Example Transport: First EOB

Claim ID: Group Name: Product: Aetn Aetna Life Ins	en Access®	Manage	MANAGEMEN	IT, LLC		Patient Account: DIAG: S09.90XA Group Number: (Network ID: 00000 Network Status: Out-of-Network						
SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARI	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/13/22	42	A0436IH ET	36.0	12,312.00			10,089	9.72 ´	2,222.28		2,222.28	0.00
01/13/22	42	A0431IH ET	1.0	34,195.00			28,683	3.24	574.23	700.00	1,274.23	4,237.53
TOTAL	TOTALS						38,772	2.96	2,796.51	700.00	3,496.51	4,237.53

NO QPA – NO ALLOWABLE AMOUNT

ISSUED AMT:

\$4,237.53

Remarks:

1 - The Federal No Surprises Act (NSA) applies for this claim. We allowed covered services using the recognized Qualifying Payment Amount (QPA). The QPA complies with the NSA. We calculated the member's cost share using the QPA. The member only owes their cost share shown on this notice. You are prohibited from billing the member more than their cost share. Under NSA, if you don't accept the QPA and want to initiate an Open Negotiation, you have 30 business days from receipt of this notice to do so. You can submit a completed Open Negotiation request form to us via email at FederalNSA@Aetna.com or via fax at 1-859-455-8650. Our Provider Contact Center team can be reached at 1-888-632-3862 (1-888-MD AETNA) if you need details on initiate the Federal

Independent Dispute Resolution (IDR) process for eligible claims on business day 31. [FDZ]



Example Transport: Second EOB (Received After Initiating ONP)

Claim ID: 98RZ01 Recd: 03/14/22 Group Name: MANAGEMENT, LLC Product: Aetna Open Access® Managed Choice® Aetna Life Insurance Company								Patient Account: DIAG: S09.90XA Group Number: Network ID: 00000 Network Status: Out-of-Network						
SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT		
01/13/22	42	A0436IH ET	36.0	12,312.00			6,94	45.12 1	2,796.51	514.07	3,310.58	2,056.30		
01/13/22	42	A0431IH ET	1.0	34,195.00			22,6	15.80 1		185.93	185.93	11,393.27		
TOTAL	TOTALS						29,5	60.92	2,796.51	700.00	3,496.51	13,449.57		
			NC) qpa – N	IO ALLO	WABLE	AMOUI	NT	Less Amo	unt Already Paid		\$4,237.53		

ISSUED AMT: \$9,212.04

Remarks:

1 - The Federal No Surprises Act (NSA) applies for this claim. We allowed covered services using the recognized Qualifying Payment Amount (QPA). The QPA complies with the NSA. We calculated the member's cost share using the QPA. The member only owes their cost share shown on this notice. You are prohibited from billing the member more than their cost share.

Under NSA, if you don't accept the QPA and want to initiate an Open Negotiation, you have 30 business days from receipt of this notice to do so. You can submit a completed Open Negotiation request form to us via email at FederalNSA@Aetna.com or via fax at 1-859-455-8650. Our Provider Contact Center team can be reached at 1-888-632-3862 (1-888-MD AETNA) if you need details on initiating an Open Negotiation. If no agreement is reached during the Open Negotiation, you may initiate the Federal Independent Dispute Resolution (IDR) process for eligible claims on business day 31. [FDZ] This claim has been reprocessed. W02

