UNITEDHEALTHCARE

835 Electronic Remittance Advice

Total Amount Paid: **$114.49**
ERA Date: **03/18/25**
Check Number: **25074B1000138385**

835 Remittance Details

Client Name	Clm #	DOS	Service	Units	Billed	Adjust	Rmk	Pat Resp	Amt Paid
ALDAY, LILIA	25E179309500	02/04/25	97112.GP.97		100.00	50.00	45,2	10.00	40.00
ALDAY, LILIA	25E179309500	02/04/25	97116.GP.97		46.00	46.00	97	0.00	0.00
ALDAY, LILIA	25E179311000	02/25/25	97112.GP.97		100.00	50.00	45,2	10.00	40.00
ALDAY, LILIA	25E179311000	02/25/25	97116.GP.97		46.00	46.00	97	0.00	0.00
ALDAY, LILIA	25E179312600	03/04/25	97112.GP.97		100.00	50.00	45,2	10.00	40.00
ALDAY, LILIA	25E179312600	03/04/25	97116.GP.97		46.00	46.00	97	0.00	0.00
ALDAY, LILIA	25E182894900	02/18/25	97112.GP.97		100.00	50.00	45,2	10.00	40.00
ALDAY, LILIA	25E182894900	02/18/25	97116.GP.97		46.00	46.00	97	0.00	0.00
ALDAY, LILIA	25E182894900	02/18/25	97140.GP.97		50.00	50.00	97	0.00	0.00
			Client Totals		**634.00**	**434.00**		**40.00**	**160.00**
			ERA Totals	**634.00**	**434.00**		**40.00**	**160.00**	

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability). This change effective 7/1/2013: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)

2 Coinsurance Amount

97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.