

ABC INSURANCE COMPANY
123 INSURANCE LANE
LION TOWN, NY 11111

REMITTANCE ADVICE

ONCOLOGY CARE SOLUTIONS
123 ONCOLOGY LANE
LION TOWN, NY 11111

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
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.
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