BLUE CROSS BLUE SHIELD

Payee identifier: 1982744321

Billing provider NPI: 1982744321

Rendering provider: Dr. Samuel Ortiz

REMITTANCE ADVICE

DATE: 2026-10-27

CHECK/EFT #: BCB-520116

PAYER: Blue Cross Blue Shield

TOTALS # CLAIMS 1 BILLED $240.00 ALLOWED $158.40 ADJ $81.60 **PAID $142.56**

NAME MURPHY, CHLOE **CLAIM ID** clm-2116 **ICN** PCN-CLM-2116

PCN VISIT-2026-2116 **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	99395	-	$240.00	$158.40	$0.00	$15.84	$0.00	CO-45 $81.60, PR-3 $15..	$142.56
CLAIM TOTALS					**$240.00**	**$158.40**			**ADJ $81.60**		**$142.56**

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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