

ABC INSURANCE COMPANY
123 INSURANCE LANE
LION TOWN, NY 11111

ONCOLOGY CARE SOLUTIONS
123 ONCOLOGY LANE
LION TOWN, NY 11111

REMITTANCE ADVICE

Check Number: **000100**
Check Date: **09/15/25**
NPI: **101111111**
Federal Tax ID: **112444444**

Claim Status: Processed as Primary

Patient: **DOE, DAVE**

DOB: 01/29/1964

Insured: **DOE, DAVE**

Member ID: **ABC123EFG**

ICN: 202303EF123

Provider: COLUMBIA, MD, CHRISTOPHER

| Provider | Service Date | POS | NOS | Procedure | | Billed | Allowed | Pt. Responsibility | | Adjustments | | Remarks | Paid |
|---------------------------------|--------------|-----|-----|---------------|------|------------|---------|--------------------|--------------|-------------|--------|---------|------|
| | | | | Code | Mods | | | Deductible | Co-Insurance | Remit Code | Amount | | |
| 101111111 | 11/27/2024 | 11 | 1 | 99215 | | 940.00 | 0.00 | 0.00 | 0.00 | CO29 | 940.00 | N211 | 0.00 |
| 101111111 | 11/27/2024 | 11 | 1 | G2211 | | 50.00 | 0.00 | 0.00 | 0.00 | CO29 | 50.00 | N211 | 0.00 |
| 101111111 | 11/27/2024 | 11 | 1 | 80307 | | 250.00 | 0.00 | 0.00 | 0.00 | CO29 | 250.00 | N211 | 0.00 |
| | | | | | | | | | | PR3 | 20.00 | | |
| Patient Responsibility: \$20.00 | | | | Claim Totals: | | \$1,240.00 | \$0.00 | \$0.00 | \$0.00 | \$1,217.12 | | \$0.00 | |

| Remit Codes | |
|-------------|---------------------------|
| CO | Contractual Obligation |
| PR | Payer Initiated Reduction |

| Adjustment Codes | |
|------------------|---|
| 3 | Co-payment Amount. |
| 29 | The time limit for submitting a claim has expired, and it was submitted after the deadline. |

| Remark Codes | |
|--------------|--|
| N211 | Exceeded the time limit for timely filing. |