



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

## Claim Payment

Please Retain for Future Reference

Printed: 10/16/2023  
Page: 1 of 18

PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823289000164446  
Trace Amount: \$3,239.98

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: 000164446  
Acct: 09046

10-16-2023 51 - 44  
119 CT

**NON-NEGOTIABLE NON-NEGOTIABLE**

PAY

Three Thousand Two Hundred Thirty Nine Dollars and 98/100

VOID AFTER ONE YEAR  
\*\*\*\*\*\$3,239.98

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

**Payment Address:**

PHYSICIAN OVERSIGHT LLC  
PO BOX 29650  
PHOENIX AZ 85038-9650

**Provider Address:**

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

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/16/2023  
Page: 2 of 18

PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823289000164446  
Trace Amount: \$3,239.98

### 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: MICHAEL J JOYCE (spouse)

Claim ID: ENPC8JLN700 Recd: 10/04/23 Member ID: W236527268 Patient Account: 0.3089277  
Member: JAMILLAH ALI-JOYCE  
Group Name: STATE OF IL (STATE PPO)  
Product: Aetna Choice® POS II

DIAG: M5416, M4316  
Group Number: 0285658-10-005 G P1,5K0  
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
07/31/23	21	95999	3.0	5,400.00	2,700.00		2,700.00	1				2,700.00
07/31/23	21	9595526		1,755.00	0.00		1,755.00	2				0.00
07/31/23	21	95941		2,760.00	0.00		2,760.00	2				0.00
07/31/23	21	9593826	1.0	3,107.00	50.39		3,056.61	1				50.39
07/31/23	21	9586126		1,614.00	0.00		1,614.00	2				0.00
07/31/23	21	9586126		1,614.00	0.00		1,614.00	2				0.00
		XU										
<b>TOTALS</b>				<b>16,250.00</b>	<b>2,750.39</b>		<b>13,499.61</b>					<b>2,750.39</b>

**ISSUED AMT: \$2,750.39**

**Remarks:**

- 1 - We allowed covered services using the Qualifying Payment Amount (QPA). The patient only owes their in-network (INN) cost share shown on this notice. This includes any deductible, copay or coinsurance. Illinois law prohibits you from billing the patient more than the INN cost share. If you don't accept the QPA, you have 30 business days from your receipt of this notice to ask for an Open Negotiation. Send a completed Open Negotiation Notice form to us via email at [ILSurpriseBill@aetna.com](mailto:ILSurpriseBill@aetna.com). If we don't reach an agreement during the Open Negotiation period, you have the right to request binding arbitration under Illinois law. [IL4]
- 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 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: \$0.00  
Claim Payment: \$2,750.39

### Patient Name: ALYSON BEICKER (spouse)

Claim ID: EXAC6H7B000 Recd: 10/05/23 Member ID: W259000932 Patient Account: 0.3079389  
Member: JEFFREY F BEICKER  
Group Name: TEXEX ENERGY OPERATING, LLC  
Product: Open Access Aetna SelectSM

DIAG: M5416, M5126  
Group Number: 0149480-10-006 A V1,;Z0  
Network ID: 00000  
Funding: Self-funded  
Network Status: Out-of-Network

Aetna Life Insurance Company

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## Explanation Of Benefits

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**Payment Address:**  
PHYSICIAN OVERSIGHT LLC  
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PHOENIX AZ 85038-9650

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PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823289000164446  
Trace Amount: \$3,239.98

**Patient Name: ALYSON BEICKER** (spouse)

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
07/20/23	22	95999		5,400.00	0.00		5,400.00	1				0.00
07/20/23	22	95941		2,760.00	0.00		2,760.00	1				0.00
07/20/23	22	9593826	1.0	3,107.00	43.67		3,063.33	2				43.67
07/20/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
07/20/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
		XU										
07/20/23	22	9582226		1,755.00	0.00		1,755.00	3				0.00
<b>TOTALS</b>				<b>16,250.00</b>	<b>43.67</b>		<b>16,206.33</b>					<b>43.67</b>

**ISSUED AMT: \$43.67**

### 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]
- The member's plan excludes coverage for charges for or in connection with services or supplies that are experimental, investigational, cosmetic or not generally recognized according to professional standards of safety and effectiveness in the United States for diagnosis, care or treatment. Or this procedure is related to a service that exceeded the allowable number of units. While this service or supply itself is not excluded, it is performed in connection with another service or supply that falls within this exclusion. [W66]

