aetna®

P.O. BOX 123456
EL PASO TX XXXXX-XXXX
USA

012345 J1k2PHA *0123456*

Explanation Of Benefits

Please Retain for Future Reference

2	**Printed:**	09/08/2014
	Page:	1 of 1 (1)
		JOHN ROE
3	**Pin:**	1234567891011
4	**Tin:**	XXXXXXX1234
5	**Check Number:**	12345-123456789
6	**Check Amount:**	$36.00

1 JOHN ROE
123 PROVIDER ST
HARTFORD CT 06156

7 **Notes:**
Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

8 ***Patient Name: JANIE DOE****(daughter)* 9

10 Claim ID: **EOOOOOOO00** Recd: **09/03/14** 11 Member ID: **W123456789** 12 Patient Account: **112233445566778**
Member: **JANE DOE** 13

14 Group Name: **TEST INC.**
Product: **Aetna Dental® PPO** 16

15 Group Number: **12345-67-899 TI X<XXX**
17 Network ID: **12345 1122334455667788991**

18 **Aetna Life Insurance Company**

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
08/29/14	D1234		01		1.0	46.00				46.00 1			46.00	0.00
19	20	21	22	23	24	25	26	27	28	29 2	30	31	32	33
08/29/14	D5678		01		1.0	103.00								103.00
08/29/14	D1234		01		1.0	51.00								51.00
08/29/14	D5678		01		1.0	48.00								48.00
TOTALS						248.00			46.00				46.00	202.00

34 Less Amount Paid by Other Health Plan 166.00

35 **ISSUED AMT: $36.00**

36 **Remarks:**
* - In certain states, PPO dentists are not required to accept PPO discounted rates for non-covered services.
1 - The member's dental plan of benefits limits how often fluoride treatments can be covered in a specific period of time. This fluoride treatment exceeds this limit. [RVRC - for Internal Purposes] B40
2 - This claim has been reprocessed. W02

37 **For Questions Regarding This Claim** P.O. BOX 12345 LEXINGTON, KY XXXXX-XXX
CALL (888) XXX-XXXX FOR ASSISTANCE
Note: All Inquiries should reference the ID number above for prompt response.

38 Total Patient Responsibility: $212.00

39 Claim Payment: $36.00

40 [redacted] **Total Payment to: JOHN ROE** **$36.00**

41 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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