



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

Explanation Of Benefits

Please Retain for Future Reference

Printed: 04/27/2017
Page: 1 of 1

MAYYA FASOLYA MD
PIN: 0007661389
TIN: XXXXXXXX9467
NO PAY

MAYYA FASOLYA MD
2501 86TH ST
BROOKLYN NY 11214-4414

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With electronic funds transfer (EFT), we deposit your payments directly to your account. No more trips to the bank! Sign up through EnrollHub® at <https://solutions.caqh.org>. Or get a paper enrollment form. Medical providers go to www.aetnaeft.com. Dental providers go to www.aetnudentaleft.com.

Patient Name: MAXIM KUZNETSOV (spouse)

Claim ID: EPABYWY0R00 Recd: 04/20/17 Member ID: W225854845 Patient Account: 125-000140950-0

Member: IRINA SEMENOVA

Group Name: KPMG LLP

Product: Aetna HealthFund® Aetna Choice® POS II

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
04/14/17	11	99396		150.00			150.00	1			150.00	0.00
04/14/17	11	9921325		150.00			150.00	1			150.00	0.00
04/14/17	11	93306		350.00			350.00	1			350.00	0.00
04/14/17	11	93000		100.00			100.00	1			100.00	0.00
04/14/17	11	76536		150.00			150.00	1			150.00	0.00
TOTALS				900.00			900.00				900.00	0.00

ISSUED AMT:

NO PAY

Remarks:

- 1 - Our records indicate that the member's coverage terminated before you provided these services. The member is responsible for the charge(s).
011

For Questions Regarding This Claim

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

CALL (888) 632-3862 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility:

\$900.00

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.

4/14 8/19

Invoice # 000140950

Account# 0000614701 KUZNETSOV, MAXIM

Provdr 00001 FASOLYA DO, MAYYA

Sex M **Born** 5/18/1975 **County Code**

Insur# 00004 AETNA

Location 00001 BROOKLYN COMPRE

Co-Ins 00000

Orig. Billed 4/19/17 **By** CLO Via NE

Re-Submitted 0/00/00 **Count** 00

Accept Assignment **X** Prior Appr#

CustOrd#

Employment Related Accident

Preventive Check-up Emergency

Family Planning ESPDT

Outside Lab Work Cost **0000000**

Date of First Symptom **000000**

Similar Symptoms Between **000000** To **000000**

Date First Consulted **000000**

Disabled (T/P) From **000000** to **000000**

Date of Return to Work **000000**

Date of Discharge from Hospital **000000**

Date Admitted to Hospital **000000**

4) E010 THYROMEGALY

Diagnosis 1) R42 DIZZINESS
2) R002 PALPITATION
3) R079 CHEST PAIN

5) B181 CHRONIC VIRAL HEPATI

6)
7)

Frm-Date	To-Date	Qty	P-Code	Description	Modifier	R/D	Charge
4/14/17	4/14/17	1	99213	OFFICE OUTPATIENT VI	25	1,2,3	150.00
4/14/17	4/14/17	1	99396	PREVENTIVE VISIT EST		1,2,3	150.00
4/14/17	4/14/17	1	93000	ECG COMPLETE		1,2,3	100.00
4/14/17	4/14/17	1	76536	US EXAM HEAD & NECK		4	150.00
4/14/17	4/14/17	1	93306	TTE W/DOPPLER COMPLE		2	350.00

Total Charges 900.00 **Credits/Adjustments** .00 **Balance** 900.00

F3:Back

F4:Delete (if not yet billed)

Sh+F11:Re-Bill

Invoice # 000141135**Account#** 0000614701 KUZNETSOV, MAXIM**Provdr** 00001 FASOLYA DO, MAYYA**Sex M Born** 5/18/1975 **County Code****Insur#** 00004 AETNA**Location** 00001 BROOKLYN COMPRE**Co-Ins** 00000**Orig. Billed** 4/24/17 **By** CLO **Via** NE**Re-Submitted** 0/00/00 **Count** 00Accept Assignment **Y** Prior Appr#

CustOrd#

Employment Related Accident

Preventive Check-up Emergency

Family Planning ESPDT

Outside Lab Work Cost 0000000

Date of First Symptom 000000

Similar Symptoms Between 000000 To 000000

Date First Consulted 000000

Disabled (T/P) From 000000 to 000000

Date of Return to Work 000000

Date Admitted to Hospital 000000 Date of Discharge from Hospital 000000

Diagnosis 1) H60399 OTHER INFECTIVE OTIT 4)

7)

2) B181 CHRONIC VIRAL HEPATI 5)

3) E010 THYROMEGALY 6)

Frm-Date	To-Date	Qty	P-Code	Description	Modifier	R/D	Charge
4/19/17	4/19/17	1	99213	OFFICE OUTPATIENT VI		1,2,3	150.00

Total Charges	150.00	Credits/Adjustments	.00	Balance	150.00
F3:Back		F4:Delete (if not yet billed)		Sh+F11:Re-Bill	

SHP, LLC
ion Lane, Suite 100
h, VA 23462

c Service Requested

ALL FOR AADC 112
35 2.3699 AB 0-403
Brooklyn Comprehensive Care Cen 29
2501 66TH ST
BROOKLYN, NY 11214-4414



An Anthem Company

10 OF 12 F

ENV 1335

Explanation of Payment
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For quick and easy, 24 hour access to eligibility status, claims payment details, and other online tools, please go to availability.com and sign up for access, or contact us at 1-800-450-8753.