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: \$43.67

**Patient Name: COURTNEY BOHNE** (self)

Claim ID: E4PC57ZVL02 Recd: 08/24/23 Member ID: W266547993 Patient Account: 0.3057326  
Member: COURTNEY BOHNE  
Group Name: MEMORIAL HERMANN HEALTH SYSTEM  
Product: Open Access Aetna Select<sup>SM</sup>

DIAG: Q65.89  
Group Number: 0109072-13-008 E V1-C40  
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
06/29/23		95941	5.0	<b>SUBMITTED</b>				1				
		95941		2,760.00	0.00		2,760.00	2				0.00

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## Explanation Of Benefits

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**Payment Address:**  
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PHOENIX AZ 85038-9650

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PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823289000164446  
Trace Amount: \$3,239.98

**Patient Name: COURTNEY BOHNE (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
06/29/23	21	95941		2,760.00	0.00		2,760.00	3 2				0.00
06/29/23	21	95941		2,760.00	0.00		2,760.00	3 2				0.00
06/29/23	21	95941		2,760.00	0.00		2,760.00	3 2				0.00
<b>TOTALS</b>				<b>11,040.00</b>			<b>11,040.00</b>	3				<b>0.00</b>

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

Claim ID: **E4PC57ZVL00** Recd: **08/24/23** Member ID: **W266547993** Patient Account: **0.3057326**  
Member: **COURTNEY BOHNE**  
Group Name: **MEMORIAL HERMANN HEALTH SYSTEM**  
Product: **Open Access Aetna Select<sup>SM</sup>**

DIAG: **Q65.89**  
Group Number: **0109072-13-008 E V1~C40**  
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
06/29/23	21	95999		5,400.00	0.00		5,400.00	1			5,400.00	0.00
06/29/23	21	9593926		3,814.00	0.00		3,814.00	1			3,814.00	0.00
06/29/23	21	9592626		227.00	0.00		227.00	1			227.00	0.00
06/29/23	21	9586126		1,614.00	0.00		1,614.00	1			1,614.00	0.00
		XU										
06/29/23	21	9586126		1,614.00	0.00		1,614.00	1			1,614.00	0.00
		XU										
06/29/23		95941	5.0	<b>SUBMITTED</b>				2				
		95941		2,760.00	0.00		2,760.00	3				0.00
								4				
<b>TOTALS</b>				<b>15,429.00</b>			<b>15,429.00</b>				<b>12,669.00</b>	<b>0.00</b>

ISSUED AMT:

NO PAY

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**PHYSICIAN OVERSIGHT, LLC**  
**PIN:** 0006484765  
**TIN:** XXXXXXXX2512  
**Trace Number:** 823289000164446  
**Trace Amount:** \$3,239.98

**Patient Name: COURTNEY BOHNE** (self)

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

Claim ID: **E4PC57ZVL03** Recd: **08/24/23** Member ID: **W266547993** Patient Account: **0.3057326**  
Member: **COURTNEY BOHNE**  
Group Name: **MEMORIAL HERMANN HEALTH SYSTEM**  
Product: **Open Access Aetna Select<sup>SM</sup>**

DIAG: **Q65.89**  
Group Number: **0109072-13-008 E V1~C40**  
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
06/29/23	21	9582226 XU	1.0	1,755.00	54.59		1,700.41	1				54.59
06/29/23	21	5178526	1.0	1,071.00	117.93		953.07	1				117.93
06/29/23	21	5178526 XU	1.0	1,071.00	58.97		1,012.03	2				58.97
<b>TOTALS</b>				<b>3,897.00</b>	<b>231.49</b>		<b>3,665.51</b>					<b>231.49</b>

Less Amount Already Paid \$231.49

**ISSUED AMT: NO PAY**

**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](mailto: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 - The member's plan covers charges that are reasonable and appropriate. There was more than one procedure performed on the same date of service. Therefore, the benefit was reduced to 50%. The member doesn't owe this amount. [W12]  
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: \$12,669.00  
Claim Payment: \$0.00

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

## Explanation Of Benefits

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

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PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823289000164446  
Trace Amount: \$3,239.98

