BLUE CROSS BLUE SHIELD

Payee identifier: 1982744321

Billing provider NPI: 1982744321

Rendering provider: Dr. Priya Nair

REMITTANCE ADVICE

PAGE #: 1 OF 1

DATE: 2026-11-07

CHECK/EFT #: BCB-520106

PAYER: Blue Cross Blue Shield

TOTALS # CLAIMS 1 BILLED $55.00 ALLOWED $36.30 ADJ $18.70 **PAID $32.67**

NAME RUSSELL, DANIEL **CLAIM ID** clm-2106 **ICN** PCN-CLM-2106

PCN VISIT-2026-2106 **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	83036	-	$55.00	$36.30	$0.00	$3.63	$0.00	CO-45 $18.70, PR-3 $3.63	$32.67
CLAIM TOTALS					**$55.00**	**$36.30**				**ADJ $18.70**	**$32.67**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

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

Generated by Taiga from payment adjudication data - not original payer 835/X12.