UNITEDHEALTHCARE

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

REMITTANCE ADVICE

DATE: 2026-07-26
CHECK/EFT #: UHC-520058
PAYER: UnitedHealthcare

TOTALS # CLAIMS 1 BILLED $45.00 ALLOWED $29.70 ADJ $15.30 **PAID $26.73**

NAME HOLLAND, GRACE **CLAIM ID** clm-2058 **ICN** PCN-CLM-2058
PCN VISIT-2026-2058 **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	80053	-	$45.00	$29.70	$0.00	$2.97	$0.00	CO-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

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