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-520120

PAYER: Blue Cross Blue Shield

TOTALS # CLAIMS 1 BILLED $320.00 ALLOWED $211.20 ADJ $108.80 **PAID $190.08**

NAME MURPHY, CHLOE **CLAIM ID** clm-2120 **ICN** PCN-CLM-2120

PCN VISIT-2026-2120 **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	99215	-	$320.00	$211.20	$0.00	$21.12	$0.00	CO-45 $108.80, PR-3 $21.	$190.08
CLAIM TOTALS					**$320.00**	**$211.20**				**ADJ $108.80**	**$190.08**

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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