

BLUE CROSS BLUE SHIELD

REMITTANCE ADVICE

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

PAGE #: 1 OF 1
DATE: 2026-07-26
CHECK/EFT #: BCB-520049
PAYER: Blue Cross Blue Shield

TOTALS	# CLAIMS 1	BILLED \$45.00	ALLOWED \$29.70	ADJ \$15.30	PAID \$26.73
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NAME	HAYES, MIA	CLAIM ID	clm-2049	ICN	PCN-CLM-2049
PCN	VISIT-2026-2049	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 80053	-	\$45.00	\$29.70	\$0.00	\$2.97	\$0.00 C0-45 \$15.30, PR-3 \$2.97	\$26.73
CLAIM TOTALS				\$45.00	\$29.70			ADJ \$15.30	\$26.73

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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