



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

Claim Payment

Please Retain for Future Reference

Printed: 11/05/2024
Page: 1 of 2

ALEKSANDR SHTEYNBERG MD
PIN: 0009160814
TIN: XXXXXXXX6543
Trace Number: 824310000176809
Trace Amount: \$618.33

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

11/27/24

Rec'd & Confirmed by Dr.S.

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: 000176809
Acct: 09046

51 - 44
119 CT
11-05-2024

NON-NEGOTIABLE NON-NEGOTIABLE

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

SIX HUNDRED EIGHTEEN DOLLARS AND 33/100
Six Hundred Eighteen Dollars and 33/100

VOID AFTER ONE YEAR
*****\$618.33

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

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Page: 2 of 2

PIN: ALEKSANDR SHTEYNBERG MD
0009160814
TIN: XXXXXXXX6543
Trace Number: 824310000176809
Trace Amount: \$618.33

Patient Name: SAMANTHA THOMAS (self)

Claim ID: E8Y2BJ0P701 Recd: 09/06/24 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	COPAY 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	1,464.84		12,320.16	1		146.48	146.48	1,318.36
01/01/24	23	1201159	1.0	1,540.00	89.06		1,450.94	2		8.91	8.91	80.15
TOTALS				15,773.00	1,646.76		14,126.24			164.68	164.68	1,482.08

Less Amount Already Paid \$863.75

ISSUED AMT: \$618.33

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. 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 Dispute Resolution process. [FDZ]
- The member's plan covers charges that we find to be reasonable and appropriate. There was more than one procedure performed on the same date of service. Therefore, the benefit was reduced to 50%. The member doesn't owe this amount. [W12]

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: \$164.68
Claim Payment: \$618.33

Total Payment to: ALEKSANDR SHTEYNBERG MD

\$618.33

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.