### Patient Name: VIVIENNE CORTEZ (daughter)

Claim ID: E4Y154Z5000 Recd: 08/24/23 Member ID: W221351081 Patient Account: 0.3058583  
Member: VICENTE A CORTEZ  
Group Name: EXXONMOBIL  
Product: Aetna Choice® POS II

DIAG: M4112/5  
Group Number: 0721000-32-001 PG P1.EQM  
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
06/30/23	21	95999		7,200.00	0.00		7,200.00	1			7,200.00	0.00
06/30/23	21	95941		19,320.00	0.00		19,320.00	1			19,320.00	0.00
06/30/23	21	9593926		3,814.00	0.00		3,814.00	1			3,814.00	0.00
06/30/23	21	9593826		3,107.00	0.00		3,107.00	1			3,107.00	0.00
06/30/23	21	9587026		583.00	0.00		583.00	2				0.00
06/30/23	21	9587026		583.00	0.00		583.00	1			583.00	0.00
		XU										
TOTALS				34,607.00			34,607.00				34,024.00	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 - The member's plan provides coverage for charges that are reasonable and appropriate. The charge for this service does not meet this requirement of the member's plan of benefits because this service is considered mutually exclusive to another procedure performed on the same date of service. [V32]  
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:

\$34,024.00

Claim Payment:

\$0.00

### Patient Name: MATTHEW C DESOUGE (spouse)

Claim ID: EGTX8PDM800 Recd: 10/11/23 Member ID: W273171630 Patient Account: 0.3083186  
Member: AMBER L DESOUGE  
Group Name: HANGER, INC.  
Product: Aetna Choice® POS II

DIAG: M5416, M5126, M5136  
Group Number: 0779408-14-005 PC P1 @\* @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	PENDING	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/24/23	22	95999		3,600.00	0.00		3,600.00	1				0.00
07/24/23	22	9595526		1,755.00	0.00		1,755.00	1				0.00
07/24/23	22	95941		2,760.00	0.00		2,760.00	1				0.00
07/24/23	22	9593826		3,107.00	0.00		3,107.00	1				0.00
07/24/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
07/24/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00

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PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823289000164446  
Trace Amount: \$3,239.98

**Patient Name: MATTHEW C DESOUGE** (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
		XU										
<b>TOTALS</b>				<b>14,450.00</b>			<b>14,450.00</b>					<b>0.00</b>

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]

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: PAUL K RAMIREZ SR** (self)

Claim ID: E4Y1607NC01

Recd: 10/12/23

Member ID: W032099973

Patient Account: 0.3084038

Member: PAUL K RAMIREZ SR

Group Name: COSTCO WHOLESALE CORPORATION

Product: Open Access Aetna Select<sup>SM</sup>

Aetna Life Insurance Company

DIAG: M4802

Group Number: 0169579-17-102 AQ V1= 0

Network ID: 04549 DIS-NAPP-

Network Status: Out-of-Network

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: 10/16/2023  
Page: 8 of 18

PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823289000164446  
Trace Amount: \$3,239.98

**Patient Name: PAUL K RAMIREZ SR** (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/25/23	22	9586826		1,310.00			1,310.00	1				0.00
07/25/23	22	9586126		1,614.00			1,614.00	1				0.00
		XU										
07/25/23	22	9586126		1,614.00			1,614.00	1				0.00
<b>TOTALS</b>				<b>4,538.00</b>			<b>4,538.00</b>					<b>0.00</b>

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 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: JEFFREY S RUDY** (self)

Claim ID: EQ368MXPL01 Recd: 10/13/23 Member ID: W215424341 Patient Account: 0.3082898  
Member: JEFFREY S RUDY  
Group Name: AUSTIN INDEPENDENT SCHOOL DISTRICT  
Product: Open Access Aetna Select<sup>SM</sup>

DIAG: M5416, M4806/2, M5137  
Group Number: 0737540-16-009 BD V1+\$Q0  
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
07/24/23	22	95999		5,400.00	0.00		5,400.00	1				0.00
<b>TOTALS</b>				<b>5,400.00</b>			<b>5,400.00</b>					<b>0.00</b>

