



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 03/24/2023

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INDIAN PATH COMMUNITY HOSPITAL

PIN: 0006530395

TIN: XXXXXXXX6282

NO PAY

INDIAN PATH COMMUNITY HOSPITAL
PO BOX 746465
ATLANTA GA 30374-6465

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: ALICE K ANDERSON (self)

Claim ID: EJFC4X9TP00 Recd: 03/17/23 Member ID: W239290372 Patient Account: HB110085743401

Member: ALICE K ANDERSON

DIAG: C73, C73, E890

Group Name: RURAL CARRIER BENEFIT PLAN

Group Number: 0285631-10-003 G P1,-00

Product: Aetna HealthFund® Aetna Choice® POS II

Network ID: 00667 AETNA CHOICE POS II

RURAL CARRIER BENEFIT PLAN

Network Status: In-Network

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/14/23	22	300		42.00			42.00	1				0.00
03/14/23	22	301	1.0	178.00	117.48							117.48
03/14/23	22	301	1.0	164.00	108.24							108.24
03/14/23	22	301	1.0	107.00	70.62							70.62
03/14/23	22	302	1.0	168.00	110.88							110.88
03/14/23	22	305	1.0	82.00	54.12							54.12
TOTALS				741.00	461.34		42.00					461.34

ISSUED AMT: \$461.34

Remarks:

1 - This charge is incidental to another service. The member does not owe this amount. [780]

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: \$461.34

Patient Name: DENNY L JESSEE (self)

Claim ID: EWY13F8SS00 Recd: 03/23/23 Member ID: W239277770 Patient Account: HB110084919700

Member: DENNY L JESSEE

DIAG: G47.33, G47.33, I10

Group Name: RURAL CARRIER BENEFIT PLAN

Group Number: 0285631-14-007 AY P1,{A0

Product: Aetna HealthFund® Aetna Choice® POS II

Network ID: 00667 AETNA CHOICE POS II

RURAL CARRIER BENEFIT PLAN

Network Status: In-Network

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/06/23	22	519	1.0	114.00			9.18	1				104.82
TOTALS				114.00			9.18					104.82

Less Amount Paid by Other Health Plan \$83.85

ISSUED AMT: \$20.97

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