

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-520083
PAYER: Oregon Health Plan

TOTALS	# CLAIMS 1	BILLED \$650.00	ALLOWED \$429.00	ADJ \$221.00	PAID \$386.10
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NAME	GREER, JACK	CLAIM ID	clm-2083	ICN	PCN-CLM-2083
PCN	VISIT-2026-2083	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 76700	-	\$650.00	\$429.00	\$0.00	\$42.90	\$0.00 C0-45 \$221.00, PR-3 \$42.	\$386.10
CLAIM TOTALS				\$650.00	\$429.00			ADJ \$221.00	\$386.10

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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