

eviCore healthcare
PO Box 5620
Hartford, CT 06102



Date: 12/11/2025

DENIS DASARI
111 EDGEWATER CT
TOMS RIVER, NJ 08757

GIRISH AMIN
629 CRANBURY RD # 2
EAST BRUNSWICK, NJ 08816

TOMS RIVER X-RAY CENTER A
154 ROUTE 37 WEST
TOMS RIVER, NJ 08755

DOB: 8/13/1937
Member ID: 101871765300
Health Plan: Aetna
Requesting Practitioner: GIRISH AMIN
Requested Provider: TOMS RIVER X-RAY CENTER A
Authorization Number: A260954050

We approved your health care services

Dear DENIS DASARI:

We have received the request for coverage for service from the provider listed above. This notice is to inform you that the coverage for the requested service has been approved, subject to the requirements in this letter.

Authorized Service: CPT 78815 - Positron Emission
Tomography and Computed
Tomography (PET CT), a special
picture of your body from your head to
your thighs
Authorization Valid from/to: 12/11/2025 - 6/9/2026

Procedure	Description	Units Requested	Units Approved
78815	Positron Emission Tomography and Computed Tomography (PET CT), a special picture of your body from your head to your thighs	1	1

How we made our coverage decision

We use clinical guidelines from the Centers for Medicare & Medicaid Services (CMS), any applicable Aetna[®] clinical and supplemental policies and the member's plan to support these coverage decisions. You can find the Aetna clinical and supplemental policies at <https://go.aetna.com/aetnamedicareguidance>.

Coverage Approvals

We have approved coverage for the requested services based on the following:

- You are eligible for coverage under the plan.
- Your plan provides coverage for this service (does not determine whether you have exhausted this benefit).
- Services meet the criteria for medical necessity.

Any additional services that are not listed in this letter may also need authorization and/or precertification. For more information, call us at the number on your ID card.

Prior authorization/precertification requests are reviewed for medical necessity and plan benefits. All prior authorizations/precertifications are administered in accordance with applicable federal law.

We Protect Your Privacy:

Protecting the privacy of your health information is our top priority. If you call us with questions, we will confirm your identity first. We ask for your name, ID number and date of birth.

Report fraud or abuse:

If you suspect fraud or abuse involving your health benefits, call the toll free hotline at 1-800-338-6361 or email us at AetnaSIU@Aetna.com.

We're here to help

If you have questions, just call us at **1-800-282-5366 (TTY: 711)**. We're available 8 AM to 8 PM Eastern Time, 7 days a week.

Sincerely,

Aetna Medicare

We also sent a copy of this letter to:

CC: GIRISH AMIN

TOMS RIVER X-RAY CENTER A

Information for both participating and non-participating provider/practitioner: Please confirm the member's eligibility prior to service. The service is authorized only if the member is eligible at the time of service.

Information only for non-participating provider/practitioner: Reimbursement to non-participating providers will be based on Medicare laws, rules and regulations. Medicare regulations generally provide that non-participating providers must accept, as payment in full, the amounts that the provider could collect if the Medicare Advantage plan member were enrolled in original Medicare. (See, 42 C.F.R. § 422.214(a)).

All payments made to non-participating providers are subject to the CMS payment policies applicable to original Medicare.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con Servicios al Cliente al 1-800-282-5366 (TTY: 711). Horario de atención: de 8 a. m. a 8 p. m., los siete días de la semana.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. Our dual-eligible Special Needs Plan is available to anyone who has both Medical Assistance from the state and Medicare. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website at or call the phone number listed in this material.

In addition, your health plan provides auxiliary aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Your health plan also provides language assistance services, free of charge, for people with

limited English proficiency. If you need these services, call Customer Service at the phone number on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

Notice of Availability (NOA)

TTY: 711

To access language services at no cost to you, call the number on your ID card. (English)

እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ በመታወቂያ ካርድዎ (ID) ላይ ወዳለው ቁጥር ይደውሉ። (Amharic)

(Arabic) للحصول على خدمات اللغة مجاناً، اتصل بالرقم الموجود على بطاقة الهوية الخاصة بك.

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼。(Chinese)

Tajaaajila afaanii bilisaan argachuuf, lakkoofsa Waraqaa Eenyummeessaa (ID) keessan irra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro figurant sur votre carte d'identité. (French)

Pou w jwenn aksè ak sèvis lang gratis pou ou, rele nimewo ki sou kat idantite w la. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer auf Ihrem Ausweis an. (German)

Inā ake 'oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona 'oe i ka helu ma kou kāleka ID. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj nyob ntawm koj daim npav ID. (Hmong)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato sul tuo tesserino identificativo. (Italian)

無料の言語サービスをご利用いただくには、ご自身のIDカードに記載されている番号にお電話ください。(Japanese)

ລາກອາຮູ້ ດັ່ງນີ້ຕາມເອກະສານ ລາກລິ້ງລາກລິ້ງລາກລິ້ງ ລາກລິ້ງລາກລິ້ງ ລາກລິ້ງລາກລິ້ງ
ລາກລິ້ງ ລາກລິ້ງ ລາກລິ້ງ (Karen)

무료로 언어 서비스를 이용하려면 ID 카드에 적힌 전화번호로 전화하세요.
(Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ,
ໂທໂທຫາເບີທີຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅ
លើកាតសម្គាល់ខ្លួនរបស់អ្នក។ (Mon-Khmer, Cambodian)

(Persian) برای دسترسی به خدمات زبانی رایگان، با شماره مندرج روی کارت ID خود
تماس بگیرید.

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod
numer podany na karcie ID. (Polish)

Ligue para o número que está no seu cartão de identificação para
receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру
телефона, указанному на вашей идентификационной карте. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número
que figura en su tarjeta de identificación. (Spanish)

Upang ma-access ang mga serbisyo sa wika nang wala kang
babayaran, tawagan ang numero sa iyong ID card. (Tagalog)

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại trên
thẻ ID của quý vị. (Vietnamese)

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NOA-Medicare ID -1557-1