

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

Explanation Of Benefits

TIN:

Please Retain for Future Reference

Printed: 09/12/2022 Page: 1 of 2

RUSSELL COUNTY MEDICAL CENTER PIN: 0006560300

> XXXXXXXX6282 NO PAY

RUSSELL COUNTY MEDICAL CENTER 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: MOSLEY A PERRIGAN (daughter)

Claim ID: EXTXZVNBQ00 Recd: 09/09/22 Member ID: W244041822 Patient Account: HB190020797300

Member: SAMUEL PERRIGAN

Group Name: THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE Group Number: 0699000-10-353 IS P1`\$E0 Product: Aetna Choice® POS II Network ID: 01291 AETNA CHOICE POS II

Aetna Life Insurance Company Network Status: In-Network SERVICE PL SERVICE SUBMITTED CHARGES NEGOTIATED COPAY AMOUNT NOT SFF DEDUCTIBLE CO INSURANCE PATIENT RESP PAYARI F REMARKS DATES CODE SVCS AMOUNT PAYABLE AMOUNT 09/07/22 22 306 1.0 124.00 22.79 22.79 22.79 0.00 **TOTALS** 124.00 22.79 22.79 22.79 0.00

> **ISSUED AMT: NO PAY**

DIAG: R05.9, R05.9

\$22.79

Claim ID: EXTXZVNBQ01 Recd: 09/10/22 Member ID: W244041822 Patient Account: HB190020797300

Member: SAMUEL PERRIGAN DIAG: R05.9, R05.9 Group Name: THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE Group Number: 0699000-10-353 IS P1`\$E0

Network ID: 01291 AETNA CHOICE POS II Product: Aetna Choice® POS II Aetna Life Insurance Company Network Status: In-Network

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SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT	
09/07/22	22	306	1.0	124.00	22.79							22.79	
TOTALS			124.00	22.79							22.79		

ISSUED AMT: \$22.79

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: \$22.79 Claim Payment:

Recovered From This Payment \$22.79

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.