

CIGNA

REMITTANCE ADVICE

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

PAGE #: 1 OF 1
DATE: 2026-07-26
CHECK/EFT #: CIG-520129
PAYER: Cigna

TOTALS	# CLAIMS 1	BILLED \$400.00	ALLOWED \$264.00	ADJ \$136.00	PAID \$237.60
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NAME	FROST, DANIEL	CLAIM ID	clm-2129	ICN	PCN-CLM-2129
PCN	VISIT-2026-2129	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 99205	-	\$400.00	\$264.00	\$0.00	\$26.40	\$0.00 C0-45 \$136.00, PR-3 \$26.	\$237.60
CLAIM TOTALS				\$400.00	\$264.00			ADJ \$136.00	\$237.60

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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