

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

Claim Payment

Please Retain for Future Reference

Printed: 11/29/2023

Page: 1 of 3

JAIME S SCHWARTZ MD

PIN: 0009627383

TIN: XXXXXXXX9142

Trace Number: 823333000188612

Trace Amount: \$159.14

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: 000188612

Acct: 09046

51 - 44

11-29-2023

119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAY

One Hundred Fifty Nine Dollars and 14/100

VOID AFTER ONE YEAR

*****\$159.14

TO THE
ORDER OF

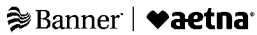
Bank of America

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



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Explanation Of Benefits

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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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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: CHRISTINA S LEWIS (self)

Claim ID: EQAC89FXT00 Recd: 11/09/23 Member ID: W240478687 Patient Account: CB00015F7C017

Member: CHRISTINA S LEWIS

Group Name: BANNER HEALTH

Product: Open Access POS II

Banner Health and Aetna Health Insurance Company

DIAG: R60.9

Group Number: 0285731-55-002 FB P1#D'0

Network ID: 00209 AETNA CHOICE POS II

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
10/23/23	11	99205	1.0	750.00	179.57	100.00					100.00	79.57
TOTALS				750.00	179.57	100.00					100.00	79.57

ISSUED AMT: \$79.57

For Questions Regarding This Claim PO 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: \$100.00

Claim Payment: \$79.57

Patient Name: [REDACTED]

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTALS				750.00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ISSUED AMT: [REDACTED]

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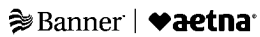
Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: [REDACTED]

Claim Payment: [REDACTED]

Total Payment to: JAIME S SCHWARTZ MD

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Trace Number: 823333000188612

Trace Amount: \$159.14

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.