



P.O. BOX 99999
HARTFORD, CT 06115-0431
USA

EXPLANATION OF BENEFITS

Please Retain for Future Reference

1 Ellen Smith MD/ PIN: 0001111111

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2
ELLEN SMITH, MD
1000 MIDDLE STREET
MIDDLETOWN CT 06457

4 Date Printed: 01/17/2005
3 Tax Identification Number: 222222222
5 Check Number: 576/36369854
5 Check Amount: \$150.00

6 **Notes:** The benefits listed below reflect your portion of this payment.
 For Participating Physicians and Facilities Only - If your practice has a change of address and/or telephone number please contact Aetna online at:
<https://www.aetna.com/providerehealthoffice/>

7 Patient Name: JOHN DOE

Patient Account: 659987412554 **8** Patient ID # 8888888888 **9**
 Member ID: W101010101

11 Relation: Self **12** Member: John Doe
 Diag: 7964 **15** Group Name: ABC Company **16**
18 APC/DRG: **19** Claim ID: EK5P5T25L00 Recd: 01/15/05

13 AETNA LIFE INSURANCE COMPANY
14 Group Number: 660379-10-001 AB DAMG7D
17 Product: PPO Medical
20 Network ID: 00124 MASS/NEW HAMPSHIRE

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED OR ALLOWED AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/08/05	11	99213-00	1	110.00	90.00	20.00				7.00	27.00	63.00
01/08/05	11	86021-00	1	140.00	96.67					9.67	9.67	87.00
01/08/05	11	82541-00	1	110.00	90.00		90.00	1			90.00	
21	22	23	24	25	26	27	28	29	30	31	32	33
TOTALS				360.00	276.67	20.00	90.00			16.67	126.67	150.00

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35 **ISSUED AMT: \$150.00**

36 **Remarks:**
 1 - We have paid the maximum allowed by your plan of benefits for this service. The balance is the member's responsibility.

37 **For Questions Regarding This Claim:**
 P.O. Box 2250, Anytown, USA 12345-6789
CALL 1-800-777-7777 FOR ASSISTANCE
 Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: **38** \$126.67
 Claim Payment: **39** \$150.00

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TOTAL PAYMENT TO ELLEN SMITH, MD: **41 \$150.00**

42 Protecting the privacy of member health information is a top priority at Aetna. When contacting us about this statement of for help with other questions, please be prepared to provide your Aetna provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the Aetna member's ID number.