

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-520143
PAYER: Blue Cross Blue Shield

TOTALS	# CLAIMS 1	BILLED \$2200.00	ALLOWED \$1452.00	ADJ \$748.00	PAID \$1306.80
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NAME	MUELLER, ELIJAH	CLAIM ID	clm-2143	ICN	PCN-CLM-2143
PCN	VISIT-2026-2143	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 70551	-	\$2200.00	\$1452.00	\$0.00	\$145.20	\$0.00 C0-45 \$748.00, PR-3 \$14.	\$1306.80
CLAIM TOTALS				\$2200.00	\$1452.00			ADJ \$748.00	\$1306.80

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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