BLUE CROSS BLUE SHIELD

Payee identifier: 1982744321

Billing provider NPI: 1982744321

Rendering provider: Dr. Priya Nair

REMITTANCE ADVICE

PAGE #: 1 OF 1

DATE: 2026-10-24

CHECK/EFT #: BCB-220514

PAYER: Blue Cross Blue Shield

TOTALS # CLAIMS 1 BILLED $190.00 ALLOWED $130.00 ADJ $60.00 **PAID $65.00**

NAME HOWARD, GRACE **CLAIM ID** clm-1011 **ICN** PCN-CLM-1011

PCN VISIT-2026-1011 **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	$130.00	$0.00	$13.00	$0.00	CO-45 $60.00, PR-3 $13..	$65.00
CLAIM TOTALS				**$190.00**	**$130.00**				**ADJ $60.00**	**$65.00**

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.