

CIGNA

REMITTANCE ADVICE

Payee identifier: 1982744321  
Billing provider NPI: 1982744321  
Rendering provider: Dr. Lena Whitfield

PAGE #: 1 OF 1  
DATE: 2026-07-26  
CHECK/EFT #: CIG-520028  
PAYER: Cigna

|        |            |                 |                  |             |               |
|--------|------------|-----------------|------------------|-------------|---------------|
| TOTALS | # CLAIMS 1 | BILLED \$240.00 | ALLOWED \$158.40 | ADJ \$81.60 | PAID \$142.56 |
|--------|------------|-----------------|------------------|-------------|---------------|

|      |                 |          |                    |        |                      |
|------|-----------------|----------|--------------------|--------|----------------------|
| NAME | BISHOP, ELIJAH  | CLAIM ID | clm-2028           | ICN    | PCN-CLM-2028         |
| PCN  | VISIT-2026-2028 | PROV     | Dr. Lena Whitfield | STATUS | Processed as Primary |

| SERV DATE    | POS | NOS PROC | MODS | BILLED   | ALLOWED  | DEDUCT | COINS   | COPAY GRP/CARC                    | PROV PD  |
|--------------|-----|----------|------|----------|----------|--------|---------|-----------------------------------|----------|
| -            | 11  | 1 99395  | -    | \$240.00 | \$158.40 | \$0.00 | \$15.84 | \$0.00 C0-45 \$81.60, PR-3 \$15.. | \$142.56 |
| CLAIM TOTALS |     |          |      | \$240.00 | \$158.40 |        |         | ADJ \$81.60                       | \$142.56 |

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

- C0 Contractual obligation
- C0-45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement