

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-520123
PAYER: UnitedHealthcare

TOTALS	# CLAIMS 1	BILLED \$55.00	ALLOWED \$36.30	ADJ \$18.70	PAID \$32.67
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NAME	FLEMING, ARIA	CLAIM ID	clm-2123	ICN	PCN-CLM-2123
PCN	VISIT-2026-2123	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 83036	-	\$55.00	\$36.30	\$0.00	\$3.63	\$0.00 C0-45 \$18.70, PR-3 \$3.63	\$32.67
CLAIM TOTALS				\$55.00	\$36.30			ADJ \$18.70	\$32.67

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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