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-520278
PAYER: UnitedHealthcare

TOTALS # CLAIMS 1 BILLED $4800.00 ALLOWED $3168.00 ADJ $1632.00 **PAID $2851.20**

NAME GREER, SAMUEL **CLAIM ID** clm-2278 **ICN** PCN-CLM-2278
PCN VISIT-2026-2278 **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 29881	-	$4800.00	$3168.00	$0.00	$316.80	$0.00 CO-45 $1632.00, PR-3 $3.	$2851.20
CLAIM TOTALS				**$4800.00**	**$3168.00**			**ADJ $1632.00**	**$2851.20**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

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