OREGON HEALTH PLAN

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

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-07-26
CHECK/EFT #: OHP-520073
PAYER: Oregon Health Plan

TOTALS # CLAIMS 1 BILLED $150.00 ALLOWED $99.00 ADJ $51.00 **PAID $89.10**

NAME MATHIS, OWEN **CLAIM ID** clm-2073 **ICN** PCN-CLM-2073
PCN VISIT-2026-2073 **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	99213	-	$150.00	$99.00	$0.00	$9.90	$0.00	CO-45 $51.00, PR-3 $9.90	$89.10
CLAIM TOTALS					**$150.00**	**$99.00**				**ADJ $51.00**	**$89.10**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

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

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