AETNA

REMITTANCE ADVICE

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Priya Nair

PAGE #: 1 OF 1
DATE: 2026-11-01
CHECK/EFT #: W-520223
PAYER: Aetna

TOTALS # CLAIMS 1 BILLED $240.00 ALLOWED $158.40 ADJ $81.60 **PAID $142.56**

NAME SCHMIDT, NOAH **CLAIM ID** clm-2223 **ICN** PCN-CLM-2223

PCN VISIT-2026-2223 **PROV** Dr. Priya Nair **STATUS** Processed as Primary

SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY	GRP/CARC	PROV PD
-	11	1	99395	-	$240.00	$158.40	$0.00	$15.84	$0.00	CO-45 $81.60, PR-3 $15..	$142.56
CLAIM TOTALS					**$240.00**	**$158.40**				**ADJ $81.60**	**$142.56**

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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