

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: 03/15/24  
 TIN: 455566543  
 NPI: 1184971624  
 PAYEE NAME: VPS MEDICAL PLLC  
 TRACE NUMBER: TV 23437935  
 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:** EJ75502117 0004846944  
**CLAIM DATE:** 01/07/24-01/07/24      **DATE RECEIVED:** 03/09/24      **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                 |            |                 |     |            | \$43,567.00         |             |        |                | \$0.00               |                        |

### 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 |  |
|------------------------------|---------------------|--------------------|---------------|-----|-----|-------|-----------|-------------|----------------|-------------|--------|----------------|----------------|---------------|--|
| VPS10625                     | 01/07/24 - 01/07/24 |                    | 14060         |     |     | 1     | 1         | \$13,785.00 |                | \$13,785.00 | PI     | 252            | \$0.00         | G1, N683      |  |
| VPS10624                     | 01/07/24 - 01/07/24 |                    | 40830         |     |     | 1     | 1         | \$3,846.00  |                | \$3,846.00  | PI     | 252            | \$0.00         | G1, N683      |  |
| VPS10621                     | 01/07/24 - 01/07/24 |                    | 99204         | 25  |     | 1     | 1         | \$997.00    |                | \$997.00    | PI     | 252            | \$0.00         | G1, N683      |  |
| VPS10627                     | 01/07/24 - 01/07/24 |                    | 20100         |     |     | 1     | 1         | \$12,139.00 |                | \$12,139.00 | PI     | 252            | \$0.00         | G1, N683      |  |
| VPS10626                     | 01/07/24 - 01/07/24 |                    | 13152         |     |     | 1     | 1         | \$12,800.00 |                | \$12,800.00 | PI     | 252            | \$0.00         | G1, N683      |  |
| CLAIM# EJ75502117 0004846944 |                     |                    |               |     |     |       |           | SUBTOTAL    |                | \$43,567.00 |        |                | \$43,567.00    | \$0.00        |  |

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:** EJ75502118 0004844738  
**CLAIM DATE:** 01/09/24-01/09/24      **DATE RECEIVED:** 03/09/24      **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               |                        |

### 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 |                | \$380.00   | OA     | 18             | \$0.00         | TQ            |  |
| CLAIM# EJ75502118 0004844738 |                     |                    |               |     |     |       |           | SUBTOTAL |                | \$380.00   |        |                | \$380.00       | \$0.00        |  |