

CIGNA

REMITTANCE ADVICE

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Priya Nair

PAGE #: 1 OF 1
DATE: 2026-09-22
CHECK/EFT #: CIG-520128
PAYER: Cigna

TOTALS	# CLAIMS 1	BILLED \$300.00	ALLOWED \$198.00	ADJ \$102.00	PAID \$178.20
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NAME	DIAZ, CHLOE	CLAIM ID	clm-2128	ICN	PCN-CLM-2128
PCN	VISIT-2026-2128	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 99204	-	\$300.00	\$198.00	\$0.00	\$19.80	\$0.00 C0-45 \$102.00, PR-3 \$19.	\$178.20
CLAIM TOTALS				\$300.00	\$198.00			ADJ \$102.00	\$178.20

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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