

United HealthCare Services, Inc.
 GREENSBORO SERVICE CENTER
 PO BOX 740800
 ATLANTA GA 30374-0800
 PHONE: 1-877-842-3210

STD - PRA



PROVIDER REMITTANCE ADVICE

VPS MEDICAL PLLC
 ALEKSANDR SHTEYNBERG MD
 791 PARK AVE APT 1B
 NEW YORK NY 10021

DATE: 03/01/24
 TIN: 455566543
 NPI: 1184971624
 PAYEE NAME: VPS MEDICAL PLLC
 TRACE NUMBER: TV 23291713
 PAYMENT: \$0.00
 GROUP NUMBER: 755335
 GROUP NAME: RALPH LAUREN CORPORATION

PATIENT: DANIELA KAMILIOTIS (EE)

SUBSCRIBER ID: A 948462084 **SUBSCRIBER NAME:** DANIELA KAMILIOTIS **CLAIM NUMBER:** EJ11648345 0004833669
CLAIM DATE: 01/09/24-01/09/24 **DATE RECEIVED:** 02/21/24 **PRODUCT:** CHOYC+
REND PROV ID: 1043546245 **REND PROV:** A. SHTEYNBERG

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
VPS171					\$380.00				\$0.00	\$380.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES	
VPS10622	01/09/24 - 01/09/24		99213			1	1	\$380.00	\$111.69	\$268.31	PR	242	\$0.00	V6	
									\$111.69		PR	1			
CLAIM# EJ11648345 0004833669								SUBTOTAL	\$380.00	\$111.69	\$380.00			\$0.00	V6

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

SUBSCRIBER ID: A 948462084 **SUBSCRIBER NAME:** DANIELA KAMILIOTIS **CLAIM NUMBER:** EJ11648346 0004833670
CLAIM DATE: 01/15/24-01/15/24 **DATE RECEIVED:** 02/21/24 **PRODUCT:** CHOYC+
REND PROV ID: 1043546245 **REND PROV:** A. SHTEYNBERG

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
VPS171					\$380.00				\$0.00	\$380.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES	
VPS10623	01/15/24 - 01/15/24		99213			1	1	\$380.00	\$111.69	\$111.69	PR	1	\$0.00	V6	
									\$268.31		PR	242			
CLAIM# EJ11648346 0004833670								SUBTOTAL	\$380.00	\$111.69	\$380.00			\$0.00	V6

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

	TOTAL PAYABLE TO PROVIDER	\$0.00
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PROVIDER REMITTANCE ADVICE

DATE: 03/01/24
TIN: 455566543
NPI: 1184971624
PAYEE NAME: VPS MEDICAL PLLC
TRACE NUMBER: TV 23291713
PAYMENT: \$0.00
GROUP NUMBER: 755335
GROUP NAME: RALPH LAUREN CORPORATION

NOTES

PR1 PATIENT RESPONSIBILITY - DEDUCTIBLE AMOUNT

PR242 PATIENT RESPONSIBILITY - SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS .

V6 AS A HEALTH CARE PROFESSIONAL OR FACILITY THAT IS NOT CONTRACTED FOR THE SERVICES PROVIDED, PLEASE DO NOT BILL THE PATIENT MORE THAN THE AMOUNT OF THE DEDUCTIBLE, COPAY, OR COINSURANCE APPLIED TO THIS SERVICE. CALL PROVIDER SERVICES AT THE NUMBER ON THE TOP OF THIS STATEMENT IF YOU HAVE QUESTIONS ABOUT THE REIMBURSEMENT.

If you disagree with a claim reimbursement decision

The member, health care professional or an authorized representative may contest the claim payment decision by submitting comments, documents or other information that shows why they believe the decision should be changed.

Network health care professionals: There is a 2-step reconsideration and appeal process. This process allows for a total of 12 months for timely submission for Step 1: Reconsideration and Step 2: Appeal. Claim reconsideration does not apply in some states based on applicable state law. The timetable may be different if required by law or by your participation agreement (contract). For more information and submission instructions, refer to Chapter 10 (Our claim process) of the Network Administrative Guide available at UHCprovider.com/guides. To appeal a clinical or prior authorization determination, follow the instructions in Chapter 7 (Medical management) of the guide.

Out-of-network health care professionals: As an out-of-network health care professional or facility, you can submit a request for an administrative review/reconsideration if permitted by state law. If you don't agree with the outcome of the review, you may submit an appeal on the member's behalf. You are required to provide written authorization from the member in order to appeal. Requests for reviews and appeals must be submitted through the UnitedHealthcare Provider Portal within the time frame discussed in the member's benefit plan.

All health care professionals: To initiate additional review of the claim, as outlined above, please follow these steps:

- Go to UHCprovider.com
- Sign in to the portal using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit UHCprovider.com/access to get started.
- Go to Claims & Payments > Look up a Claim and enter the claim information, then click Act on a Claim
 - **Out-of-network health care professionals:** For appeal requests, you must include the member's signed authorization.
- For assistance, go to UHCprovider.com/contact-us

UnitedHealthcare is improving service to you by adopting electronic payments & statements (EPS) as a standard way to pay claims. EPS will dramatically reduce the time and effort your organization spends on administering paper checks and explanation of benefits. Get a head start and enroll today by selecting the electronic payments & statements link found on the home page www.UHCprovider.com or contact us at 1-866-UHC-FAST (1-866-842-3278), option 5. For more information about our free or low cost solutions for submitting claims electronically to UnitedHealthcare and other payers, please contact us toll free at 1-800-842-1109, option 3.