OREGON HEALTH PLAN

REMITTANCE ADVICE

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

DATE: 2026-11-07
CHECK/EFT #: OHP-520261
PAYER: Oregon Health Plan

TOTALS # CLAIMS 1 BILLED $2200.00 ALLOWED $1452.00 ADJ $748.00 **PAID $1306.80**

NAME GREER, LOGAN **CLAIM ID** clm-2261 **ICN** PCN-CLM-2261
PCN VISIT-2026-2261 **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	70551	-	$2200.00	$1452.00	$0.00	$145.20	$0.00	CO-45 $748.00, PR-3 $14.	$1306.80
CLAIM TOTALS					**$2200.00**	**$1452.00**				**ADJ $748.00**	**$1306.80**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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