UNITEDHEALTHCARE

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Samuel Ortiz

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-09-22
CHECK/EFT #: UHC-520166
PAYER: UnitedHealthcare

TOTALS # CLAIMS 1 BILLED $55.00 ALLOWED $36.30 ADJ $18.70 **PAID $32.67**

NAME VEGA, NORA **CLAIM ID** clm-2166 **ICN** PCN-CLM-2166
PCN VISIT-2026-2166 **PROV** Dr. Samuel Ortiz **STATUS** Processed as Primary

SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY	GRP/CARC	PROV PD
-	11	1	83036	-	$55.00	$36.30	$0.00	$3.63	$0.00	CO-45 $18.70, PR-3 $3.63	$32.67
CLAIM TOTALS					**$55.00**	**$36.30**				**ADJ $18.70**	**$32.67**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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