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-520265
PAYER: Oregon Health Plan

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

NAME FROST, SAMUEL **CLAIM ID** clm-2265 **ICN** PCN-CLM-2265

PCN VISIT-2026-2265 **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 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

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