**OREGON HEALTH PLAN**

**REMITTANCE ADVICE**

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


DATE: 2026-11-07
CHECK/EFT #: OHP-520296
PAYER: Oregon Health Plan

**TOTALS** # CLAIMS 1 BILLED $240.00 ALLOWED $158.40 ADJ $81.60 **PAID $142.56**

**NAME** WALLACE, CHLOE **CLAIM ID** clm-2296 **ICN** PCN-CLM-2296
**PCN** VISIT-2026-2296 **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 | 99395 | - | $240.00 | $158.40 | $0.00 | $15.84 | $0.00 | CO-45 $81.60, PR-3 $15.. | $142.56 |
| **CLAIM TOTALS** | | | | | **$240.00** | **$158.40** | | | | **ADJ $81.60** | **$142.56** |

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

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