

UNITEDHEALTHCARE

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Priya Nair

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-07-26
CHECK/EFT #: UHC-520116
PAYER: UnitedHealthcare

TOTALS	# CLAIMS 1	BILLED \$420.00	ALLOWED \$277.20	ADJ \$142.80	PAID \$249.48
--------	------------	-----------------	------------------	--------------	---------------

NAME	FLEMING, ARIA	CLAIM ID	clm-2116	ICN	PCN-CLM-2116
PCN	VISIT-2026-2116	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 20610	-	\$420.00	\$277.20	\$0.00	\$27.72	\$0.00 C0-45 \$142.80, PR-3 \$27.	\$249.48
CLAIM TOTALS				\$420.00	\$277.20			ADJ \$142.80	\$249.48

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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