



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

## Claim Payment

Please Retain for Future Reference

Printed: 11/08/2023  
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JAIME S SCHWARTZ MD

PIN: 0009627383  
TIN: XXXXXXXX9142  
Trace Number: 823312000205986  
Trace Amount: \$139.57

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



Aetna Life Insurance Company  
P.O. BOX 14079  
LEXINGTON KY 40512-4079  
USA

ID No: XXXXXXXX9142  
Seq No: 000000004

Trace No: 000205986  
Acct: 38209108

11-08-2023 62 - 20  
311

VOID AFTER ONE YEAR  
PAY

VOID AFTER ONE YEAR  
One Hundred Thirty Nine Dollars and 57/100

NON-NEGOTIABLE NON-NEGOTIABLE

VOID AFTER ONE YEAR  
\*\*\*\*\*\$139.57

TO THE  
ORDER OF

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

Citibank N.A.  
New Castle, DE 19720

**VOID VOID**

766 (10-02)

Payment was made via Electronic Funds Transfer



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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

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### 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: SANDRA AMARAL (self)

Claim ID: ENFC8Q7JL00 Recd: 10/19/23 Member ID: W278375968 Patient Account: CB0001366C017

Member: SANDRA AMARAL

Group Name: PGP INTERNATIONAL, INC.

Product: OA Managed Choice® POS

Aetna Life Insurance Company

DIAG: R60.9

Group Number: 0193609-10-002 A PFC/M0

Network ID: 00209 POS SOUTHERN CA

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
08/28/23	11	99205	1.0	750.00	179.57	40.00					40.00	139.57
TOTALS				750.00	179.57	40.00					40.00	139.57

ISSUED AMT: \$139.57

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: \$40.00

Claim Payment: \$139.57

**Total Payment to: JAIME S SCHWARTZ MD**

**\$139.57**

The Consumer Communications Bureau with the California Department of Insurance is available to assist customers with claims they feel have been wrongfully denied or rejected. Consumers may call or write the Bureau to have claims reviewed. Callers outside California and those in California (area codes 213 or 310) may contact the Consumer Communications Bureau at 213-897-8921. The number for the rest of California is 1-800-927-HELP. The mailing address is: Consumer Communications Bureau, California Department of Insurance, 300 S. Spring Street, Los Angeles, CA 90013. The Department's Internet website ([www.insurance.ca.gov](http://www.insurance.ca.gov)) has complaint forms and instructions online.

Before you file a complaint with the California Department of Insurance, you should first contact the insurance company in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete the department's Request for Assistance form. Occasionally, the issue may be of such a nature that attempting to contact the insurance company first may not be appropriate. In these situations, it would be appropriate to contact the Department first.

**Practitioners:** To enter the dispute resolution process, please call 888-632-3862 or write to P.O. Box 14020, Lexington, KY 40512.

P-TRA-CAMED

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.