30,541.00				27,921.00	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)

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Printed: 10/09/2023
Page: 18 of 18

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823282000233618
Trace Amount: \$9,470.97

Patient Name: JON E WEATHERS (self)

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:	\$27,921.00
Claim Payment:	\$0.00

Total Payment to: PHYSICIAN OVERSIGHT, LLC

\$9,470.97

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.