BLUE CROSS BLUE SHIELD

Payee identifier: 1982744321

Billing provider NPI: 1982744321

Rendering provider: Dr. Samuel Ortiz

REMITTANCE ADVICE

PAGE #: 1 OF 1

DATE: 2026-11-07

CHECK/EFT #: BCB-520212

PAYER: Blue Cross Blue Shield

TOTALS # CLAIMS 1 BILLED $400.00 ALLOWED $264.00 ADJ $136.00 **PAID $118.80**

NAME NGUYEN, ARIA **CLAIM ID** clm-2212 **ICN** PCN-CLM-2212

PCN VISIT-2026-2212 **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	99205	-	$400.00	$264.00	$0.00	$26.40	$0.00	CO-45 $136.00, PR-3 $26.	$118.80
CLAIM TOTALS					**$400.00**	**$264.00**				**ADJ $136.00**	**$118.80**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

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

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