



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/27/2023
Page: 1 of 4

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

PHYSICIAN OVERSIGHT, LLC
PIN: 0006484765
TIN: XXXXXXXX2512
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: MONICA LOZANO (self)

Claim ID: ELY17XCSK00 Recd: 08/30/23 Member ID: W238679428 Patient Account: 0.3063276
Member: MONICA LOZANO
Group Name: STATE OF IL (STATE PPO)
Product: Aetna Choice® POS II

DIAG: M533
Group Number: 0285658-10-001 A P1,LX0
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
07/06/23	22	95999		3,600.00	0.00		3,600.00	1			3,600.00	0.00
07/06/23	22	95941		5,520.00	0.00		5,520.00	2				0.00
07/06/23	22	9593826		3,107.00	0.00		3,107.00	1			3,107.00	0.00
07/06/23	22	9590726		138.00	0.00		138.00	1			138.00	0.00
		XU										
07/06/23	22	9588626		2,972.00	0.00		2,972.00	1			2,972.00	0.00
07/06/23	22	9588626		2,972.00	0.00		2,972.00	1			2,972.00	0.00
		XU										
TOTALS				18,309.00			18,309.00				12,789.00	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)

For Questions Regarding This Claim PO 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: \$12,789.00
Claim Payment: \$0.00

Patient Name: CONTREL MILLIGAN (spouse)

Claim ID: E5AC3M0JY03 Recd: 05/17/23 Member ID: W258957252 Patient Account: 0.2873931
Member: JERICKA MILLIGAN
Group Name: COSTCO WHOLESALE CORPORATION
Product: Open Access Aetna SelectSM
Aetna Life Insurance Company

DIAG: M5412
Group Number: 0169579-21-001 AO V1= %0
Network ID: 04549 DIS-NAPP-
Network Status: Out-of-Network

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0006484765
TIN: XXXXXXXX2512
NO PAY

Patient Name: CONTREL MILLIGAN (spouse)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/26/23	22	95999	4.0	7,200.00			3,600.00	1		631.82	4,231.82	2,968.18
01/26/23	22	95941	3.0	8,280.00			7,380.78	1			7,380.78	899.22
01/26/23	22	9593926	1.0	3,814.00			3,707.35	1			3,707.35	106.65
01/26/23	22	9593826	1.0	3,107.00			3,066.01	1			3,066.01	40.99
01/26/23	22	9586826	1.0	1,310.00			1,253.89	1			1,253.89	56.11
01/26/23	22	9586826	1.0	1,310.00			1,253.89	1			1,253.89	56.11
		XU										
TOTALS				25,021.00			20,261.92			631.82	20,893.74	4,127.26

Less Amount Already Paid

\$4,127.26

ISSUED AMT:

NO PAY

Remarks:

- 1 - You are an out-of-network provider and do not have a contracted rate from Aetna. The member's plan provides benefits for covered out-of-network services at what we find to be a recognized charge. The recognized charge determination on the claim resulted in a reduction in payment and was calculated by Data iSight. In the event you choose to balance bill the member for the amount reflected in the "not payable" column (in addition to the member's deductible that is reflected in the patient responsibility column), the member may be eligible for patient advocacy services through Data iSight to resolve the outstanding balance. For questions regarding the Data iSight calculation, contact Data iSight at 800-498-3246 or refer to www.dataisight.com. [E07]
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: \$20,893.74

Claim Payment: \$0.00

Patient Name: ASHLEY L PERKINS-CRANE (self)

Claim ID: E5366GN0500 Recd: 09/06/23 Member ID: W265099547 Patient Account: 0.3067756

Member: ASHLEY L PERKINS-CRANE

Group Name: SYNEOS HEALTH, LLC

Product: Aetna HealthFund® Aetna Choice® POS II

DIAG: M5416, M5126, Z98.890

Group Number: 0161087-10-001 B P178D0

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	22	95999		5,400.00	0.00		5,400.00	1				0.00
07/11/23	22	9593826		3,107.00	0.00		3,107.00	1				0.00
07/11/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
07/11/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
		XU										
07/11/23	22	9582226		1,755.00	0.00		1,755.00	1				0.00
07/11/23		95941	2.0	SUBMITTED				2				
		95941		2,760.00	0.00		2,760.00	3				0.00

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NO PAY

PHYSICIAN OVERSIGHT, LLC

Patient Name: ASHLEY L PERKINS-CRANE (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
								4				
TOTALS				16,250.00			16,250.00					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]
- 2 - This service code reflects the submitted code and units. The line has been split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. V45
- 3 - 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]
- 4 - This service code was originally submitted with multiple units and was split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. [V40]

Claim ID: **E5366GN0501** Recd: **09/06/23** Member ID: **W265099547** Patient Account: **0.3067756**

Member: **ASHLEY L PERKINS-CRANE**

Group Name: **SYNEOS HEALTH, LLC**

Product: **Aetna HealthFund® Aetna Choice® POS II**

DIAG: **M5416, M5126, Z98.890**
Group Number: **0161087-10-001 B P178D0**

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		95941	2.0	SUBMITTED				1				
		95941		2,760.00	0.00		2,760.00	2				0.00
								3				
TOTALS				2,760.00			2,760.00					0.00

ISSUED AMT:

NO PAY

Remarks:

- 1 - This service code reflects the submitted code and units. The line has been split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. V45
- 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]
- 3 - This service code was originally submitted with multiple units and was split for processing. The individual units have been considered separately and the claim adjudications may appear on multiple EOBs. [V40]

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Total Patient Responsibility:

\$0.00

Claim Payment:

\$0.00

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NO PAY

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.