

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

Payment Address: *018860*J280DUA1*042407*
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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 10/21/2024
Page: 2 of 2

PIN: 0006565683
TIN: XXXXXXXX2844
Check Number: 09822-048753448
Check Amount: \$265.08

Patient Name: IMRAN KHAN (spouse)

Claim ID: EMJNH66GT00 Recd: 10/18/24 Member ID: W202650

Member: MITA KACCHLA KHAN

Group Name: OCCIDENTAL PETROLEUM CORPORATION

Product: Aetna Dental® PPO

Group Number: 0370292-12-001 DP ZA9)20

Network ID: 04438 CONNECTION DENTAL PPO II

Network Status: In-Network

Aetna Life Insurance Company

Aetna Life Insurance Company											Network Status: In-Network		
SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/18/24	D4910		01		1.0	193.00	150.87				30.17	30.17	120.70
10/18/24	D2391		12	B	1.0	263.00	180.47				36.09	36.09	144.38
TOTALS						456.00	331.34				66.26	66.26	265.08

ISSUED AMT: \$265.08

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: \$66.26

Claim Payment:	\$265.08
----------------	----------

Total Payment to: SADAF S MAKNOJIA DDS

\$265.08

CHANGES TO PARTICIPATING PROVIDER INFORMATION: Before submitting address and other changes, dentists should obtain instructions from 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 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.

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved.

20241022B08 JDC0
Env [16,780] 2 of 2

J280DUA1
20241021 18860

F018860000002000002000J280DUA1230F