CIGNA

Payee identifier: 1982744321

Billing provider NPI: 1982744321

Rendering provider: Dr. Priya Nair

REMITTANCE ADVICE

DATE: 2026-09-22

CHECK/EFT #: CIG-520094

PAYER: Cigna

TOTALS	# CLAIMS 1	BILLED $230.00	ALLOWED $151.80	ADJ $78.20	**PAID $136.62**

NAME	BOOKER, ZOE	**CLAIM ID**	clm-2094	**ICN**	PCN-CLM-2094
PCN	VISIT-2026-2094	**PROV**	Dr. Priya Nair	**STATUS**	Processed as Primary

SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY	GRP/CARC	PROV PD
-	11	1	99214	-	$230.00	$151.80	$0.00	$15.18	$0.00	CO-45 $78.20, PR-3 $15..	$136.62
CLAIM TOTALS					**$230.00**	**$151.80**				**ADJ $78.20**	**$136.62**

GLOSSARY: **GROUP, REASON, REMARK AND REASON CODES**

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