



P.O. BOX 14079
LEXINGTON KY 40512-4079
USA

*006833*J280DUB1*009282*

Explanation Of Benefits

Please Retain for Future Reference

Printed:
Page:

01/04/2023
1 of 1

PIN:
TIN:

NO PAY



3 OF 5 F

ENV 18853

Medical providers: sign up before it's your turn

Enroll for directly deposited payments. Just go to **PayerEnrollServices.com**. If you don't enroll to receive payments by direct deposit, you may receive future payments by virtual credit card. You can get electronic Explanation of Benefits (EOB) statements from our provider portal on Availity®. To do so, go to **Availity.com** and register.

Patient Name:

Claim ID: Recd: 12/12/22 Member ID: Patient Account: DIAG:
Member: Group Name: Group Number: Network ID: 00000
Product: Aetna Open Access® Managed Choice® Aetna Life Insurance Company Network Status: Out-of-Network

SERVICE DATES	PL	SERVICE CODE	NUM. SVC'S	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/03/22	24	3099959	1.0	875.00	437.50		437.50	1	437.50		875.00	0.00
								2				
								3				
12/03/22	24		1.0					4				0.00
								2				
								3				
12/03/22	24		1.0					4				0.00
								2				
								3				
12/03/22	24		1.0					4				0.00
								2				
								3				
TOTALS												0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - We paid for these for services in accordance with the Member's benefit plan. Allowed amount is standardly 50% of billed, however, depending on the Member's plan; the allowed amount can be up to 100%. [O51]
- 2 - [ON6]
- 3 - You are not part of our network. We applied the out-of-network benefit level to the covered services on this claim. If the member signed a consent form you gave them, the claim is correct and the member is responsible for any balance shown. If the member didn't sign a consent form, or you didn't give them a consent form, and you provided services per the Federal No Surprises Act, call us so we can reconsider the claim under the Act's requirements. [FDI]
- 4 - Member's plan allows up to 140% of the Medicare Allowable Rate for charges covered by their plan. G07

For Questions Regarding This Claim PO BOX 14079 LEXINGTON, KY 40512-4079

CALL (888) 632-3862 FOR ASSISTANCE

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

Total Patient Responsibility:

Claim Payment: \$0.00

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.



P.O. BOX 14079
LEXINGTON KY 40512-4079
USA

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Explanation Of Benefits

Please Retain for Future Reference

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PIN:
TIN:



3 OF 3 F

ENV 22452

Medical providers: sign up before it's your turn

Enroll for directly deposited payments. Just go to **PayerEnrollServices.com**. If you don't enroll to receive payments by direct deposit, you may receive future payments by virtual credit card. You can get electronic Explanation of Benefits (EOB) statements from our provider portal on Availity®. To do so, go to **Availity.com** and register.

Patient Name:

Claim ID: Recd: **02/03/23** Member ID: Patient Account: DIAG:
Member: Group Name: Group Number: Network ID:
Product: Network Status:

Aetna Lire Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/05/22	24	3099959	1.0	875.00	437.50		437.50	1		131.25	568.75	306.25
								2				
								3				
05/05/22	24	30520	1.0					4				
								2				
								3				
05/05/22	24	30130LT	1.0					4				
								2				
								3				
05/05/22	24	30130RT	1.0					4				
								2				
								3				
TOTALS												

Adjusted Payment Made to Member

ISSUED AMT:

Remarks:

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- 2 - [ON6]
- 3 - You are not part of our network. We applied the out-of-network benefit level to the covered services on this claim. If the member signed a consent form you gave them, the claim is correct and the member is responsible for any balance shown. If the member didn't sign a consent form, or you didn't give them a consent form, and you provided services per the Federal No Surprises Act, call us so we can reconsider the claim under the Act's requirements. [FDI]
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Total Patient Responsibility:

Claim Payment:

Continued on Next Page