

UNITEDHEALTHCARE

REMITTANCE ADVICE

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

PAGE #: 1 OF 1
DATE: 2026-09-22
CHECK/EFT #: UHC-520111
PAYER: UnitedHealthcare

TOTALS	# CLAIMS 1	BILLED \$150.00	ALLOWED \$99.00	ADJ \$51.00	PAID \$89.10
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NAME	QUINN, OWEN	CLAIM ID	clm-2111	ICN	PCN-CLM-2111
PCN	VISIT-2026-2111	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 C0-45 \$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

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