UNITEDHEALTHCARE

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Lena Whitfield

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-10-22
CHECK/EFT #: UHC-520243
PAYER: UnitedHealthcare

TOTALS # CLAIMS 1 BILLED $230.00 ALLOWED $151.80 ADJ $78.20 **PAID $136.62**

NAME MORRISON, WYATT **CLAIM ID** clm-2243 **ICN** PCN-CLM-2243
PCN VISIT-2026-2243 **PROV** Dr. Lena Whitfield **STATUS** Processed as Primary

SERV DATE	POS	NOS PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY	GRP/CARC	PROV PD
-	11	1 99214	-	$230.00	$151.80	$0.00	$15.18	$0.00	CO-45 $78.20, PR-3 $15..	$136.62
CLAIM TOTALS				**$230.00**	**$151.80**				**ADJ $78.20**	**$136.62**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

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