

AETNA

REMITTANCE ADVICE

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

PAGE #: 1 OF 1
DATE: 2026-07-26
CHECK/EFT #: W-520193
PAYER: Aetna

TOTALS	# CLAIMS 1	BILLED \$4800.00	ALLOWED \$3168.00	ADJ \$1632.00	PAID \$2851.20
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NAME	QUINN, RILEY	CLAIM ID	clm-2193	ICN	PCN-CLM-2193
PCN	VISIT-2026-2193	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 29881	-	\$4800.00	\$3168.00	\$0.00	\$316.80	\$0.00 C0-45 \$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

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