



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 05/09/2024
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ALEKSANDR SHTEYNBERG MD
PIN: 0009160814
TIN: XXXXXXXX6543
NO PAY

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

Patient Name: SAMANTHA THOMAS (self)

Claim ID: PRWZ8XQM900 Recd: 04/29/24 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	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01/24	23	9928357		448.00	0.00		448.00	1				0.00
01/01/24	23	14060		13,785.00	0.00		13,785.00	1				0.00
01/01/24	23	1201159		1,540.00	0.00		1,540.00	1				0.00
TOTALS				15,773.00			15,773.00					0.00

ISSUED AMT:

NO PAY

Remarks:

1 - You asked us to reconsider this claim. Our original decision remains. The member doesn't owe this amount. If you disagree, you can submit an appeal through our website within 60 days of this denial. [MDV]

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: \$0.00

Claim Payment: \$0.00

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.