

CIGNA

REMITTANCE ADVICE

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

PAGE #: 1 OF 1
DATE: 2026-09-22
CHECK/EFT #: CIG-520093
PAYER: Cigna

TOTALS	# CLAIMS 1	BILLED \$220.00	ALLOWED \$145.20	ADJ \$74.80	PAID \$130.68
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NAME	RIVERA, EMMA	CLAIM ID	clm-2093	ICN	PCN-CLM-2093
PCN	VISIT-2026-2093	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 71046	-	\$220.00	\$145.20	\$0.00	\$14.52	\$0.00 C0-45 \$74.80, PR-3 \$14..	\$130.68
CLAIM TOTALS				\$220.00	\$145.20			ADJ \$74.80	\$130.68

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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