

ABC INSURANCE COMPANY
123 INSURANCE LANE
LION TOWN, NY 11111

REMITTANCE ADVICE

ONCOLOGY CARE SOLUTIONS
123 ONCOLOGY LANE
LION TOWN, NY 11111

Check Number: **000101**
Check Date: **10/01/25**
NPI: **10111111**
Federal Tax ID: **112444444**

Claim Status: Processed as Primary

Patient: **DOE, JESSICA**

Insured: **DOE, DAVE**

Member ID: **ABC123EFG**

ICN: 564040FF58

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	7/16/2025	11	1	96372		47.85	0.00	0.00	0.00	CO197	47.85		0.00
101111111	7/16/2025	11	1	Q5127		12,074.04	0.00	0.00	0.00	CO197	12,074.04		0.00
Patient Responsibility: \$0.00				Claim Totals:		\$12,121.90	\$0.00	\$0.00	\$0.00	\$12,121.89			\$0.00

Remit Codes

CO	Contractual Obligation
PR	Payer Initiated Reduction

Adjustment Codes

197	Precertification / authorization / notification absent.

Remark Codes
