CIGNA

Payee identifier: 1982744321

Billing provider NPI: 1982744321

Rendering provider: Dr. Samuel Ortiz

REMITTANCE ADVICE

DATE: 2026-07-26

CHECK/EFT #: CIG-520127

PAYER: Cigna

TOTALS # CLAIMS 1 BILLED $1400.00 ALLOWED $924.00 ADJ $476.00 **PAID $831.60**

NAME FROST, DANIEL **CLAIM ID** clm-2127 **ICN** PCN-CLM-2127

PCN VISIT-2026-2127 **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	73721	-	$1400.00	$924.00	$0.00	$92.40	$0.00	CO-45 $476.00, PR-3 $92.	$831.60
CLAIM TOTALS					**$1400.00**	**$924.00**				**ADJ $476.00**	**$831.60**

GLOSSARY: **GROUP, REASON, REMARK AND REASON CODES**

CO Contractual obligation

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