



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

Claim Payment

Please Retain for Future Reference

Printed: 10/10/2023
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PHYSICIAN OVERSIGHT, LLC

PIN: 0006484765
TIN: XXXXXXXX2512
Trace Number: 823283000152117
Trace Amount: \$268.99

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: 000152117
Acct: 38209133

10-10-2023 62 - 20
311

NON-NEGOTIABLE NON-NEGOTIABLE

PAY

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

TO THE
ORDER OF

Citibank N.A.
New Castle, DE 19720

VOID AFTER ONE YEAR
*****\$268.99

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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Explanation Of Benefits

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Payment Address:

PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

Provider Address:

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

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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: **CARREE D WHITTEN** (self)

Claim ID: **EFY18CG9B00** Recd: **09/25/23** Member ID: **W239363474** Patient Account: **0.3054305**

Member: **CARREE D WHITTEN**

Group Name: **RURAL CARRIER BENEFIT PLAN**

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

DIAG: **M461, M5416, M5459**

Group Number: **0285631-10-002 C P1,-Y0**

Network ID: **00000**

Funding: **Self-funded**

RURAL CARRIER BENEFIT PLAN

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
06/27/23	22	95941		2,760.00	0.00		2,760.00	1				0.00
06/27/23	22	9593826	1.0	3,107.00	57.67		3,049.33	2				57.67
06/27/23	22	9586126	1.0	1,614.00	105.66		1,508.34	2				105.66
		XU										
06/27/23	22	9586126	1.0	1,614.00	105.66		1,508.34	2				105.66
		XU										
06/27/23	22	9582226		1,755.00	0.00		1,755.00	3				0.00
		XU										
TOTALS				10,850.00	268.99		10,581.01					268.99

ISSUED AMT: \$268.99

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]
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 (800) 638-8432 FOR ASSISTANCE

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

Total Patient Responsibility: \$0.00

Claim Payment: \$268.99

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PHYSICIAN OVERSIGHT LLC
PO BOX 29650
PHOENIX AZ 85038-9650

PHYSICIAN OVERSIGHT, LLC

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TIN: XXXXXXXX2512

Trace Number: 823283000152117

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Total Payment to: PHYSICIAN OVERSIGHT, LLC

\$268.99

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.