**OREGON HEALTH PLAN**

**REMITTANCE ADVICE**

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

PAGE #: 1 OF 1
DATE: 2026-11-07
CHECK/EFT #: OHP-520263
PAYER: Oregon Health Plan

**TOTALS** # CLAIMS 1 BILLED $150.00 ALLOWED $99.00 ADJ $51.00 **PAID $89.10**

**NAME** FROST, SAMUEL **CLAIM ID** clm-2263 **ICN** PCN-CLM-2263

**PCN** VISIT-2026-2263 **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 | 99213 | - | $150.00 | $99.00 | $0.00 | $9.90 | $0.00 | CO-45 $51.00, PR-3 $9.90 | $89.10 |
| **CLAIM TOTALS** | | | | | **$150.00** | **$99.00** | | | | **ADJ $51.00** | **$89.10** |

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

CO Contractual obligation

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

Generated by Taiga from payment adjudication data - not original payer 835/X12.