UNITEDHEALTHCARE

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

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-10-22
CHECK/EFT #: UHC-520167
PAYER: UnitedHealthcare

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

NAME VEGA, NORA **CLAIM ID** clm-2167 **ICN** PCN-CLM-2167
PCN VISIT-2026-2167 **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	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

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