



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

Claim Payment

Please Retain for Future Reference

Printed: 12/23/2024

Page: 1 of 3

SADAF S MAKNOJIA DDS

PIN: 0006565123

TIN: XXXXXXXX2844

Check Number: 08608-061540152

Check Amount: \$1,528.29

PREMIER DENTAL STUDIO AND PEDIATRICS, PLLC
6940 KATY GASTON RD STE 200
KATY TX 77494-6480



Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106
USA

ID No: XXXXXXXX2844
Seq No: 000000004

Check No: 061540152

Acct: 38208999

62 - 20

12-23-2024

311

POLICYHOLDER MULTIPLE

PAY One Thousand Five Hundred Twenty Eight Dollars and 29/100

TO THE ORDER OF PREMIER DENTAL STUDIO AND PEDIATRICS, PLLC
6940 KATY GASTON RD STE 200
KATY TX 77494-6480
Citibank N.A.
New Castle, DE 19720

VOID AFTER ONE YEAR

*****\$1,528.29

VOID VOID

766 (10-02)

C061540152C A031100209A

38208608C



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:

PREMIER DENTAL STUDIO AND PEDIATRICS, PLLC
6940 KATY GASTON RD STE 200
KATY TX 77494-6480

Provider Address:

SADAF S MAKNOJIA DDS
6940 KATY GASTON RD STE 200
KATY TX 77494-6480

Printed: 12/23/2024
Page: 2 of 3

SADAF S MAKNOJIA DDS
PIN: 0006565683
TIN: XXXXXXXX2844
Check Number: 08608-061540152
Check Amount: \$1,528.29

Patient Name: POVINA KALI (self)

Claim ID: EMJNKNB1100 Recd: 12/20/24 Member ID: K751150983

Patient Account: ABCJY7F05

Member: POVINA KALI

Group Name: PIONEER MUTUAL FEDERAL CREDIT UNION

Group Number: 0138649-31-003 I RA4-H0

Product: Freedom of Choice

Network ID: 04438 CONNECTION DENTAL PPO II

Aetna Life Insurance Company

Network Status: In-Network

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/19/24	D2740	D2792	14		1.0	1,550.00	1,258.59			78.00 1	50.00	565.30	693.30	565.29
12/19/24	D2391	D2140	31	O	1.0	263.00	180.47			34.42 1		26.98	72.57	107.90
										11.17 2				
12/19/24	D2391	D2140	30	O		263.00	180.47			34.42 1			180.47	0.00
										146.05 2				
12/19/24	D2391	D2140	02	O		263.00	180.47			34.42 1			180.47	0.00
										146.05 2				
TOTALS						2,339.00	1,800.00			484.53	50.00	592.28	1,126.81	673.19

ISSUED AMT: \$673.19

Remarks:

- Under this patient's dental plan, if you can treat this condition with more than one service, we may only cover the one that costs less. We applied an alternate benefit for this claim. The member owes their plan's copayment for the alternate service. They also owe the difference between the approved fees for the service done and the alternate service. For full disclosure of the Downcoding and Bundling Policies, Procedures and Practices, please access AetnaDental.com. You may also ask us for these in writing. [RVRC - A20]
- We have paid the maximum benefit allowed by the member's dental plan for this benefit year. 203

For questions regarding this claim or if you wish a review of this decision:

P.O. BOX 14094 LEXINGTON, KY 40512-4094
CALL (800) 451-7715 FOR ASSISTANCE

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

Total Patient Responsibility: \$1,126.81

Claim Payment: \$673.19

Patient Name: SHAH KHAN (self)

Claim ID: EZJNHL27W00 Recd: 12/12/24 Member ID: A557377628

Patient Account: HNUBYAD7K

Member: SHAH KHAN

Group Name: NIZARI PROGRESSIVE FEDERAL CREDIT UNION

Group Number: 0370953-31-010 AA ZJH:0

Product: Aetna Dental® PPO

Network ID: 04438 CONNECTION DENTAL PPO II

Aetna Life Insurance Company

Network Status: In-Network

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/11/24	D4341		URQ		1.0	355.00	244.69				50.00	19.47	69.47	175.22
12/11/24	D4341		LRQ		1.0	355.00	244.69					24.47	24.47	220.22
	D4341				1.0	SUBMITTED				1				
12/11/24	D4342		ULQ		1.0	355.00	165.13			2		16.51	16.51	148.62
	D4341				1.0	SUBMITTED				1				
12/11/24	D4342		LLQ		1.0	355.00	165.13			2		16.51	16.51	148.62

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Page: 3 of 3

SADAF S MAKNOJIA DDS
PIN: 0006565683
TIN: XXXXXXXX2844
Check Number: 08608-061540152
Check Amount: \$1,528.29

Patient Name: SHAH KHAN (self)

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/11/24	D2391		14	O	1.0	263.00	180.47					18.05	18.05	162.42
TOTALS						1,683.00	1,000.11				50.00	95.01	145.01	855.10

ISSUED AMT: \$855.10

Remarks:

- 1 - These service codes reflect the submitted codes. The service codes directly below the shaded lines indicate the service codes utilized for payment based upon our claim policies and rules. [998]
- 2 - Based upon review of the documentation, it appears there is a more appropriate ADA/CDT code for this service. This benefit determination reflects that code. For information on claim administration, please access <https://www.aetnadental.com/professionals/home.html>. [RVRC - B45]

For questions regarding this claim or if you wish a review of this decision:

P.O. BOX 14094 LEXINGTON, KY 40512-4094
CALL (800) 451-7715 FOR ASSISTANCE

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

Total Patient Responsibility: \$145.01
Claim Payment: \$855.10

Total Payment to: SADAF S MAKNOJIA DDS

\$1,528.29

CHANGES TO PARTICIPATING PROVIDER INFORMATION: Before submitting address and other changes, dentists should obtain instructions from [aetnadental.com](https://www.aetnadental.com). After logging in, simply click on "Helpful Links" or you can call our National Dentist Line at **1-800-451-7715**. Registering on [aetnadental.com](https://www.aetnadental.com) will give you access to demographic change forms, electronic claim/EOB records, Dental Office Guides, and other important information.

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.

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