

BLUE CROSS BLUE SHIELD

REMITTANCE ADVICE

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

PAGE #: 1 OF 1
DATE: 2026-09-22
CHECK/EFT #: BCB-520132
PAYER: Blue Cross Blue Shield

TOTALS	# CLAIMS 1	BILLED \$230.00	ALLOWED \$151.80	ADJ \$78.20	PAID \$136.62
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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 C0-45 \$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

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