ISSUED AMT: NO PAY

### Remarks:

- 1 - To consider this charge, we need you to send us:
- A full description of the service and the itemized bill
  - Clinical documentation that supports the medical necessity of the billed service (which includes the primary diagnosis)
  - Copies of current history and physical exam, office or nursing notes, operative reports, lab or diagnostic testing results, if they apply
  - Copies of documentation from the ordering physician which includes the expected period of time they need the drug or equipment, medical history and/or physical exam report that supports medical necessity of the drug or equipment and copies of drug administration notes, if they apply
- You can find our Clinical Policy Bulletins at:

Continued on Next Page





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**Payment Address:**  
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PO BOX 29650  
PHOENIX AZ 85038-9650

**Printed:** 10/16/2023  
**Page:** 9 of 18

**PHYSICIAN OVERSIGHT, LLC**  
**PIN:** 0006484765  
**TIN:** XXXXXXXX2512  
**Trace Number:** 823289000164446  
**Trace Amount:** \$3,239.98

**Patient Name: JEFFREY S RUDY (self)**

**Remarks (contd):**

<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, 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 denial at that time.

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 the peer review. To schedule the 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. [ICMN-970]

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

Claim ID: **EQ368MXPL00** Recd: **10/13/23** Member ID: **W215424341** Patient Account: **0.3082898**

Member: **JEFFREY S RUDY**

Group Name: **AUSTIN INDEPENDENT SCHOOL DISTRICT**

Product: **Open Access Aetna Select<sup>SM</sup>**

DIAG: **M5416, M4806/2, M5137**

Group Number: **0737540-16-009 BD V1+\$Q0**

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
07/24/23	22	9595526		1,755.00	0.00		1,755.00	1				0.00
07/24/23	22	95941		5,520.00	0.00		5,520.00	1				0.00
07/24/23	22	9593826	1.0	3,107.00	52.15		3,054.85	2				52.15
07/24/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
07/24/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
		XU										
<b>TOTALS</b>				<b>13,610.00</b>	<b>52.15</b>		<b>13,557.85</b>					<b>52.15</b>

**ISSUED AMT: \$52.15**

**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

**Continued on Next Page**



P.O. BOX 14079  
LEXINGTON KY 40512-4079  
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## Explanation Of Benefits

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PHYSICIAN OVERSIGHT LLC  
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PHOENIX AZ 85038-9650

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

**PHYSICIAN OVERSIGHT, LLC**  
**PIN:** 0006484765  
**TIN:** XXXXXXXX2512  
**Trace Number:** 823289000164446  
**Trace Amount:** \$3,239.98

**Patient Name: JEFFREY S RUDY (self)**

**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](mailto: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**  
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:** \$52.15

**Patient Name: NICHOLAS A GARCIA (son)**

Claim ID: **E536627MT00** Recd: **10/10/23** Member ID: **W161705415** Patient Account: **0.3083315**

Member: **SARAH SCOTT**

Group Name: **CVS PHARMACY, INC.**

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

DIAG: **M5417**

Group Number: **0141974-10-002 B P1WQ'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
07/24/23	21	9599926		3,600.00	0.00		3,600.00	1				0.00
07/24/23	21	9595526		1,755.00	0.00		1,755.00	1				0.00
07/24/23	21	95941		2,760.00	0.00		2,760.00	1				0.00
07/24/23	21	9593826		3,107.00	0.00		3,107.00	1				0.00
07/24/23	21	9592926		2,459.00	0.00		2,459.00	1				0.00
07/24/23	21	9586126		1,614.00	0.00		1,614.00	1				0.00
<b>TOTALS</b>				<b>15,295.00</b>			<b>15,295.00</b>					<b>0.00</b>

**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,

**Continued on Next Page**



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USA

## Explanation Of Benefits

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**Payment Address:**  
PHYSICIAN OVERSIGHT LLC  
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PHOENIX AZ 85038-9650

**Printed:** 10/16/2023  
**Page:** 11 of 18

**PIN:** 0006484765  
**TIN:** XXXXXXXX2512  
**Trace Number:** 823289000164446  
**Trace Amount:** \$3,239.98

PHYSICIAN OVERSIGHT, LLC

**Patient Name: NICHOLAS A GARCIA (son)**

**Remarks (contd):**

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)

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: \$0.00  
Claim Payment: \$0.00

**Patient Name: RAYMOND J SIMNICK (self)**

Claim ID: E3TX544BX00 Recd: 08/24/23 Member ID: W278340717 Patient Account: 0.2989541

Member: RAYMOND J SIMNICK

Group Name: FIRSTSERVICE RESIDENTIAL, INC.

