

## eRemittance - BLUE CROSS OF CALIFORNIA (CA)

Payee : COMMUNITY MEDICAL WELLNES (CLAIMREMEDI )  
 3441 TORRANCE BLVD  
 TORRANCE CA 90503

Date: 10/31/2025  
 NPI: 1235500513  
 TIN: 452424322  
 Reference ID: 9048440343

Payor : BLUE CROSS OF CALIFORNIA (CA) (030240928 ) , (CABLC) , ()  
 3075 VANDERCAR WAY  
 CINCINNATI OH 45209

Amount: \$0.00

## Explanation of Payment

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Claims: 1

(1)

Patient Name	<b>VAZQUEZ PICHARD</b>	Patient ID	138W03086	Claim Status	4
Subscriber Name	<b>ADRIANA</b>	Payer Claim ID	2025302EO8818	Claim Amount	\$164.00
Provider Name	-	Provider Claim ID	797146	Paid Amount	\$0.00
Claim Statement	CHIU OLIVER	Received Date	10/29/2025	Pt Responsibility	-
Dates	10/11/2025 - -				

**Claim Status Description : Denied**

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
10/11/2025 - 10/11/2025	0	HC:99213	\$164.00	\$0.00	- CO-16: \$164.00

REM: N803

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Adjustment Group Codes

CO : Contractual Obligations

Adjustment Reason Codes

16 : Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Change effective 02/01/2018: Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

N803 : Submission of the claim for the service rendered is the responsibility of the Contracted Medical Group or Hospital.