CIGNA

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

REMITTANCE ADVICE

PAGE #: 1 OF 1
DATE: 2026-09-24
CHECK/EFT #: CIG-330142
PAYER: Cigna

TOTALS # CLAIMS 1 BILLED $190.00 ALLOWED $134.00 ADJ $56.00 **PAID $134.00**

NAME MENDEZ, SOFIA **CLAIM ID** clm-1008 **ICN** PCN-CLM-1008
PCN VISIT-2026-1008 **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	99213	-	$190.00	$134.00	$0.00	$0.00	$0.00	CO-45 $56.00	$134.00
CLAIM TOTALS					**$190.00**	**$134.00**				**ADJ $56.00**	**$134.00**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

CO Contractual obligation

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

Generated by Taiga from payment adjudication data - not original payer 835/X12.