



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

Claim Payment

Please Retain for Future Reference

Printed: 11/29/2023

Page: 1 of 4

JAIME S SCHWARTZ MD

PIN: 0009627383

TIN: XXXXXXXX9142

Trace Number: 823333000188611

Trace Amount: \$7,008.71

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: 000188611

Acct: 09046

51 - 44

11-29-2023

119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

PAY

Seven Thousand Eight Dollars and 71/100

VOID AFTER ONE YEAR

*****\$7,008.71

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: 11/29/2023
Page: 2 of 4

JAIME S SCHWARTZ MD

PIN: 0009627383
TIN: XXXXXXXX9142
Trace Number: 823333000188611
Trace Amount: \$7,008.71

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:

Patient Account: CB

Aetna Life Insurance Company

| SERVICE DATES | PL | SERVICE CODE | NUM. SVCS | SUBMITTED CHARGES | NEGOTIATED AMOUNT | COPAY AMOUNT | NOT PAYABLE | SEE REMARKS | DEDUCTIBLE | CO INSURANCE | PATIENT RESP | PAYABLE AMOUNT |
|---------------|----|--------------|-----------|-------------------|-------------------|--------------|-------------|-------------|------------|--------------|--------------|----------------|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

For Questions Regarding This Claim P.O. BOX 14079 LEXINGTON, KY 40512-4079

For Questions Regarding This Claim

P.O. BOX 981106 EL PASO, TX 79998-1106

CALL (888) 632-3862 FOR ASSISTANCE

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

Total Patient Responsibility:

Patient Name: MARANDA KIRK (self)

Claim ID: EPFC8M2Y501 Recd: 11/06/23 Member ID: W276548446 Patient Account: CB0001274C017

Member: MARANDA KIRK

Group Name: TRUIST FINANCIAL CORPORATION

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: R60.9, R52, M7960/4

Group Number: 0141938-10-001 A P1U/0

Network ID: 00101 PPO SOUTHERN CA

Network Status: Out-of-Network

Continued on Next Page



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

Printed:

Page:

PIN:

TIN:

Trace Number:

Trace Amount:

Patient Name: MARANDA KIRK (self)

| | | | | | | | | | |
|---------------|----|--|--|--|--|--|---|---|----|
| | | | | | | | | | |
| 10 | | | | | | | 9 | 4 | 5 |
| | 24 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TOTALS | | | | | | | 9 | 4 | 14 |

Less Amount Already Paid

ISSUED AMT:

Remarks:

- 1 - The covered expense is based on the NAP rate for services performed, and correction of procedure codes or application of multiple procedure allowances. [197]
- 2 - You are not part of our network. We applied the out-of-network benefit level to the covered services on this claim. If the member signed a consent form you gave them, the claim is correct and the member is responsible for any balance shown. If the member didn't sign a consent form, or you didn't give them a consent form, and you provided services per the Federal No Surprises Act, call us so we can reconsider the claim under the Act's requirements. [FDI]
- 3 - [ON6]

For Questions Regarding This Claim P.O. BOX 14079 LEXINGTON, KY 40512-4079

Patient Name: HOURI TOKATLIAN (self)

Claim ID: EQTX88SRV00

Recd: 11/09/23

Member ID: W183672302

Patient Account: CB00015H1C017

Member: HOURI TOKATLIAN

Group Name: CITY OF HOPE NATIONAL MEDICAL CENTER

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: R60.9

Group Number: 0836988-25-020 EA P1.-83

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 |
|---------------|----|--------------|-----------|-------------------|-------------------|--------------|-------------|-------------|------------|--------------|--------------|----------------|
| 10/27/23 | 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

Continued on Next Page



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 11/29/2023

Page: 4 of 4

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: 823333000188611

Trace Amount: \$7,008.71

Patient Name: HOURI TOKATLIAN (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: \$30.00

Claim Payment: \$149.57

Total Payment to: JAIME S SCHWARTZ MD

\$7,008.71

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.