UNITEDHEALTHCARE

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

REMITTANCE ADVICE

DATE: 2026-10-05
CHECK/EFT #: UHC-771500
PAYER: UnitedHealthcare

TOTALS # CLAIMS 1 BILLED $345.00 ALLOWED $202.00 ADJ $143.00 **PAID $183.10**

NAME LEE, MARCUS **CLAIM ID** clm-1016 **ICN** PCN-CLM-1016
PCN VISIT-2026-1016 **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	99214	-	$285.00	$189.00	$0.00	$18.90	$0.00	CO-45 $96.00, PR-3 $18..	$170.10
-	11	1	83036	-	$60.00	$13.00	$0.00	$0.00	$0.00	CO-45 $47.00	$13.00
CLAIM TOTALS					**$345.00**	**$202.00**				**ADJ $143.00**	**$183.10**

GLOSSARY: GROUP, REASON, REMARK AND REASON CODES

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