UNITEDHEALTHCARE

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

REMITTANCE ADVICE

DATE: 2026-07-26
CHECK/EFT #: UHC-520164
PAYER: UnitedHealthcare

TOTALS # CLAIMS 1 BILLED $320.00 ALLOWED $211.20 ADJ $108.80 **PAID $190.08**

NAME TRAN, ZOE **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	99215	-	$320.00	$211.20	$0.00	$21.12	$0.00	CO-45 $108.80, PR-3 $21.	$190.08
CLAIM TOTALS					**$320.00**	**$211.20**				**ADJ $108.80**	**$190.08**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

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