



UnitedHealthCare Services, Inc.
 UnitedHealthcare
 P.O. Box 740805
 Atlanta, GA 30374-0805
 074STANDARDBW0002001-02562-01

ALEKSANDR SHTEYNBERG MD
 791 PARK AVE APT 1B
 NEW YORK NY 10021-3512



Claim Information	
Patient:	Daniela Kamiliotis
Patient Acct#:	VPS171
Date of Service:	01/07/2024
Provider:	Aleksandr Shteynberg, M.D.
Claim ID:	948462084/EE/460168
Claim #:	EJ11648340
Member:	Daniela Kamiliotis
Member ID:	948462084
Group:	RALPH LAUREN CORPORATION
Group #:	GA755335/AA/003
Letter ID:	PFA002

March 13, 2024

Dear Aleksandr Shteynberg, M.D.:

We are requesting medical records to complete a pre-payment review for a claim submitted for Daniela Kamiliotis, for services provided beginning on 01/07/2024. The information from the review will help determine eligible expenses under the patient's health plan and help ensure that claim processing is accurate.

Medical Records Needed

Please send complete medical records as outlined below, based on your specialty or where the service(s) was given. The records should cover every date of service on the claim. If the medical records include any non-standard abbreviations, please provide a reference key so the files can be interpreted. Thank you in advance for providing this information.

Care Provider Records

- Demographic sheet
- Physician consultations, orders, progress and office notes
 - o Comprehensive health, development and physical history (including current height, weight, vital signs and BMI)
 - o Current medication and allergylist
 - o Required/recommended screenings and results (vision, hearing, preventive, etc.)
 - o Immunization record (including documented refusals)
 - o History and current status of smoking
 - o Substance abuse/drug screen
 - o High-risk behavior screen
 - o Depression screening and any applicable behavioral health notes
 - o Chronic conditions and/or problem list
 - o Documentation of any health education/

- Admission records (initial patient intake form, face sheet, nursing assessment, in-patient physician order, initial intake visit etc.)
- Treatment administration record
 - o Ancillary reports (lab, radiology, operative, pathology, anesthesia, etc.)
 - o Respiratory/ventilation sheets
 - o Infusion flow sheets
- All diagnostic and therapeutic services for which a member was referred by a practitioner, such as:
 - o Specialty physician reports
 - o Emergency room records
 - o Any hospital records
- Coding and discharge summary
- Physician signature (including credentials) for verification
- Itemized bill and UB04 form (include ICD-10 C)
- Any other information contained in the medical



anticipatory guidance provided

records during the time span indicated.

Hospital/Surgical Center Records

- Emergency room records (including diagnostic impression)
- Admission sheets (face sheet, physician orders, consultations, nursing admission assessment, etc.)
- Physician and nursing progress notes
- Treatment administration record
 - o Medical chart documentation for the stay
 - o Procedure and surgical report(s)
 - o All ancillary reports and records (lab, radiology, operative, pathology, anesthesia, etc.)
 - o Medication record
 - o Respiratory/ventilation sheets
 - o Recovery room report
 - o Intake/output record
 - o IV Flow sheets
- Coding and discharge summary

Home Health Requests

- Initial patient intake form
- History and assessments (first visit and all subsequent assessments)
- Certification documentation
- Home visit and/or face-to-face documentation (timesheets, call logs, etc.)
- Orders, progress, evaluations and office notes (physician, nursing, home health aide, social worker and therapy)
- Outcome and Assessment Information Set (OASIS) forms

Durable Medical Equipment

- Documentation should include, but is not limited to:
 - Initial set-up/delivery documentation or shipping documentation for mail order
 - Physician order/Certificate of Medical Necessity (CMN) for original date of service and renewal orders /CMN covering through date of service requested

Lab Claims

- Physician's orders for the laboratory test, including any standing orders and/or provider custom panel orders, whether for the ordering provider or all referring providers
- Laboratory testing method, specimen type and test results related to all billed services. (CLIA documentation) certificates, licenses, permits, etc.)

Dental Providers

- Dental Treatment plan/chart notes including:
 - o Specific tooth identifiers

Other

- Any additional information that is a part of the patient's treatment records:
 - o Medical chart documentation for the stay
 - o History and physical
 - o Medication record
 - o Respiratory therapy
 - o Occupational therapy, physical therapy and/or speech therapy notes
- Copy of the Uniform Billing Form
- Line itemized bill detail supporting billed charges to include procedure, revenue code nomenclature, date of service, units of service and charges

- Treatment administration record
 - o Plan of care
 - o Ancillary reports (lab, radiology, pathology, etc.)
 - o Medication administration records
 - o Infusion flow sheets
- Discharge summary
- Signature log
- Any other documentation that supports the billed charges

- Supporting physician notes for services requested
- Proof of use, such as ongoing supporting supply deliveries (oxygen refills, oxygen tubing, CPAP supply deliveries, etc.

- Manufacturer and model number of the testing equipment used for billed services
- Manufacturer and brand information for all test supplies used for billed services

- Accident details (date, location and type of accident)



- Any follow up care and proposed timeframe
- X-rays

Any prior dental records related to the teeth being repaired as part of the accident

How to Submit Medical Records

There are two ways to send us the medical records:

Online: Go to UHCprovider.com and click on the "Sign In" button in the top right corner. Then, click on Claims to upload your information.

By Mail: Mail the information with a copy of this letter to:

UnitedHealthcare
P.O. Box 740805
Atlanta, GA 30374-0805

Deadline and Next Steps

The claim is on hold. It's important that we hear back from you in 45 calendar days from the date of this letter. When you send us the information we need, we'll process the claim and notify you of our decision. If the information isn't received by the deadline, the claim may be denied.

Questions? We're here to help.

If you have questions, please call Provider Services at **877-842-3210** from 8 a.m. to 5 p.m. Central Time, Monday through Friday. To review reimbursement and medical policies, check member eligibility and benefits, manage claims, request prior authorization and more, go to UHCprovider.com and click on the "Sign In" button in the top right corner.

Sincerely,

The UnitedHealthcare Team



Go Paperless!
UHCprovider.com/paperless

