

AETNA

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Marcus Byrne

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-09-22
CHECK/EFT #: W-520048
PAYER: Aetna

TOTALS	# CLAIMS 1	BILLED \$2400.00	ALLOWED \$1584.00	ADJ \$816.00	PAID \$1425.60
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NAME	HAYES, HENRY	CLAIM ID	clm-2048	ICN	PCN-CLM-2048
PCN	VISIT-2026-2048	PROV	Dr. Marcus Byrne	STATUS	Processed as Primary

SERV DATE	POS	NOS PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY GRP/CARC	PROV PD
-	11	1 45378	-	\$2400.00	\$1584.00	\$0.00	\$158.40	\$0.00 C0-45 \$816.00, PR-3 \$15.	\$1425.60
CLAIM TOTALS				\$2400.00	\$1584.00			ADJ \$816.00	\$1425.60

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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