



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

Summary of Claim Payment

Please Retain for Future Reference

Printed: 10/12/2023
Page: 1 of 5

Monitoring Associates LLC
TIN: XXXXXX2508
Trace Number: 882328401021999
Trace Amount: \$459.00

MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Notes: Enclosed is a group payment to the XXXXXX2508. Below is a itemization of the check. Please refer to the attached statements of details.

Breakdown of Payment(s) Issued:

NAME	PIN	ISSUED AMT
Maria A De Jesus	0007051585	\$254.84
Jonathan D Burns	0009730214	\$204.16
TOTAL ISSUED AMOUNT		\$459.00

TOTAL TRACE AMOUNT: \$459.00



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ID No: XXXXXX2508
Seq No: 000000004

Trace No: 401021999
Acct: 09146

51 - 44
10-12-2023 119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

TO THE
ORDER OF
Bank of America

MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Four Hundred Fifty Nine Dollars and 00/100

VOID AFTER ONE YEAR
*****\$459.00

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Provider Address:
Maria A De Jesus
PO Box 29650
Phoenix AZ 85038

Printed: 10/12/2023
Page: 2 of 5

PIN: Maria A De Jesus
0007051585
TIN: XXXXXXXX2508
Trace Number: 882328401021999
Trace Amount: \$459.00

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: **Ronnie D Sedberry** (self)

Claim ID: EPY18J69L03 Recd: 10/05/23 Member ID: 101266112800 Patient Account: 0.2830319

Member: **Ronnie D Sedberry**

DIAG: **M48.07, M54.16**

Group Name: **Medicare (S02) ESA PPO Plan**

Group Number: **100028-02EG 0004**

Product: **ESA - Medicare MA (Aetna)**

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/16/22	22	9593826	1.0	3,107.00			0.90	1				44.20
							3,061.90	2				
12/16/22	22	9595526	1.0	1,755.00			1.06	1				51.86
							1,702.08	2				
12/16/22	22	9586126	1.0	1,614.00			1.62	1				79.39
							1,532.99	2				
12/16/22	22	9586126	1.0	1,614.00			1.62	1				79.39
		XU					1,532.99	2				
12/16/22	22	95999		7,200.00			7,200.00	3				0.00
TOTALS				15,290.00			15,035.16					254.84

ISSUED AMT: \$254.84

Remarks:

1 - This adjustment in provider payment reflects recent changes made in CMS/Medicare reimbursement levels due to sequestration. The members cost share is not affected by this adjustment. We have deducted the members cost share from the original allowed amount and withheld the sequestration adjustment of the remaining balance payable to the provider. [M52]

2 - Payment made according to Medicare allowable rate. [P49]

3 - We need more details to complete our review. Please send us:

1. The clinical details to support the medical necessity for this service. This includes details around the drugs, DME and implants.

2. Copies of current history and the physical exam, office or nursing notes, operative report, lab or diagnostic testing results, administration notes and air ambulance transportation records, if it applies

3. The diagnosis and the expected period-of-time the member will need the drug or equipment

4. If billing an unlisted code, a complete description of the service and the itemized bill

5. If photos are a part of the clinical records, please send copies since originals will not be returned

To ensure proper identification and tracking of this claim, we'll need the subscriber's name, patient's name and the subscriber's ID number. Just attach the information to this document and return it to us at P.O. Box 14089, Attn: ICMC, Lexington, KY 40512. Or, to expedite this process, you can fax the information to 859-455-8650. You have 45 days from the date of this statement to send us this information. If we don't receive it, we'll deny the claim. You will have a right to appeal the denial at that time. [D41]

Continued on Next Page



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Printed: 10/12/2023
Page: 3 of 5

PIN: Maria A De Jesus
0007051585
TIN: XXXXXXXX2508
Trace Number: 882328401021999
Trace Amount: \$459.00

Patient Name: Ronnie D Sedberry (self)

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO TX 79998-1106
USA

CALL 1-800-624-0756 FOR ASSISTANCE

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

Total Patient Responsibility: \$0.00
Claim Payment: \$254.84

Total Payment to: Maria A De Jesus

\$254.84

If you are a non-contracted provider and disagree with our decision, you can appeal using the information provided below:

