

BLUE CROSS BLUE SHIELD

REMITTANCE ADVICE

Payee identifier: 1982744321  
Billing provider NPI: 1982744321  
Rendering provider: Dr. Hannah Cole

PAGE #: 1 OF 1  
DATE: 2026-09-22  
CHECK/EFT #: BCB-520184  
PAYER: Blue Cross Blue Shield

|        |            |                |                 |             |              |
|--------|------------|----------------|-----------------|-------------|--------------|
| TOTALS | # CLAIMS 1 | BILLED \$55.00 | ALLOWED \$36.30 | ADJ \$18.70 | PAID \$32.67 |
|--------|------------|----------------|-----------------|-------------|--------------|

|      |                 |          |                 |        |                      |
|------|-----------------|----------|-----------------|--------|----------------------|
| NAME | COLEMAN, CALEB  | CLAIM ID | clm-2184        | ICN    | PCN-CLM-2184         |
| PCN  | VISIT-2026-2184 | 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 83036  | -    | \$55.00 | \$36.30 | \$0.00 | \$3.63 | \$0.00 C0-45 \$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

- C0 Contractual obligation
- C0-45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement