



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 02/22/2024
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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: **NONNA UGORETS** (self)

Claim ID: **EGJNB8JDL00** Recd: **02/18/24** Member ID: **W112724519**
Member: **NONNA UGORETS**
Group Name: **NEW YORK COMMUNITY HOSPITAL OF BROOKLYN**
Product: **Aetna Open Access® Elect Choice®**
Contract State: **NY**

Patient Account: **VPS172**

DIAG: **T20.00XS**
Group Number: **0621682-10-001 AA VB+{V0}**
Network ID: **00000**
Funding: **Insured**

Aetna Life Insurance Company

Network Status: **Out-of-Network**

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
01/29/24	11	99214		550.00	0.00			550.00 1 2 3			550.00	0.00
TOTALS				550.00				550.00			550.00	0.00

ISSUED AMT:

NO PAY

Remarks:

- 1 - The member's plan doesn't cover out of network benefits unless they're preauthorized. The balance is the member's responsibility. Contact us if you believe this service was preauthorized. [W77]
- 2 - Additional information is available but could not be communicated on this statement. Please call the number located on the Member I.D. card for an explanation.
- 3 - NOTICE OF DENIAL OF MEDICAL COVERAGE [NYI]

For Questions Regarding This Claim PO BOX 981106 EL PASO, TX 79998-1106
CALL (888) 337-0265 FOR ASSISTANCE
Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$550.00
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.