Pursuant to federal regulations governing the Medicare Advantage program, non-contract providers may request reconsideration of a Medicare Advantage plan payment denial determination. To appeal a claim denial, submit a written request within 60 days of the remittance notification date and include:

- A statement indicating factual or legal basis for appeal
- A signed waiver of liability form
http://www.aetnamedicare.com/documents/individual/website/provider_waiver_of_liability.pdf
- A copy of the original claim
- A copy of remit notice showing the denial
- Any additional information, clinical record or documentation

Mail the appeal request to:
Medicare Part C Appeals
P.O. Box 14067
Lexington KY 40512
Fax: 724-741-4953

If you are a contracted provider and disagree with our decision, you can dispute using the information provided below:

Mail the appeal request to:
Medicare Provider Appeals
P.O. Box 14835
Lexington KY 40512
Fax: 860-900-7995



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Payment Address:
MONITORING ASSOCIATES LLC
PO Box 29650
Phoenix AZ 85038

Provider Address:
Jonathan D Burns
PO Box 29650
Phoenix AZ 85038

Explanation Of Benefits

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Printed: 10/12/2023
Page: 4 of 5

PIN: Jonathan D Burns
TIN: 0009730214
Trace Number: XXXXXXXX2508
Trace Amount: 882328401021999 \$459.00

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Patient Name: NANCY E PIERCE (self)

Claim ID: E3AC61TN403 Recd: 10/07/23 Member ID: 101117162900 Patient Account: 0.2834641

Member: NANCY E PIERCE

DIAG: M48.062, M43.16

Group Name: Aetna Medicare Choice II Plan (PPO)

Group Number: 000003-TX00 0017

Product: PPO - Medicare (Aetna)

Contract State: TX

Funding: Insured

Aetna Health and 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
12/20/22	22	9593826	1.0	3,107.00			0.54	1		17.91	17.91	26.33
							3,062.22	2				
12/20/22	22	9595526	1.0	1,755.00			0.63	1		21.05	21.05	34.03
							1,702.38	3				
								2				
12/20/22	22	9590826	1.0	437.00			0.79	1		26.17	26.17	38.46
							371.58	2				
12/20/22	22	9588626	2.0	2,972.00			1.07	1		35.82	35.82	52.67
							2,882.44	2				
12/20/22	22	9588626	2.0	2,972.00			1.07	1		35.82	35.82	52.67
		XU					2,882.44	2				
12/20/22	22	95999		7,200.00			7,200.00	4				0.00
TOTALS				18,443.00			18,105.16			136.77	136.77	204.16

ISSUED AMT: \$204.16

Remarks:

- 1 - This adjustment in provider payment reflects recent changes made in CMS/Medicare reimbursement levels due to sequestration. The members cost share is not affected by this adjustment. We have deducted the members cost share from the original allowed amount and withheld the sequestration adjustment of the remaining balance payable to the provider. [M52]
- 2 - Payment made according to Medicare allowable rate. [P49]
- 3 - The amount paid reflects a physician incentive for performing services in a zip code area that is qualified for the Health Professional Shortage Areas (HPSA) bonus program. [MI7]
- 4 - We need more details to complete our review. Please send us:

1. The clinical details to support the medical necessity for this service. This includes details around the drugs, DME and implants.
2. Copies of current history and the physical exam, office or nursing notes, operative report, lab or diagnostic testing results, administration notes and air ambulance transportation records, if it applies
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Continued on Next Page



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Page: 5 of 5

PIN: Jonathan D Burns
0009730214
TIN: XXXXXXXX2508
Trace Number: 882328401021999
Trace Amount: \$459.00

Patient Name: NANCY E PIERCE (self)

Remarks (contd):

you can fax the information to 859-455-8650. You have 45 days from the date of this statement to send us this information. If we don't receive it, we'll deny the claim. You will have a right to appeal the denial at that time. [D41]

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Total Patient Responsibility:	\$136.77
Claim Payment:	\$204.16

Total Payment to: Jonathan D Burns

\$204.16

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- A signed waiver of liability form
http://www.aetnamedicare.com/documents/individual/website/provider_waiver_of_liability.pdf
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- A copy of remit notice showing the denial
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Lexington KY 40512
Fax: 860-900-7995

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.