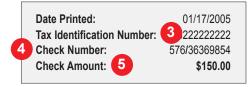
P.O. BOX 999999 HARTFORD, CT 06115-0431 USA

EXPLANATION OF BENEFITS

Please Retain for Future Reference Ellen Smith MD/ PIN: 0001111111 Page 1 of 1



Notes: The benefits listed below reflect your portion of this payment.

XAetna

ELLEN SMITH, MD

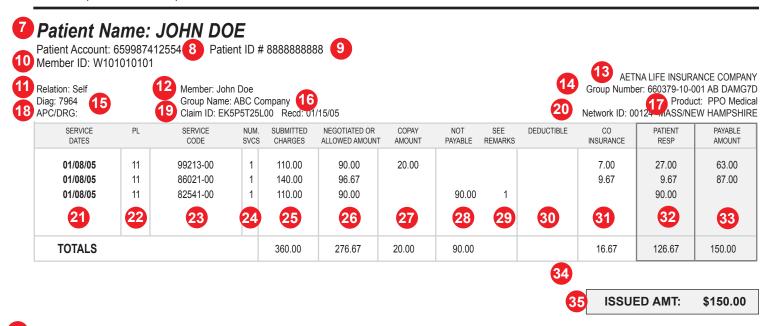
1000 MIDDLE STREET

MIDDLETOWN CT 06457

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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/"



6 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 Claim Payment: 39	\$126.67 \$150.00
г		40	
L	TOTAL PAYMENT TO ELLEN SMITH, MD: 41 \$150.00		

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.