OREGON HEALTH PLAN

REMITTANCE ADVICE

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Marcus Byrne

DATE: 2026-11-07
CHECK/EFT #: OHP-520291
PAYER: Oregon Health Plan

TOTALS # CLAIMS 1 BILLED $420.00 ALLOWED $277.20 ADJ $142.80 **PAID $249.48**

NAME WALLACE, CHLOE **CLAIM ID** clm-2291 **ICN** PCN-CLM-2291

PCN VISIT-2026-2291 **PROV** Dr. Marcus Byrne **STATUS** Processed as Primary

SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY	GRP/CARC	PROV PD
-	11	1	20610	-	$420.00	$277.20	$0.00	$27.72	$0.00	CO-45 $142.80, PR-3 $27.	$249.48
CLAIM TOTALS					**$420.00**	**$277.20**				**ADJ $142.80**	**$249.48**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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