OREGON HEALTH PLAN

REMITTANCE ADVICE

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Samuel Ortiz

DATE: 2026-11-07
CHECK/EFT #: OHP-520121
PAYER: Oregon Health Plan

TOTALS # CLAIMS 1 BILLED $650.00 ALLOWED $429.00 ADJ $221.00 **PAID $386.10**

NAME HUGHES, SAMUEL **CLAIM ID** clm-2121 **ICN** PCN-CLM-2121
PCN VISIT-2026-2121 **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 76700	-	$650.00	$429.00	$0.00	$42.90	$0.00 CO-45 $221.00, PR-3 $42.	$386.10
CLAIM TOTALS				**$650.00**	**$429.00**			**ADJ $221.00**	**$386.10**

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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