CIGNA

REMITTANCE ADVICE

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

DATE: 2026-07-26
CHECK/EFT #: CIG-520128
PAYER: Cigna

TOTALS # CLAIMS 1 BILLED $420.00 ALLOWED $277.20 ADJ $142.80 **PAID $249.48**

NAME FROST, DANIEL **CLAIM ID** clm-2128 **ICN** PCN-CLM-2128
PCN VISIT-2026-2128 **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 20610	-	$420.00	$277.20	$0.00	$27.72	$0.00	CO-45 $142.80, PR-3 $27.	$249.48
CLAIM TOTALS				**$420.00**	**$277.20**				**ADJ $142.80**	**$249.48**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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