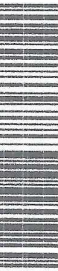


United HealthCare Services, Inc.  
GREENSBORO SERVICE CENTER  
PO BOX 740800  
ATLANTA GA 30374-0800  
PHONE: 1-877-842-3210



110UTOPPR1011001-03796-01  
VPS MEDICAL PLLC  
ALEKSANDR SHTEYNBERG MD  
791 PARK AVE APT 1B  
NEW YORK NY 10021-3512

CHECK DATE: 04/19/24  
TIN: 455566543  
NPI: 1184971624  
PAYEE NAME: VPS MEDICAL PLLC  
CHECK NUMBER: TW 16043282  
CHECK AMOUNT: \$317.08  
GROUP NUMBER: 755335  
GROUP NAME: RALPH LAUREN CORPORATION

### PROVIDER REMITTANCE ADVICE

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PLEASE SEE NEXT PAGE FOR MORE INFORMATION

TD--PRA-455566543-5400000000302571355

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

JP Morgan Chase Bank N.A.  
Syracuse NY 13206

**TW 16043282**

DATE: 04/19/24

CONTRACT: 755335

PLEASE PRESENT PROMPTLY FOR PAYMENT

PAY \$\*\*\*\*\*317.08\*\*

1A-4550-PM-24110-1-10

\*\*Three Hundred Seventeen Dollars and Eight Cents\*\*\*\*\*

PAY TO VPS MEDICAL PLLC  
THE ALEKSANDR SHTEYNBERG MD  
ORDER OF 791 PARK AVE APT 1B  
NEW YORK NY 10021

AUTHORIZED SIGNATURE



⑈00 16043282⑈ ⑆021309379⑆ 811089846⑈

Details on Back  
Security Features Included

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

CHECK DATE: 04/19/24  
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 PAYEE NAME: VPS MEDICAL PLLC  
 CHECK NUMBER: TW 16043282  
 CHECK AMOUNT: \$317.08  
 GROUP NUMBER: 755335  
 GROUP NAME: RALPH LAUREN CORPORATION



**PATIENT: DANIELA KAMILIOTIS (EE)**

**SUBSCRIBER ID:** A 948462084      **SUBSCRIBER NAME:** DANIELA KAMILIOTIS      **CLAIM NUMBER:** EL00648466 0004871224  
**CLAIM DATE:** 01/07/24-01/07/24      **DATE RECEIVED:** 04/15/24      **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				\$317.08	\$17,313.92

**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	\$959.21	\$12,825.79	PR	242	\$247.14	V6		
										\$247.14	PR	2				
										\$464.93	PR	1				
VPS10624	01/07/24 - 01/07/24		40830			1	1	\$3,846.00	\$139.87	\$69.93	PR	2	\$69.94	V6		
										\$3,706.13	PR	242				
VPS10621	01/07/24 - 01/07/24		99204	25		1	1	\$997.00		\$997.00	PI	97	\$0.00	AD, N525		
VPS10627	01/07/24 - 01/07/24		20100			1	1	\$12,139.00		\$12,139.00	PI	5	\$0.00	I5, M77		
VPS10626	01/07/24 - 01/07/24		13152			1	1	\$12,800.00		\$12,800.00	PI	234	\$0.00	I4, M80		
CLAIM# EL00648466 0004871224								SUBTOTAL	\$43,567.00	\$1,099.08			\$43,249.92		\$317.08	HR

We have received additional information for claim number EJ11648340 0004845582 and have processed the services on the above claim.

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:** EK44600182 0004873337  
**CLAIM DATE:** 02/27/24-02/27/24      **DATE RECEIVED:** 03/29/24      **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	

STD - PRA



## PROVIDER REMITTANCE ADVICE

CHECK DATE: 04/19/24  
 TIN: 455566543  
 NPI: 1184971624  
 PAYEE NAME: VPS MEDICAL PLLC  
 CHECK NUMBER: TW 16043282  
 CHECK AMOUNT: \$317.08  
 GROUP NUMBER: 755335  
 GROUP NAME: RALPH LAUREN CORPORATION

**PATIENT: DANIELA KAMILIOTIS (EE)**

<b>SUBSCRIBER ID:</b> A 948462084	<b>SUBSCRIBER NAME:</b> DANIELA KAMILIOTIS	<b>CLAIM NUMBER:</b> EK44600182 0004873337
<b>CLAIM DATE:</b> 02/27/24-02/27/24	<b>DATE RECEIVED:</b> 03/29/24	<b>PRODUCT:</b> CHOYC+
<b>REND PROV ID:</b> 1043546245	<b>REND PROV:</b> A. SHTEYNBERG	

CONTINUED

**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
VPS10636	02/27/24 - 02/27/24		99213			1	1	\$380.00		\$380.00	FI	97	\$0.00	O5, N525
<b>CLAIM#</b> EK44600182 0004873337								<b>SUBTOTAL</b>		\$380.00			\$380.00	22

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

	<b>TOTAL PAYABLE TO PROVIDER</b>	<b>\$317.08</b>
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**NOTES**

- PI234 PAYER INITIATED REDUCTIONS - THIS PROCEDURE IS NOT PAID SEPARATELY.
- PI5 PAYER INITIATED REDUCTIONS - THE PROCEDURE CODE/TYPE OF BILL IS INCONSISTENT WITH THE PLACE OF SERVICE.
- PI97 PAYER INITIATED REDUCTIONS - THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT /ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- PR1 PATIENT RESPONSIBILITY - DEDUCTIBLE AMOUNT
- PR2 PATIENT RESPONSIBILITY - COINSURANCE AMOUNT
- PR242 PATIENT RESPONSIBILITY - SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS .
- 22 WE HAVE RECEIVED ADDITIONAL INFORMATION. THIS CLAIM HAS BEEN REPROCESSED BASED ON THIS INFORMATION AND THE BENEFITS AVAILABLE UNDER THE MEMBER'S PLAN.
- AD CHARGES ARE NOT ELIGIBLE AS THEY FALL WITHIN THE GLOBAL DAYS TIME FRAME OR ARE INCLUDED AS PART OF THE GLOBAL CHARGE.
- HR WE HAVE RECEIVED ADDITIONAL INFORMATION AND HAVE REPROCESSED THIS CLAIM.
- I4 BENEFITS FOR THIS SERVICE OR SUPPLY ARE DENIED. IT IS CONSIDERED PART OF ANOTHER SERVICE AND IT IS NOT ALLOWED AS A SEPARATE CHARGE.
- I5 THIS SERVICE OR ITEM IS NOT REIMBURSABLE IN THIS PLACE OF SERVICE.
- O5 THIS PROCEDURE OR SUPPLY IS PART OF THE GLOBAL SERVICE. THESE CHARGES ARE NOT ELIGIBLE FOR SEPARATE REIMBURSEMENT.
- 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.

STD - PRA



## PROVIDER REMITTANCE ADVICE

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### NOTES

- M77 MISSING/INCOMPLETE/INVALID/INAPPROPRIATE PLACE OF SERVICE.
- M80 NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
- N525 THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.

### 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](http://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](http://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](http://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](http://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](http://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.