BLUE CROSS BLUE SHIELD

Payee identifier: 1982744321

Billing provider NPI: 1982744321

Rendering provider: Dr. Priya Nair

REMITTANCE ADVICE

PAGE #: 1 OF 1

DATE: 2026-11-07

CHECK/EFT #: BCB-520132

PAYER: Blue Cross Blue Shield

TOTALS # CLAIMS 1 BILLED $230.00 ALLOWED $151.80 ADJ $78.20 **PAID $136.62**

NAME POPE, HAZEL **CLAIM ID** clm-2132 **ICN** PCN-CLM-2132

PCN VISIT-2026-2132 **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	99214	-	$230.00	$151.80	$0.00	$15.18	$0.00	CO-45 $78.20, PR-3 $15..	$136.62
CLAIM TOTALS					**$230.00**	**$151.80**				**ADJ $78.20**	**$136.62**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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

Generated by Taiga from payment adjudication data - not original payer 835/X12.