

ABC INSURANCE COMPANY
123 INSURANCE LANE
LION TOWN, NY 11111

ONCOLOGY CARE SOLUTIONS
123 ONCOLOGY LANE
LION TOWN, NY 11111

REMITTANCE ADVICE

Check Number: 000102
Check Date: 10/02/25
NPI: 101111111
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
Patient Responsibility: \$0.00				Claim Totals:		\$3,892.85	\$0.00	\$0.00	\$0.00	\$3,892.85			\$0.00

Remit Codes	
CO	Contractual Obligation
PR	Payer Initiated Reduction

Adjustment Codes	
242	Service is not considered medically necessary.

Remark Codes	