OREGON HEALTH PLAN

REMITTANCE ADVICE

Payee identifier: 1982744321

Billing provider NPI: 1982744321

Rendering provider: Dr. Samuel Ortiz

DATE: 2026-08-09

CHECK/EFT #: OHP-520123

PAYER: Oregon Health Plan

TOTALS # CLAIMS 1 BILLED $1800.00 ALLOWED $1188.00 ADJ $612.00 **PAID $1069.20**

NAME HUGHES, SAMUEL **CLAIM ID** clm-2123 **ICN** PCN-CLM-2123

PCN VISIT-2026-2123 **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	72148	-	$1800.00	$1188.00	$0.00	$118.80	$0.00	CO-45 $612.00, PR-3 $11.	$1069.20
CLAIM TOTALS					**$1800.00**	**$1188.00**				**ADJ $612.00**	**$1069.20**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

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