**OREGON HEALTH PLAN**

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

**REMITTANCE ADVICE**

PAGE #: 1 OF 1
DATE: 2026-10-26
CHECK/EFT #: OHP-520258
PAYER: Oregon Health Plan

**TOTALS** # CLAIMS 1 BILLED $220.00 ALLOWED $145.20 ADJ $74.80 **PAID $130.68**

**NAME** GREER, LOGAN **CLAIM ID** clm-2258 **ICN** PCN-CLM-2258
**PCN** VISIT-2026-2258 **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 | 71046 | - | $220.00 | $145.20 | $0.00 | $14.52 | $0.00 | CO-45 $74.80, PR-3 $14.. | $130.68 |
| **CLAIM TOTALS** | | | | | **$220.00** | **$145.20** | | | | **ADJ $74.80** | **$130.68** |

**GLOSSARY: GROUP, REASON, REMARK AND REASON CODES**

CO Contractual obligation

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