Product: Open Access Aetna SelectSM

DIAG: M4316

Group Number: 0109073-10-401 A V1//U0

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
05/03/23	21	95999		7,200.00	0.00		7,200.00	1			7,200.00	0.00
05/03/23	21	95941		13,800.00	0.00		13,800.00	1			13,800.00	0.00
05/03/23	21	9593826		3,107.00	0.00		3,107.00	1			3,107.00	0.00
05/03/23	21	9590826		437.00	0.00		437.00	1			437.00	0.00
05/03/23	21	9588626		2,972.00	0.00		2,972.00	2				0.00
05/03/23	21	9588626		2,972.00	0.00		2,972.00	2				0.00
		XU										
<b>TOTALS</b>				<b>30,488.00</b>			<b>30,488.00</b>				<b>24,544.00</b>	<b>0.00</b>

**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]

Continued on Next Page



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**Payment Address:**  
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PHOENIX AZ 85038-9650

**Printed:** 10/16/2023  
**Page:** 12 of 18

**PHYSICIAN OVERSIGHT, LLC**  
**PIN:** 0006484765  
**TIN:** XXXXXXXX2512  
**Trace Number:** 823289000164446  
**Trace Amount:** \$3,239.98

**Patient Name: RAYMOND J SIMNICK** (self)

**Remarks (contd):**

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: \$24,544.00

Claim Payment: \$0.00

**Patient Name: JOSHUA R SLUDER** (self)

Claim ID: **ENY17QDCJ02** Recd: **08/24/23** Member ID: **W269992942** Patient Account: **0.3057223**

Member: **JOSHUA R SLUDER**

Group Name: **SYSCO CORPORATION**

Product: **Aetna Choice® POS II**

DIAG: **M5416, M4316, M4789/6**

Group Number: **0174991-10-088 A P1.-R5**

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
06/29/23		95941	7.0	<b>SUBMITTED</b>				1				
		95941		2,760.00	0.00		2,760.00	2				0.00
								3				
06/29/23	21	95941		2,760.00	0.00		2,760.00	2				0.00
								3				
06/29/23	21	95941		2,760.00	0.00		2,760.00	2				0.00
								3				
06/29/23	21	95941		2,760.00	0.00		2,760.00	2				0.00
								3				
06/29/23	21	95941		2,760.00	0.00		2,760.00	2				0.00
								3				
06/29/23	21	95941	1.0	2,760.00	332.46		2,427.54	4				332.46
								3				
<b>TOTALS</b>				<b>16,560.00</b>	<b>332.46</b>		<b>16,227.54</b>					<b>332.46</b>

**ISSUED AMT: \$332.46**

**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]
- 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 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

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

## Explanation Of Benefits

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PHOENIX AZ 85038-9650

Printed: 10/16/2023  
Page: 13 of 18

PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823289000164446  
Trace Amount: \$3,239.98

**Patient Name: JOSHUA R SLUDER** (self)

**Remarks (contd):**

via email at FederalINSA@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: **ENY17QDCJ00** Recd: **08/24/23** Member ID: **W269992942** Patient Account: **0.3057223**  
Member: **JOSHUA R SLUDER**  
Group Name: **SYSCO CORPORATION**  
Product: **Aetna Choice® POS II**

DIAG: **M5416, M4316, M4789/6**  
Group Number: **0174991-10-088 A P1.-R5**  
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
06/29/23	21	95999		9,000.00	0.00		9,000.00	1				0.00
06/29/23	21	9593926		3,814.00	0.00		3,814.00	1				0.00
06/29/23	21	9593826		3,107.00	0.00		3,107.00	1				0.00
06/29/23	21	9590926		555.00	0.00		555.00	1				0.00
06/29/23	21	9588626		2,972.00	0.00		2,972.00	1				0.00
06/29/23		95941	7.0	SUBMITTED				2				
		95941		2,760.00	0.00		2,760.00	3			2,760.00	0.00
								4				
<b>TOTALS</b>				<b>22,208.00</b>			<b>22,208.00</b>				<b>2,760.00</b>	<b>0.00</b>

