BLUE CROSS BLUE SHIELD

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

REMITTANCE ADVICE

DATE: 2026-11-05
CHECK/EFT #: BCB-220777
PAYER: Blue Cross Blue Shield

TOTALS # CLAIMS 1 BILLED $45.00 ALLOWED $32.00 ADJ $13.00 **PAID $32.00**

NAME HOWARD, GRACE **CLAIM ID** clm-1014 **ICN** PCN-CLM-1014
PCN VISIT-2026-1014 **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	81003	-	$45.00	$32.00	$0.00	$0.00	$0.00	CO-45 $13.00	$32.00
CLAIM TOTALS					**$45.00**	**$32.00**				**ADJ $13.00**	**$32.00**

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.