



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

EDGE NEURODIAGNOSTICS PLLC
7050 BROOKHOLLOW WEST DR UNIT 41749
HOUSTON TX 77241-0833

Claim Payment

Please Retain for Future Reference

Printed: 10/12/2023
Page: 1 of 2

EDGE NEURODIAGNOSTIC, PLLC

PIN: 0007161997

TIN: XXXXXXXX0275

Trace Number: 823285000194169

Trace Amount: \$3,919.30

Aetna Life Insurance Company or an Affiliated Company
as Agent for Specified Payer(s)
P.O. BOX 981106
EL PASO TX 79998-1106
USA

ID No: XXXXXXXX0275
Seq No: 000000004

Trace No: 000194169

Acct: 09046

51 - 44
10-12-2023 119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAYER
PAY

THE JOHN HENNINGSON COMPANY
Three Thousand Nine Hundred Nineteen Dollars and 30/100

VOID AFTER ONE YEAR

*****\$3,919.30

TO THE
ORDER OF
Bank of America

EDGE NEURODIAGNOSTICS PLLC
7050 BROOKHOLLOW WEST DR UNIT 41749
HOUSTON TX 77241-0833

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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

Payment Address:

EDGE NEURODIAGNOSTICS PLLC
7050 BROOKHOLLOW WEST DR UNIT 41749
HOUSTON TX 77241-0833

Provider Address:

EDGE NEURODIAGNOSTIC, PLLC
7050 BROOKHOLLOW WEST DR UNIT 41749
HOUSTON TX 77241-0833

Explanation Of Benefits

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Medical providers: sign up before it's your turn

Enroll for directly deposited payments. Just go to **PayerEnrollServices.com**. If you don't enroll to receive payments by direct deposit, you may receive future payments by virtual credit card. You can get electronic Explanation of Benefits (EOB) statements from our provider portal on Availity®. To do so, go to **Availity.com** and register.

Patient Name: SHELBRINA YOUNG (self)

Claim ID: P2PC6P1XB00 Recd: 06/21/23 Member ID: 0001032158 Patient Account: 0.3021875

Member: SHELBRINA YOUNG

Group Name: THE DOW CHEMICAL COMPANY

Product: Aetna Choice® POS II

DIAG: M54.12, M47.812, M50.20

Group Number: 0109190-11-100 AC P1B090

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
05/30/23	22	95941	1.0	2,760.00	2,760.00							2,760.00
05/30/23	22	9593926	1.0	3,814.00	3,814.00							3,814.00
05/30/23	22	9593826	1.0	3,107.00	3,107.00							3,107.00
05/30/23	22	9586826		1,310.00	0.00		1,310.00	1				0.00
05/30/23	22	9586826		1,310.00	0.00		1,310.00	1				0.00
TOTALS				12,301.00	9,681.00		2,620.00					9,681.00

Adjusted Payment Made to Member

\$5,761.70

ISSUED AMT:

\$3,919.30

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]

We denied or reduced one or more services on this claim. 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. [FDX]

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:

\$5,761.70

Claim Payment:

\$3,919.30

Total Payment to: EDGE NEURODIAGNOSTIC, PLLC

\$3,919.30

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.