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

Claim ID: **ENY17QDCJ03** Recd: **08/24/23** Member ID: **W269992942** Patient Account: **0.3057223**  
Member: **JOSHUA R SLUDER**  
Group Name: **SYSCO CORPORATION**  
Product: **Aetna Choice® POS II**

DIAG: **M5416, M4316, M4789/6**  
Group Number: **0174991-10-088 A P1.-R5**  
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
06/29/23	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:**  
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PHOENIX AZ 85038-9650

Printed: 10/16/2023  
Page: 14 of 18

PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823289000164446  
Trace Amount: \$3,239.98

**Patient Name: JOSHUA R SLUDER (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
06/29/23	21	9582226	1.0	1,755.00	62.75		1,692.25	2				62.75
<b>TOTALS</b>				<b>4,727.00</b>	<b>62.75</b>		<b>4,664.25</b>					<b>62.75</b>

Less Amount Already Paid \$62.75

**ISSUED AMT: NO PAY**

### 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)

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: \$2,760.00  
Claim Payment: \$332.46

**Patient Name: KRISTINE E VANDERHORST (self)**

Claim ID: EGJM8N8HM01 Recd: 10/11/23 Member ID: W222410600 Patient Account: 0.3081831  
Member: KRISTINE E VANDERHORST  
Group Name: COSTCO WHOLESALE CORPORATION  
Product: Open Access Aetna Select<sup>SM</sup>

DIAG: M5416, M5459  
Group Number: 0169579-16-001 AO V1=\_%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	PENDING	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/24/23	22	95999		3,600.00	0.00		3,600.00	1				0.00
<b>TOTALS</b>				<b>3,600.00</b>			<b>3,600.00</b>					<b>0.00</b>

**ISSUED AMT: NO PAY**

### Remarks:

- To consider this charge, we need you to send us:
  - A full description of the service and the itemized bill
  - Clinical documentation that supports the medical necessity of the billed service (which includes the

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:** 10/16/2023  
**Page:** 15 of 18

**PHYSICIAN OVERSIGHT, LLC**  
**PIN:** 0006484765  
**TIN:** XXXXXXXX2512  
**Trace Number:** 823289000164446  
**Trace Amount:** \$3,239.98

**Patient Name: KRISTINE E VANDERHORST (self)**

**Remarks (contd):**

primary diagnosis)

- Copies of current history and physical exam, office or nursing notes, operative reports, lab or diagnostic testing results, if they apply
- Copies of documentation from the ordering physician which includes the expected period of time they need the drug or equipment, medical history and/or physical exam report that supports medical necessity of the drug or equipment and copies of drug administration notes, if they apply

You can find our Clinical Policy Bulletins at:

<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, 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 denial at that time.

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 the peer review. To schedule the 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. [ICMN-970]

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

Claim ID: **EGJM8N8HM00** Recd: **10/11/23** Member ID: **W222410600** Patient Account: **0.3081831**

Member: **KRISTINE E VANDERHORST**

Group Name: **COSTCO WHOLESALE CORPORATION**

Product: **Open Access Aetna Select<sup>SM</sup>**

DIAG: **M5416, M5459**

Group Number: **0169579-16-001 AO V1=\_%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
07/24/23	22	9595526		1,755.00	0.00		1,755.00	1				0.00
07/24/23	22	95941		2,760.00	0.00		2,760.00	1				0.00
07/24/23	22	9593826	1.0	3,107.00	61.31		3,045.69	2				61.31
07/24/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
07/24/23	22	9586126		1,614.00	0.00		1,614.00	1				0.00
		XU										
<b>TOTALS</b>				<b>10,850.00</b>	<b>61.31</b>		<b>10,788.69</b>					<b>61.31</b>

**ISSUED AMT: \$61.31**

**Remarks:**

1 - Charges for, or in connection with services or supplies that are considered to be experimental or investigational are excluded from coverage

**Continued on Next Page**



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LEXINGTON KY 40512-4079  
USA

## Explanation Of Benefits

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

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

**PHYSICIAN OVERSIGHT, LLC**  
**PIN:** 0006484765  
**TIN:** XXXXXXXX2512  
**Trace Number:** 823289000164446  
**Trace Amount:** \$3,239.98

