

UNITEDHEALTHCARE

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

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-09-22
CHECK/EFT #: UHC-520201
PAYER: UnitedHealthcare

TOTALS	# CLAIMS 1	BILLED \$2400.00	ALLOWED \$1584.00	ADJ \$816.00	PAID \$1425.60
--------	------------	------------------	-------------------	--------------	----------------

NAME	FOSTER, ETHAN	CLAIM ID	clm-2201	ICN	PCN-CLM-2201
PCN	VISIT-2026-2201	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 45378	-	\$2400.00	\$1584.00	\$0.00	\$158.40	\$0.00 C0-45 \$816.00, PR-3 \$15.	\$1425.60
CLAIM TOTALS				\$2400.00	\$1584.00			ADJ \$816.00	\$1425.60

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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