CIGNA

REMITTANCE ADVICE

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Lena Whitfield

DATE: 2026-09-22
CHECK/EFT #: CIG-520164
PAYER: Cigna

TOTALS # CLAIMS 1 BILLED $650.00 ALLOWED $429.00 ADJ $221.00 **PAID $386.10**

NAME POPE, CHLOE **CLAIM ID** clm-2164 **ICN** PCN-CLM-2164
PCN VISIT-2026-2164 **PROV** Dr. Lena Whitfield **STATUS** Processed as Primary

SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY	GRP/CARC	PROV PD
-	11	1	76700	-	$650.00	$429.00	$0.00	$42.90	$0.00	CO-45 $221.00, PR-3 $42.	$386.10
CLAIM TOTALS					**$650.00**	**$429.00**				**ADJ $221.00**	**$386.10**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

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