OREGON HEALTH PLAN

REMITTANCE ADVICE

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Samuel Ortiz

DATE: 2026-09-22
CHECK/EFT #: OHP-520019
PAYER: Oregon Health Plan

TOTALS # CLAIMS 1 BILLED $400.00 ALLOWED $264.00 ADJ $136.00 **PAID $237.60**

NAME RIVERA, NAOMI **CLAIM ID** clm-2019 **ICN** PCN-CLM-2019
PCN VISIT-2026-2019 **PROV** Dr. Samuel Ortiz **STATUS** Processed as Primary

SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY	GRP/CARC	PROV PD
-	11	1	99205	-	$400.00	$264.00	$0.00	$26.40	$0.00	CO-45 $136.00, PR-3 $26.	$237.60
CLAIM TOTALS					**$400.00**	**$264.00**				**ADJ $136.00**	**$237.60**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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