



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

# Claim Payment

Please Retain for Future Reference

Printed: 06/25/2025  
Page: 1 of 2

*ALEKSANDR SHTEYNBERG MD*  
PIN: 0009160814  
TIN: XXXXXXXX6543  
Trace Number: 825176000096222  
Trace Amount: \$1,205.17

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: 000096222  
Acct: 09046

51 - 44  
119 CT  
06-25-2025

**NON-NEGOTIABLE NON-NEGOTIABLE**

FOR PAY *One Thousand Two Hundred Five Dollars and 17/100*

VOID AFTER ONE YEAR  
\*\*\*\*\*\$1,205.17

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

**VOID VOID**

766 (10-02)

**Payment was made via Electronic Funds Transfer**



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

**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

## Explanation Of Benefits

*Please Retain for Future Reference*

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### Patient Name: SAMANTHA CAPRONI (self)

Claim ID: P5JNH0D3100    Recd: 05/22/25    Member ID: W265467702    Patient Account: VPS176

Member: SAMANTHA CAPRONI

Group Name: COSTCO WHOLESALE CORPORATION

Product: Open Access Aetna Select<sup>SM</sup>

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	0.00		355.14	1			9.29	0.00
							92.86	2				
								3				
01/01/24	23	14060	1.0	13,785.00	0.00		2,785.00	4			146.48	0.00
							11,000.00	2				
								3				
01/01/24	23	1201159	1.0	1,540.00	1,369.85		90.00	4		8.91	8.91	1,360.94
							80.15	2				
<b>TOTALS</b>				<b>15,773.00</b>	<b>1,369.85</b>		<b>14,403.15</b>			<b>8.91</b>	<b>164.68</b>	<b>1,360.94</b>

**ISSUED AMT: \$1,205.17**

**Remarks:**

- 1 - 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](mailto: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]
- 2 - You sent us a corrected claim. The amount we didn't cover on this statement reflects what we previously allowed. You can refer to the original statement for details. [470]
- 3 - This service has not been reconsidered and is not eligible for the Independent Dispute Resolution process. Refer to the explanation of benefits that was issued with the original benefit determination for this service. [NSA]
- 4 - This claim went through the Federal No Surprises Act Independent Dispute Resolution (IDR) process. This final payment is the difference between our prior payment(s) and the amount awarded by the IDR entity. The member only owes their in-network cost share calculated on the original Qualifying Payment Amount (QPA). [FDP]

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: \$1,205.17

**Total Payment to: ALEKSANDR SHTEYNBERG MD**

**\$1,205.17**

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.