BLUE CROSS BLUE SHIELD

Payee identifier: 1982744321

Billing provider NPI: 1982744321

Rendering provider: Dr. Hannah Cole

REMITTANCE ADVICE

PAGE #: 1 OF 1

DATE: 2026-11-07

CHECK/EFT #: BCB-520181

PAYER: Blue Cross Blue Shield

TOTALS # CLAIMS 1 BILLED $4800.00 ALLOWED $3168.00 ADJ $1632.00 **PAID $2851.20**

NAME COLEMAN, CALEB **CLAIM ID** clm-2181 **ICN** PCN-CLM-2181

PCN VISIT-2026-2181 **PROV** Dr. Hannah Cole **STATUS** Processed as Primary

SERV DATE	POS	NOS PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY GRP/CARC	PROV PD
-	11	1 29881	-	$4800.00	$3168.00	$0.00	$316.80	$0.00 CO-45 $1632.00, PR-3 $3.	$2851.20
CLAIM TOTALS				**$4800.00**	**$3168.00**			**ADJ $1632.00**	**$2851.20**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

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

Generated by Taiga from payment adjudication data - not original payer 835/X12.