BLUE CROSS BLUE SHIELD

Payee identifier: 1982744321

Billing provider NPI: 1982744321

Rendering provider: Dr. Samuel Ortiz

REMITTANCE ADVICE

PAGE #: 1 OF 1

DATE: 2026-08-20

CHECK/EFT #: BCB-520119

PAYER: Blue Cross Blue Shield

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

NAME MURPHY, CHLOE **CLAIM ID** clm-2119 **ICN** PCN-CLM-2119

PCN VISIT-2026-2119 **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 20610	-	$420.00	$277.20	$0.00	$27.72	$0.00 CO-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

CO Contractual obligation

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

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