

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



166UTOPPR1011001-03265-01
VPS MEDICAL PLLC
ALEKSANDR SHTEYNBERG MD
791 PARK AVE APT 1B
NEW YORK NY 10021-3512

CHECK DATE: 06/14/24
TIN: 455566543
NPI: 1184971624
PAYEE NAME: VPS MEDICAL PLLC
CHECK NUMBER: TW 16301599
CHECK AMOUNT: \$129.23
GROUP NUMBER: 755335
GROUP NAME: RALPH LAUREN CORPORATION

PROVIDER REMITTANCE ADVICE

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PLEASE SEE NEXT PAGE FOR MORE INFORMATION

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STD - PRA-455566543-540000000310261745



50-937
213

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JP Morgan Chase Bank N.A.
Syracuse NY 13206

TW 16301599

DATE: 06/14/24

CONTRACT: 755335

PLEASE PRESENT PROMPTLY FOR PAYMENT

PAY \$*****129.23**

1A-4105-PM-24166-1-10

One Hundred Twenty Nine Dollars and Twenty Three Cents

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

AUTHORIZED SIGNATURE



⑈0016301599⑈ ⑆021309379⑆ 811089846⑈

Security Features Included Details on Back

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STD - PRA



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PATIENT: DANIELA KAMILIOTIS (EE)

SUBSCRIBER ID: A 948462084 **SUBSCRIBER NAME:** DANIELA KAMILIOTIS **CLAIM NUMBER:** EM82143479 0004910482
CLAIM DATE: 01/07/24-01/07/24 **DATE RECEIVED:** 06/07/24 **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					\$39,131.00				\$129.23	\$38,684.69

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
VPS10705	01/07/24 - 01/07/24		14060			1	1	\$13,785.00	\$959.21	\$12,825.79	PR	242	\$191.30	V6
										\$191.29	PR	2		
										\$576.62	PR	1		
VPS10706	01/07/24 - 01/07/24		40654			1	1	\$21,500.00	\$370.14	\$21,129.86	PR	242	\$185.07	V6
										\$185.07	PR	2		
VPS10707	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		
	01/07/24 - 01/07/24		140600			-1		\$0.00					-\$317.08	E5
CLAIM# EM82143479 0004910482 SUBTOTAL								\$39,131.00	\$1,469.22	\$38,684.69			\$129.23	HR

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

	TOTAL PAYABLE TO PROVIDER	\$129.23
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NOTES

- PR1 PATIENT RESPONSIBILITY - DEDUCTIBLE AMOUNT
- PR2 PATIENT RESPONSIBILITY - COINSURANCE AMOUNT
- PR242 PATIENT RESPONSIBILITY - SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS .
- E5 ADDITIONAL CHARGES AND/OR CORRECTED BILLING HAS BEEN CONSIDERED.
- HR WE HAVE RECEIVED ADDITIONAL INFORMATION AND HAVE REPROCESSED THIS CLAIM.
- 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.