CIGNA

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Priya Nair

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-07-26
CHECK/EFT #: CIG-520009
PAYER: Cigna

TOTALS # CLAIMS 1 BILLED $300.00 ALLOWED $198.00 ADJ $102.00 **PAID $178.20**

NAME DIAZ, ELLA **CLAIM ID** clm-2009 **ICN** PCN-CLM-2009
PCN VISIT-2026-2009 **PROV** Dr. Priya Nair **STATUS** Processed as Primary

SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY	GRP/CARC	PROV PD
-	11	1	99204	-	$300.00	$198.00	$0.00	$19.80	$0.00	CO-45 $102.00, PR-3 $19.	$178.20
CLAIM TOTALS					**$300.00**	**$198.00**				**ADJ $102.00**	**$178.20**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

CO-45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement

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