

# EXPLANATION OF BENEFITS

Please Retain for Future Reference

**1** DR TEST DDS/ PIN: 0001111111

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**2**

**DR TEST , DDS**  
**1000 MIDDLE STREET**  
**MIDDLETOWN CT 06457**

Date Printed: 10/10/2005  
Tax Identification Number: **3** 5222222222  
**4** Check Number: 576/36369854  
Check Amount: **5** \$24.46

**Notes:** The benefits listed below reflect your portion of this payment.

**6** For Participating Physicians and Facilities Only - If your practice has a change of address and/or telephone number please contact Aetna online at:  
<https://www.aetna.com/providerehealthoffice/>

**Patient Name: John Doe** **7**

Patient Account: 659987412554 **8** Patient ID # 8888888888 **9**  
**10** Member ID: W101010101

**11** Relation: Self **12** Member: John Doe  
Group Name: ABC Company **15**  
**17** Claim ID: EK5P5T25L00 Recd: 10/08/05

**13** AETNA LIFE INSURANCE COMPANY  
**14** Group Number: 660379-10-001 AB DAMG7D  
**16** Product: PPO Dental  
**18** Network ID: 00124 MASS/NEW HAMPSHIRE

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED OR ALLOWED AMOUNT	COPAY AMOUNT	PENDING OR NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/14/05	D2150		12	DO	1	110.00	95.00				25.00	14.00	39.00	56.00
<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	<b>32</b>	<b>33</b>
<b>TOTALS</b>						\$110.00	\$95.00				\$25.00	\$14.00	\$39.00	\$56.00

**34** Less Amount Paid by Other Carrier \$50.00

**35** **ISSUED AMT: \$6.00**

**36**

**Remarks:**

1 - Display applicable remarks here, suppress word "Remarks" if none are to be displayed.

**37**

For questions regarding this claim or if you wish a review of this decision:

P.O. Box 2250, Anytown, USA 12345-6789

**CALL 1-800-777-7777 FOR ASSISTANCE**

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

Total Patient Responsibility: **38** \$39.00

Claim Payment: **39** \$6.00

**40**

**TOTAL PAYMENT TO DR TEST, DDS: \$6.00** **41**

**42**

Protecting the privacy of member health information is a top priority at Aetna. When contacting us about this statement of for help with other questions, please be prepared to provide your Aetna provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the Aetna member's ID number.