**Patient Name: KRISTINE E VANDERHORST (self)**

**Remarks (contd):**

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 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 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:** \$61.31

**Patient Name: STEVE WARNER (spouse)**

**Claim ID: EXT6T6MY01** **Recd: 10/02/23** **Member ID: W239667908** **Patient Account: 0.3145383**

**Member: DAWN E WARNER**

**Group Name: LOCKHEED MARTIN CORPORATION**

**Product: Aetna Choice® POS II**

**DIAG: M4806/2, M5137, M5117**

**Group Number: 0868514-13-183 AB P1%U'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
09/18/23	21	9588626	2.0	2,972.00	2,570.00		402.00	1	2,570.00		2,972.00	0.00
								2				
09/18/23	21	9588626	2.0	2,972.00	2,570.00		402.00	1	2,570.00		2,972.00	0.00
		XU						3				
								2				
<b>TOTALS</b>				<b>5,944.00</b>	<b>5,140.00</b>		<b>804.00</b>		<b>5,140.00</b>		<b>5,944.00</b>	<b>0.00</b>

**ISSUED AMT:**

**NO PAY**

**Remarks:**

- 1 - This amount is over the recognized charge for this service. We determine the recognized charge based on the geographic area, the member's plan and we calculate it based on either:

- The FAIR Health percentile
- The plan's nonparticipating fee schedule

We believe our payment to you was fair. If you have more information or questions, let us know. Use the number on this statement. [551]

- 2 - You are not part of our network. We applied the out-of-network benefit level to the covered services on this claim. If the member signed a consent form you gave them, the claim is correct and the member is responsible for any balance shown. If the member didn't sign a consent form, or you didn't give them a consent form, and you provided services per the Federal No Surprises Act, call us so we can reconsider the claim under the Act's requirements. [FDI]

**Continued on Next Page**





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## Explanation Of Benefits

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PHYSICIAN OVERSIGHT LLC  
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PHOENIX AZ 85038-9650

Printed: 10/16/2023  
Page: 17 of 18

PHYSICIAN OVERSIGHT, LLC  
PIN: 0006484765  
TIN: XXXXXXXX2512  
Trace Number: 823289000164446  
Trace Amount: \$3,239.98

**Patient Name: STEVE WARNER** (spouse)

**Remarks (contd):**

3 - [ON6]

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

Claim ID: **EXTX6T6MY00** Recd: **10/02/23** Member ID: **W239667908** Patient Account: **0.3145383**  
Member: **DAWN E WARNER**  
Group Name: **LOCKHEED MARTIN CORPORATION**  
Product: **Aetna Choice® POS II**

DIAG: **M4806/2, M5137, M5117**  
Group Number: **0868514-13-183 AB P1%U'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
09/18/23	21	95999		9,000.00	0.00		9,000.00	1				0.00
								2				
09/18/23	21	9595526		1,755.00	0.00		1,755.00	1				0.00
09/18/23	21	95941		5,520.00	0.00		5,520.00	1				0.00
09/18/23	21	9593826		3,107.00	0.00		3,107.00	1				0.00
								2				
09/18/23	21	9592926		2,459.00	0.00		2,459.00	1				0.00
								2				
09/18/23	21	9590826		437.00	0.00		437.00	1				0.00
								2				
<b>TOTALS</b>				<b>22,278.00</b>			<b>22,278.00</b>					<b>0.00</b>

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

**Continued on Next Page**



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LEXINGTON KY 40512-4079  
USA

## Explanation Of Benefits

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

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

**PIN:** 0006484765  
**TIN:** XXXXXXXX2512  
**Trace Number:** 823289000164446  
**Trace Amount:** \$3,239.98

**Patient Name:** STEVE WARNER (spouse)

**Remarks (contd):**

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]

- 2 - You are not part of our network. We applied the out-of-network benefit level to the covered services on this claim. If the member signed a consent form you gave them, the claim is correct and the member is responsible for any balance shown. If the member didn't sign a consent form, or you didn't give them a consent form, and you provided services per the Federal No Surprises Act, call us so we can reconsider the claim under the Act's requirements. [FDI]

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:	\$5,944.00
Claim Payment:	\$0.00

**Total Payment to: PHYSICIAN OVERSIGHT, LLC**

**\$3,239.98**

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.