UNITEDHEALTHCARE

Payee identifier: 1982744321
Billing provider NPI: 1982744321
Rendering provider: Dr. Samuel Ortiz

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-11-04
CHECK/EFT #: UHC-771043
PAYER: UnitedHealthcare

TOTALS # CLAIMS 1 BILLED $320.00 ALLOWED $215.00 ADJ $105.00 **PAID $193.50**

NAME GRANT, OLIVIA **CLAIM ID** clm-1006 **ICN** PCN-CLM-1006
PCN VISIT-2026-1006 **PROV** Dr. Samuel Ortiz **STATUS** Processed as Primary

SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	COPAY	GRP/CARC	PROV PD
-	11	1	99204	-	$320.00	$215.00	$0.00	$21.50	$0.00	CO-45 $105.00, PR-3 $21.	$193.50
CLAIM TOTALS					**$320.00**	**$215.00**				**ADJ $105.00**	**$193.50**

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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