



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

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SADAF S MAKNOJIA DDS

PIN: [REDACTED]
TIN: XXXXXXXX2844
Check Number: [REDACTED]
Check Amount: [REDACTED]

Patient Name: RUKHSAR KARIM (self)

Claim ID: [REDACTED] Recd: 12/02/24 Member ID: [REDACTED]

Patient Account: [REDACTED]

Member: [REDACTED]

Group Name: [REDACTED]

Group Number: [REDACTED]

Product: Aetna Dental® PPO

Network ID: [REDACTED]

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
11/27/24	D0274		01		1.0	92.00	66.86							66.86
11/27/24	D0230		01		1.0	39.00	21.61							21.61
11/27/24	D0220		01		1.0	44.00	28.80							28.80
11/27/24	D0150		01		1.0	136.00	81.85							81.85
TOTALS						311.00	199.12							199.12

ISSUED AMT: \$199.12

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: \$0.00

Claim Payment: \$199.12

Total Payment to: SADAF S MAKNOJIA DDS

\$199.12

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.

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