

CIGNA

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

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-07-26
CHECK/EFT #: CIG-520124
PAYER: Cigna

TOTALS	# CLAIMS 1	BILLED \$1800.00	ALLOWED \$1188.00	ADJ \$612.00	PAID \$1069.20
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NAME	FROST, DANIEL	CLAIM ID	clm-2124	ICN	PCN-CLM-2124
PCN	VISIT-2026-2124	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 C0-45 \$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

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