



HealthPayers USA
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MARYLAND HEIGHTS, MO 63043-2100

201406050121

Forwarding Service Requested

REFERENCE NUMBER:
201406050121-5994



1 OF 4 F

ENV 5994

5994 0.9170 AT 0.403

3-DIGIT 750



Sumana Ketha, Md Pa
2925 SKYWAY CIRCLE N
IRVING, TX 75038-3510

38

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P. O. BOX 4665
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64051-4665
(800) 821-6136
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Dale-Ann Marco CNP
2925 SKYWAY CIR N
IRVING, TX 75038-3510

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Please review the EOB on the reverse side of the page.



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Dale-Ann Marco CNP
2925 SKYWAY CIR N
IRVING, TX 75038-3510

Provider Remittance

Retain for your records.

06/03/2014

Page 2 of 2

Claim #: 140597073200 Patient Acct #: 38193Z5556 Provider: Dale-Ann Marco CNP
ID No: 21844731 Patient ID: 21844731-0
Member Name: Eugene Hervey Jr

Provider ID: 1102561006

Patient Name: Eugene Hervey Jr

Member Responsibility:

| Services: | To | TOS | Amount Billed | Amount Considered | Non-Covered | Provider | Provider Remarks | Member Deductible | Member Co-Pay | Member Co-Insurance | Member Non-Covered | Member Responsibility | Member Remarks | Plan Payment |
|--------------|------------|------------|---------------|-------------------|-------------|----------|------------------|-------------------|---------------|---------------------|--------------------|-----------------------|----------------|--------------|
| From | 05/15/2014 | 05/15/2014 | DOC1 | \$147.02 | \$0.00 | \$147.02 | HX1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 |
| Total Claim: | | | | \$147.02 | \$0.00 | \$147.02 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 |

Individual Deductible Satisfied: \$0.00

Family Deductible Satisfied: \$0.00

Family Out of Network Out of Pocket Satisfied: \$0.00

Claim Summary

Amount Billed: \$147.02
Amount Allowed: \$0.00
Other Carrier Payment: \$0.00
Other Coverage Allowed: \$0.00
Provider Non-Covered: \$147.02
Member Non-Covered: \$0.00
Member Responsibility: \$0.00
Plan Paid: \$0.00

Total Paid Provider: \$0.00

Procedure

DOC1 Doctor Visit Inpatient

Remark Explanation

HX1 As A Secondary Carrier To Medicare, GEHA Does Not Have A Liability To Charges When Medicare Indicates No Patient Liability.

Check Adjustments

Network Messages

Continental Life Insurance Company
Of Brentwood, Tennessee
An Aetna Company
800 Crescent Centre Drive, Ste. 200
Franklin, TN 37067

aetnaSM



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Date: 06/02/14
Check #: 0058759755
Check Amount: 38.05
Payee ID: 201401614

Provider Payment Listing

| Patient Name: NELDIA MONCRIEF | | Provider NPI #: 1356565865 | | Policy/Certificate #: CLI2000197 | | | |
|--------------------------------------|-------------------|-----------------------------------|----------------------|---|---------------------------|----------------|---------------|
| Patient Account: 37740Z5556 | | Claim #: 22667302 | | | | | |
| DATES OF SERVICE FROM THROUGH | ACTUAL EXPENSE | MEDICARE APPROVED | DEDUCTIBLE AMOUNT | CO-PAY AMOUNT | PATIENT MAY BE BILLED* | AMOUNT PAID | SEE REMARK |
| 04/28/2014-04/28/2014 | 164.93 | 76.33 | 0.00 | 0.00 | 0.00 | 15.27 | 0001 |

| Patient Name: NELDIA MONCRIEF | | Provider NPI #: 1356565865 | | Policy/Certificate #: CLI2000197 | | | |
|--------------------------------------|-------------------|-----------------------------------|----------------------|---|---------------------------|----------------|---------------|
| Patient Account: 37692Z5556 | | Claim #: 22667307 | | | | | |
| DATES OF SERVICE FROM THROUGH | ACTUAL EXPENSE | MEDICARE APPROVED | DEDUCTIBLE AMOUNT | CO-PAY AMOUNT | PATIENT MAY BE BILLED* | AMOUNT PAID | SEE REMARK |
| 05/05/2014-05/05/2014 | 164.93 | 76.33 | 0.00 | 0.00 | 0.00 | 15.27 | 0001 |

| Patient Name: NELDIA MONCRIEF | | Provider NPI #: 1356565865 | | Policy/Certificate #: CLI2000197 | | | |
|--------------------------------------|-------------------|-----------------------------------|----------------------|---|---------------------------|----------------|---------------|
| Patient Account: 37710Z5556 | | Claim #: 22667308 | | | | | |
| DATES OF SERVICE FROM THROUGH | ACTUAL EXPENSE | MEDICARE APPROVED | DEDUCTIBLE AMOUNT | CO-PAY AMOUNT | PATIENT MAY BE BILLED* | AMOUNT PAID | SEE REMARK |
| 04/30/2014-04/30/2014 | 81.16 | 37.56 | 0.00 | 0.00 | 0.00 | 7.51 | 0001 |

Statement Totals

| AMOUNT PAID |
|----------------|
| 38.05 |

*The "patient may be billed" section of this explanation of benefits statement reflects deductibles, noncovered charges and copayments.

Reason Code Descriptions

0001 Benefits are approved.
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Verify patient eligibility and coverage information, as well as real-time claims status. For trading partner agreements, enrollment and technical support for EDI 270/271, and EDI 276/277 transactions, call Emdeon (866 742.4355, option 4). For all Aetna Medicare Supplement Insurance plans, use payer ID AESSI to submit EDI 270 and EDI 277 transactions.

For more details, go to our provider page on www.aetnaseniorproducts.com.

