

STD - PRA



# PROVIDER REMITTANCE ADVICE

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)**

CONTINUED

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

**PATIENT: DANIELA KAMILIOTIS (EE)**

**SUBSCRIBER ID:** A 948462084      **SUBSCRIBER NAME:** DANIELA KAMILIOTIS      **CLAIM NUMBER:** EJ75502119 0004844739  
**CLAIM DATE:** 01/15/24-01/15/24      **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
VPS10623	01/15/24 - 01/15/24		99213			1	1	\$380.00		\$380.00	OA	18	\$0.00	TQ
CLAIM# EJ75502119 0004844739								SUBTOTAL	\$380.00	\$380.00			\$0.00	

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

TOTAL PAYABLE TO PROVIDER \$0.00

- NOTES**
- OA18 OTHER ADJUSTMENTS - EXACT DUPLICATE CLAIM/SERVICE.
  - PI252 PAYER INITIATED REDUCTIONS - AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.
  - G1 BENEFITS FOR THIS SERVICE ARE DENIED. THIS IS A DUPLICATE CLAIM SUBMISSION. WE REQUESTED INFORMATION FROM YOU BUT HAVE NOT RECEIVED IT.
  - TQ THIS CLAIM HAS ALREADY BEEN PROCESSED AND THE ALLOWABLE AMOUNT WAS APPLIED TO THE YEARLY DEDUCTIBLE.
  - N683 MISSING/INCOMPLETE/INVALID PRIOR TREATMENT DOCUMENTATION.

**you disagree with a claim reimbursement decision**  
 If you are a 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 time frame may be different if required by law or by your participation agreement (contract). For more information and submission instructions, refer to the member handbook.