LOB: HEALTHPLUS MEDICAID

Run Date: 04/26/17

Payee: Brooklyn Comprehensive Care Center

NPI: 1154355105

TIN: 113699467

PIN: 00807921

Check Number: 13239232

D99-NYMD

Payment Summary

Prior Reduction Balance:	\$0.00
New Payment Reduction Recoveries:	\$0.00
Beginning Reduction Balance:	\$0.00
Claims Paid This Run:	\$94.19
Ending Reduction Balance:	\$0.00
Total Check Amount:	\$94.19

cessed Claim

Patient Name:	Chui, Wailun	Member ID:	006849364	Acct:	125-000141029-00035	State/Alt Member ID:	JLJ006849364					
Claim Number:	141570527400	Servicing Provider:	Shustriyan, Arkadiy	Servicing NPI:	1316892928	DRG#:						
Claim Comment:		TOB:		Auth#:								
Dates of Service	LC	Diag #	Rev	Proc/Mod	Day/Cat	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
04/07/17 - 04/07/17	11	E669		9921325	1	\$100.00	\$68.81	\$31.19	\$0.00	\$0.00	\$68.81	PXN
04/07/17 - 04/07/17	11	E669		36415	1	\$5.00	\$1.35	\$3.65	\$0.00	\$0.00	\$1.35	PXN
04/07/17 - 04/07/17	11	Z6836		G0447	1	\$50.00	\$24.03	\$25.97	\$0.00	\$0.00	\$24.03	PXN
Service Line(s)	Sub Total(s):					\$155.00	\$94.19	\$60.81	\$0.00	\$0.00	\$94.19	
Total-Interest:	\$0.00	Total-Prompt Pay Discount:	\$0.00	Claim Total:	\$94.19							

General Information

Payment Disputes-If you disagree with a claim determination, you may file a payment dispute in writing within that prescribed period mandated by the state which you do business. Your payment dispute should be directed to Empire HealthPlus's Payment Dispute Unit at P.O. Box 61599, Virginia Beach, VA 23466 or call 1-800-450-8753.

Endorsement Acknowledgement: "I understand that payment of this claim will be from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws." (42 CFR 455.19)

Reduction Balances-Amounts will be carried over to the next remittance.

or Assistance on Registering with Empire HealthPlus for ERA or EFT services, please call Emdeon Enrollment Team at 1-877-461-9605 or email FTEnrollment@Emdeon.com.

Explain Code Descriptions

XN Paid per your contract or Out Of Network rates

Group Code	CARC	RARC
CO	45	N381

Resubmit as
APG claim

Ac Service Requested

ALL FOR AADC 112

435 2-3699 AB 0.403

Brooklyn Comprehensive Care Ctr
2501 66TH ST
BROOKLYN, NY 11214-4414

29

LOB: HEALTHPLUS MEDICAID

Run Date: 04/26/17

Payee: Brooklyn Comprehensive Care Ctr

NPI: 1154355105

TIN: 113699467

PIN: 04377145

Check Number: 13238948

D99-NYMD

Explanation of Payment
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For quick and easy, 24 hour access to eligibility status, claims payment details, and other online tools, please go to availability.com and sign up for access, or contact us at 1-800-450-8753.



Payment Summary

Prior Reduction Balance:	\$0.00
New Payment Reduction Recoveries:	\$0.00
Beginning Reduction Balance:	\$0.00
Claims Paid This Run:	\$5,110.67
Ending Reduction Balance:	\$0.00
Total Check Amount:	\$5,110.67

Processed Claim

Patient Name: Acevedo, Andre			Member ID: 006516729			Acct: 45-1028			State/Alt Member ID: JLJ006516729				
Claim Number: 141607624600			Servicing Provider: Brooklyn Comprehensive Care C			Servicing NPI: 1154355105			DRG#:				
Claim Comment:									Auth#:				
#	Dates of Service	LC	Diag #	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
00	04/11/17 - 04/11/17		E669	0520	9921325	1	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00	ST
00	04/11/17 - 04/11/17		E669	0520	G0447	1	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	ST
Service Line(s) Sub Total(s):							\$220.00	\$0.00	\$220.00	\$0.00	\$0.00	\$0.00	
Total-Interest: \$0.00							Total-Prompt Pay Discount: \$0.00					Claim Total: \$0.00	

