

UNITEDHEALTHCARE

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

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-07-26
CHECK/EFT #: UHC-520273
PAYER: UnitedHealthcare

TOTALS	# CLAIMS 1	BILLED \$1400.00	ALLOWED \$924.00	ADJ \$476.00	PAID \$831.60
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NAME	GREER, SAMUEL	CLAIM ID	clm-2273	ICN	PCN-CLM-2273
PCN	VISIT-2026-2273	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 73721	-	\$1400.00	\$924.00	\$0.00	\$92.40	\$0.00 C0-45 \$476.00, PR-3 \$92.	\$831.60
CLAIM TOTALS				\$1400.00	\$924.00			ADJ \$476.00	\$831.60

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

C0 Contractual obligation
C0-45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement