BLUE CROSS BLUE SHIELD

Payee identifier: 1982744321

Billing provider NPI: 1982744321

Rendering provider: Dr. Samuel Ortiz

REMITTANCE ADVICE

PAGE #: 1 OF 1

DATE: 2026-10-23

CHECK/EFT #: BCB-520114

PAYER: Blue Cross Blue Shield

TOTALS # CLAIMS 1 BILLED $220.00 ALLOWED $145.20 ADJ $74.80 **PAID $130.68**

NAME MURPHY, CHLOE **CLAIM ID** clm-2114 **ICN** PCN-CLM-2114

PCN VISIT-2026-2114 **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	CO-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

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

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