BLUE CROSS BLUE SHIELD

Payee identifier: 1982744321

Billing provider NPI: 1982744321

Rendering provider: Dr. Priya Nair

REMITTANCE ADVICE

PAGE #: 1 OF 1

DATE: 2026-08-03

CHECK/EFT #: BCB-520141

PAYER: Blue Cross Blue Shield

TOTALS # CLAIMS 1 BILLED $1400.00 ALLOWED $924.00 ADJ $476.00 **PAID $831.60**

NAME MUELLER, ELIJAH **CLAIM ID** clm-2141 **ICN** PCN-CLM-2141

PCN VISIT-2026-2141 **PROV** Dr. Priya Nair **STATUS** Processed as Primary

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SERV DATE	POS	NOS PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY	GRP/CARC	PROV PD
-	11	1 73721	-	$1400.00	$924.00	$0.00	$92.40	$0.00	CO-45 $476.00, PR-3 $92.	$831.60
CLAIM TOTALS				**$1400.00**	**$924.00**				**ADJ $476.00**	**$831.60**

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.