



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

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

Claim Payment

Please Retain for Future Reference

Printed: 11/14/2025
Page: 1 of 2

ALEKSANDR SHTEYNBERG MD
PIN: 0009160814
TIN: XXXXXXXX6543
Trace Number: 825318000029843
Trace Amount: \$155.77

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: 000029843
Acct: 09046

11-14-2025 51 - 44
119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

VOID AFTER ONE YEAR
*****\$155.77

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

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer

Explanation Of Benefits



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Page: 2 of 2

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

Patient Name: SAMANTHA CAPRONI (self)

Claim ID: P5JNH0D3101 Recd: 05/22/25 Member ID: W265467702

Patient Account: VPS176

Member: SAMANTHA CAPRONI

DIAG: S01.551A, W54.0XXA

Group Name: COSTCO WHOLESALE CORPORATION

Group Number: 0169579-13-002 AQ V1= 0

Product: Open Access Aetna SelectSM

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	448.00							0.00
01/01/24	23	14060	1.0	13,785.00	13,785.00			1				0.00
01/01/24	23	1201159	1.0	1,540.00	1,360.94		179.06	2				1,360.94
TOTALS				15,773.00	15,593.94		179.06					1,360.94

Less Amount Already Paid \$1,205.17

ISSUED AMT: \$155.77

Remarks:

- 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]
- 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: \$0.00

Claim Payment: \$155.77

Total Payment to: ALEKSANDR SHTEYNBERG MD

\$155.77

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.