



P.O. BOX 981106
EL PASO TX 79998-1106
USA

Claim Payment

Please Retain for Future Reference

Printed: 04/25/2024
Page: 1 of 2

ALEKSANDR SHTEYNBERG MD

PIN: 0009160814
TIN: XXXXXXXX6543
Trace Number: 824116000456922
Trace Amount: \$863.75

VPS MEDICAL PLLC
791 PARK AVE APT 1B
NEW YORK NY 10021-3512

Aetna Life Insurance Company or an Affiliated Company
as Agent for Specified Payer(s)
P.O. BOX 981106
EL PASO TX 79998-1106
USA

ID No: XXXXXXXX6543
Seq No: 000000004

Trace No: 000456922
Acct: 09046
51 - 44
04-25-2024 119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

TO THE ORDER OF VPS MEDICAL PLLC
791 PARK AVE APT 1B
NEW YORK NY 10021-3512
Bank of America

Eight Hundred Sixty Three Dollars and 75/100

VOID AFTER ONE YEAR
*****\$863.75

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



P.O. BOX 981106
EL PASO TX 79998-1106
USA

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:
VPS MEDICAL PLLC
791 PARK AVE APT 1B
NEW YORK NY 10021-3512

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

Printed: 04/25/2024
Page: 2 of 2

ALEKSANDR SHTEYNBERG MD
PIN: 0009160814
TIN: XXXXXXXX6543
Trace Number: 824116000456922
Trace Amount: \$863.75

Patient Name: SAMANTHA THOMAS (self)

Claim ID: E8Y2BJ0P700 Recd: 04/06/24 Member ID: W265467702
Member: SAMANTHA THOMAS
Group Name: COSTCO WHOLESALE CORPORATION
Product: Open Access Aetna SelectSM

Patient Account: VPS176

DIAG: S01.551A, W54.0XXA
Group Number: 0169579-13-002 AQ V1= 0
Network ID: 00000
Funding: Self-funded
Network Status: Out-of-Network

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01/24	23	9928357	1.0	448.00	92.86		355.14	1		9.29	9.29	83.57
01/01/24	23	14060	1.0	13,785.00	866.87		12,918.13	1		86.69	86.69	780.18
01/01/24	23	1201159		1,540.00	0.00		1,540.00	2				0.00
TOTALS				15,773.00	959.73		14,813.27			95.98	95.98	863.75

ISSUED AMT: \$863.75

Remarks:

- The Federal No Surprises Act (NSA) applies for this claim. We allowed covered services using the recognized Qualifying Payment Amount (QPA). The QPA complies with the NSA. The QPA is the difference between the "submitted charges" and "not payable" amount shown on each covered service line. We calculated the member's cost share using the QPA. The member only owes their cost share shown on this notice. You are prohibited from billing the member more than their cost share. Under the NSA, if you don't accept the QPA and want to initiate an Open Negotiation, you have 30 business days from receipt of this notice to do so. You can submit a completed Open Negotiation request form to us via email at FederalNSA@Aetna.com. Our Provider Contact Center team can be reached at 1-888-632-3862 (1-888-MD AETNA) if you need details on initiating an Open Negotiation. You have 4 business days following the conclusion of the Open Negotiation period to initiate the independent resolution process. [FDZ]
- The member's plan provides coverage for charges that are reasonable and appropriate. This charge is for a service that is considered incidental to another procedure performed on the same date of service. [P96]

For Questions Regarding This Claim P.O. BOX 14079 LEXINGTON, KY 40512-4079

CALL (888) 632-3862 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$95.98

Claim Payment: \$863.75

Total Payment to: ALEKSANDR SHTEYNBERG MD

\$863.75

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.