



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

Claim Payment

Please Retain for Future Reference

Printed: 08/30/2023

Page: 1 of 3

JAIME S SCHWARTZ MD

PIN: 0009627383

TIN: XXXXXXXX9142

Trace Number: 823242000381819

Trace Amount: \$149.57

TOTAL LIPEDEMA CARE
240 S LA CIENEGA BLVD STE 220
BEVERLY HILLS CA 90211-3324

Aetna Life Insurance Company or an Affiliated Company
as Agent for Specified Payer(s)
P.O. BOX 14079
LEXINGTON KY 40512-4079
USA

ID No: XXXXXXXX9142
Seq No: 000000004

Trace No: 000381819

Acct: 09046

51 - 44

08-30-2023

119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAYER
PAY

One Hundred Forty Nine Dollars and 57/100

VOID AFTER ONE YEAR

*****\$149.57

TO THE
ORDER OF
Bank of America

TOTAL LIPEDEMA CARE
240 S LA CIENEGA BLVD STE 220
BEVERLY HILLS CA 90211-3324

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



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

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:

TOTAL LIPEDEMA CARE
240 S LA CIENEGA BLVD STE 220
BEVERLY HILLS CA 90211-3324

Provider Address:

JAIME S SCHWARTZ MD
240 S LA CIENEGA BLVD STE 220
BEVERLY HILLS CA 90211-3324

Printed: 08/30/2023
Page: 2 of 3

PIN: 0009627383
TIN: XXXXXXXX9142
Trace Number: 823242000381819
Trace Amount: \$149.57

JAIME S SCHWARTZ MD

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: JODY ALLARD (self)

Claim ID: E2Y15YPZ300 Recd: 08/12/23 Member ID: W280174434 Patient Account: CB0000VS4C017

Member: JODY ALLARD

Group Name: BLOCK, INC.

Product: Open Access Aetna SelectSM

DIAG: R60.9

Group Number: 0528659-15-003 FA V1(OSO

Network ID: 00226 OPEN ACCESS AETNA SELECT

Aetna Life Insurance Company

Network Status: In-Network

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/28/23	11	99205	1.0	750.00	179.57	30.00					30.00	149.57
TOTALS				750.00	179.57	30.00					30.00	149.57

ISSUED AMT: \$149.57

For Questions Regarding This Claim P.O. 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: \$30.00

Claim Payment: \$149.57

Patient Name: AMY T OSTER (self)

Claim ID: P0Y15WNZD00 Recd: 08/22/23 Member ID: W256918679 Patient Account: CB0000T34C017

Member: AMY T OSTER

Group Name: TWILIO INC.

Product: Aetna Choice[®] POS II

DIAG: R60.9, E882, M7960/3

Group Number: 0143902-11-901 AA P1VAD0

Network ID: 00209 AETNA CHOICE POS II

Aetna Life Insurance Company

Network Status: In-Network

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/23/23	24	2733751		10,000.00			10,000.00	1				0.00
								2				
02/23/23	24	2733759		10,000.00			10,000.00	1				0.00
02/23/23	24	2407151		10,000.00			10,000.00	1				0.00
02/23/23	24	2407159		10,000.00			10,000.00	1				0.00
TOTALS				40,000.00			40,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - You asked us to reconsider this claim. Our original decision is still correct. The member doesn't owe this amount. If you disagree, you can submit an appeal within 60 days of this denial. [839]
- 2 - We have received your request for reconsideration on this claim; however, it appears our original determination was correct based on Aetna policy. If you disagree with this determination, please submit an appeal within 60 days of this denial. [Q28]

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/30/2023

Page: 3 of 3

Payment Address:

TOTAL LIPEDEMA CARE
240 S LA CIENEGA BLVD STE 220
BEVERLY HILLS CA 90211-3324

JAIME S SCHWARTZ MD

PIN: 0009627383

TIN: XXXXXXXX9142

Trace Number: 823242000381819

Trace Amount: \$149.57

Patient Name: AMY T OSTER (self)

For Questions Regarding This Claim P.O. 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: \$0.00

Claim Payment: \$0.00

Total Payment to: JAIME S SCHWARTZ MD

\$149.57

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.