OREGON HEALTH PLAN

REMITTANCE ADVICE

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

DATE: 2026-08-26
CHECK/EFT #: OHP-520259
PAYER: Oregon Health Plan

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

NAME GREER, LOGAN **CLAIM ID** clm-2259 **ICN** PCN-CLM-2259
PCN VISIT-2026-2259 **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 45378	-	$2400.00	$1584.00	$0.00	$158.40	$0.00 CO-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

CO Contractual obligation

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