OREGON HEALTH PLAN

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

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-09-22
CHECK/EFT #: OHP-520055
PAYER: Oregon Health Plan

TOTALS # CLAIMS 1 BILLED $230.00 ALLOWED $151.80 ADJ $78.20 **PAID $136.62**

NAME SANDERS, ELIJAH **CLAIM ID** clm-2055 **ICN** PCN-CLM-2055

PCN VISIT-2026-2055 **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	99214	-	$230.00	$151.80	$0.00	$15.18	$0.00	CO-45 $78.20, PR-3 $15..	$136.62
CLAIM TOTALS					**$230.00**	**$151.80**				**ADJ $78.20**	**$136.62**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

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