AETNA

REMITTANCE ADVICE

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Priya Nair

PAGE #: 1 OF 1
DATE: 2026-10-18
CHECK/EFT #: AET-558201
PAYER: Aetna

TOTALS # CLAIMS 1 BILLED $285.00 ALLOWED $192.00 ADJ $93.00 **PAID $172.80**

NAME ROSS, AMELIA **CLAIM ID** clm-1001 **ICN** PCN-CLM-1001

PCN VISIT-2026-1001 **PROV** Dr. Priya Nair **STATUS** Processed as Primary

SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY	GRP/CARC	PROV PD
-	11	1	99214	-	$285.00	$192.00	$0.00	$19.20	$0.00	CO-45 $93.00, PR-3 $19..	$172.80
CLAIM TOTALS					**$285.00**	**$192.00**				**ADJ $93.00**	**$172.80**

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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