

OREGON HEALTH PLAN

REMITTANCE ADVICE

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

PAGE #: 1 OF 1
DATE: 2026-07-26
CHECK/EFT #: OHP-520071
PAYER: Oregon Health Plan

TOTALS	# CLAIMS 1	BILLED \$240.00	ALLOWED \$158.40	ADJ \$81.60	PAID \$142.56
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NAME	MATHIS, OWEN	CLAIM ID	clm-2071	ICN	PCN-CLM-2071
PCN	VISIT-2026-2071	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