

**ABC INSURANCE COMPANY**  
123 INSURANCE LANE  
LION TOWN, NY 11111

**REMITTANCE ADVICE**

**ONCOLOGY CARE SOLUTIONS**  
123 ONCOLOGY LANE  
LION TOWN, NY 11111

Check Number: **000102**  
Check Date: **10/02/25**  
NPI: **10111111**  
Federal Tax ID: **112444444**

**Claim Status: Processed as Primary**

Patient: **DOE, JULIA**

Insured: **DOE, DAVE**

Member ID: **ABC123EFG**

ICN: 564040FF69

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	7/17/2025	11	1	96372		47.85	0.00	0.00	0.00	CO242	47.85		0.00
101111111	7/17/2025	11	1	77373		3,845.00	0.00	0.00	0.00	CO242	3,845.00		0.00
<b>Patient Responsibility: \$0.00</b>				<b>Claim Totals:</b>		<b>\$3,892.85</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$3,892.85</b>		<b>\$0.00</b>

**Remit Codes**

CO	Contractual Obligation
PR	Payer Initiated Reduction

**Adjustment Codes**

242	Service is not considered medically necessary.

**Remark Codes**
