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-520169
PAYER: UnitedHealthcare

TOTALS # CLAIMS 1 BILLED $240.00 ALLOWED $158.40 ADJ $81.60 **PAID $142.56**

NAME VEGA, NORA **CLAIM ID** clm-2169 **ICN** PCN-CLM-2169
PCN VISIT-2026-2169 **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	99395	-	$240.00	$158.40	$0.00	$15.84	$0.00	CO-45 $81.60, PR-3 $15..	$142.56
CLAIM TOTALS					**$240.00**	**$158.40**				**ADJ $81.60**	**$142.56**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

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