Processed Claim

Patient Name: Acevedo, Andre			Member ID: 006516729			Acct: 58-1028			State/Alt Member ID: JLJ006516729				
Claim Number: 141607625300			Servicing Provider: Brooklyn Comprehensive Care C			Servicing NPI: 1154355105			DRG#:				
Claim Comment:						TOB: 731			Auth#:				
#	Dates of Service	LC	Diag #	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
00	04/13/17 - 04/13/17		E669	0520	99213	1	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00	ST
00	04/13/17 - 04/13/17		E669	0520	36415	1	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	ST
00	04/13/17 - 04/13/17		E669	0520	G0447	1	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	ST
Service Line(s) Sub Total(s):							\$235.00	\$0.00	\$235.00	\$0.00	\$0.00	\$0.00	
Total-Interest: \$0.00							Total-Prompt Pay Discount: \$0.00					Claim Total: \$0.00	

Processed Claim

Patient Name: Acevedo, Damaris			Member ID: 006518002			Acct: 55-1036			State/Alt Member ID: JLJ006518002				
Claim Number: 141607625700			Servicing Provider: Brooklyn Comprehensive Care C			Servicing NPI: 1154355105			DRG#:				
Claim Comment:						TOB: 731			Auth#:				
#	Dates of Service	LC	Diag #	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
00	04/11/17 - 04/11/17		Z0001	0520	99395	1	\$250.00	\$133.36	\$116.64	\$0.00	\$0.00	\$133.36	P51
00	04/11/17 - 04/11/17		Z0001	0520	9921325	1	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00	P55
Service Line(s) Sub Total(s):							\$450.00	\$133.36	\$316.64	\$0.00	\$0.00	\$133.36	
Total-Interest: \$0.00							Total-Prompt Pay Discount: \$0.00					Claim Total: \$133.36	

Processed Claim

Patient Name: Acevedo, Damaris			Member ID: 006518002			Acct: 59-1036			State/Alt Member ID: JLJ006518002				
Claim Number: 141607625800			Servicing Provider: Brooklyn Comprehensive Care C			Servicing NPI: 1154355105			DRG#:				
Claim Comment:						TOB: 731			Auth#:				
#	Dates of Service	LC	Diag #	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
00	04/13/17 - 04/13/17		110	0520	99213	1	\$200.00	\$125.25	\$74.75	\$0.00	\$0.00	\$125.25	P51
00	04/13/17 - 04/13/17		110	0520	36415	1	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	P54

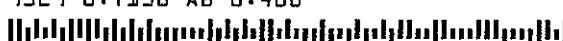
HEALTHPLUS HP, LLC
4425 Corporation Lane, Suite 100
Virginia Beach, VA 23462



An Anthem Company

Electronic Service Requested

ALL FOR AADC 112
9329 0.7130 AB 0.400



Brooklyn Comprehensive Care Cen 88
2501 86TH ST
BRONX, NY 11214-4414

Explanation of Payment
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LOB: HEALTHPLUS MEDICAID	
Run Date: 05/03/17	
Payee: Brooklyn Comprehensive Care Center	
NPI: 1154355105	
TIN: 113699467	
PIN: 00807921	
Check Number: 13247627	

Payment Summary	
Prior Reduction Balance:	\$0.00
New Payment Reduction Recoveries:	\$0.00
Beginning Reduction Balance:	\$0.00
Claims Paid This Run:	\$68.81
Ending Reduction Balance:	\$0.00
Total Check Amount:	\$68.81

Processed Claim

Patient Name: Edmond, Latisha	Member ID: 006571240	Acct: 141332210000	State/Alt Member ID: JLJ712638576										
Claim Number: 141775873200	Servicing Provider: FASOLYA, MAYYA	Servicing NPI: 1972684751	DRG#:										
Claim Comment:		TOB:	Auth#:										
#	Dates of Service	LC	Diag #	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
00	02/10/17 - 03/01/17	11	E669	7	99213	1	\$220.00	\$68.81	\$151.19	\$0.00	\$0.00	\$68.81	PXN
Service Line(s) Sub Total(s):							\$220.00	\$68.81	\$151.19	\$0.00	\$0.00	\$68.81	

Total-Interest: \$0.00

Total-Prompt Pay Discount: \$0.00

Claim Total: \$68.81

General Information

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Payee Endorsement Acknowledgement: "I understand that payment of this claim will be from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws." (42 CFR 455.19)

Ending Reduction Balances-Amounts will be carried over to the next remittance.

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Explain Code Descriptions

PXN Paid per your contract or Out Of Network rates

Group Code	CARC	RARC
CO	45	N381

Resubmit AS
APG