BOREAL HEALTH PLAN

PROVIDER REMITTANCE ADVICE

Boreal Health Plan of Minnesota, Inc.
P.O. Box 59042, Minneapolis, MN 55459
Provider Services: (800) 555-0144 | Payer ID: BHPMN

Payee	Northstar Orthopedic Specialists, P.A. 7900 Xerxes Ave S, Ste 410, Bloomington, MN 55431	**Remittance No.**	RA-2026-22-58841	**Payment Date**	06/02/2026
NPI / TIN	1538227465 / 41-2284567	**Payment Method**	EFT — Trace No. EFT-0098213	**Total Payment**	**$2,746.70**

DOS	CPT / Mod	Units	Billed	Allowed	Patient Resp. (Grp-Code)	Contractual / Other Adj. (Grp-Code)	RARC	Paid
CLAIM 2026-145-887223 LINDQVIST, KAREN J ID: BHP-884512097 RECD: 04/24/2026 STATUS: DENIED								
04/17/2026	29881	1	8,940.00	0.00	0.00	CO-197 8,940.00		0.00
CLAIM TOTAL			**8,940.00**	**0.00**	**0.00**	**8,940.00**		**0.00**
CLAIM 2026-152-901447 OKAFOR, DANIEL R ID: BHP-771203448 RECD: 05/08/2026 STATUS: PROCESSED								
05/04/2026	99213	1	285.00	142.60	PR-3 30.00	CO-45 142.40		112.60
05/04/2026	20610 / RT	1	410.00	98.45	PR-2 19.69	CO-45 311.55		78.76
CLAIM TOTAL			**695.00**	**241.05**	**49.69**	**453.95**		**191.36**
CLAIM 2026-149-895012 VELDHUIS, MARIA S ID: BHP-650118209 RECD: 05/01/2026 STATUS: PROCESSED								
04/28/2026	73721 / LT	1	1,850.00	612.40	PR-1 250.00	CO-45 1,237.60		362.40
CLAIM TOTAL			**1,850.00**	**612.40**	**250.00**	**1,237.60**		**362.40**
CLAIM 2026-154-903788 PELLETIER, JAMES T ID: BHP-902341176 RECD: 05/15/2026 STATUS: PROCESSED								
05/11/2026	29827 / RT	1	12,300.00	3,941.18	PR-1 1,200.00 PR-2 548.24	CO-45 8,358.82		2,192.94
05/11/2026	29826 / RT	1	4,150.00	0.00	0.00	CO-97 4,150.00	M15	0.00
CLAIM TOTAL			**16,450.00**	**3,941.18**	**1,748.24**	**12,508.82**		**2,192.94**
CLAIM 2026-156-907215 MAKI, SUSAN B ID: BHP-833467001 RECD: 05/19/2026 STATUS: DENIED								
05/15/2026	97110	4	380.00	0.00	0.00	CO-50 380.00	N115	0.00
CLAIM TOTAL			**380.00**	**0.00**	**0.00**	**380.00**		**0.00**
CLAIM 2026-157-908994 ANDING, ROBERT L ID: BHP-118850334 RECD: 05/22/2026 STATUS: DENIED								
05/18/2026	99203	1	345.00	0.00	0.00	CO-16 345.00	N382	0.00
CLAIM TOTAL			**345.00**	**0.00**	**0.00**	**345.00**		**0.00**
REMITTANCE TOTALS (6 CLAIMS / 8 SERVICE LINES)			**28,660.00**	**4,794.63**	**2,047.93**	**23,865.37**		**2,746.70**

PROVIDER-LEVEL ADJUSTMENTS: NONE | INTEREST PAID: $0.00 | WITHHOLDING: $0.00 | NET PAYMENT: $2,746.70

Patient responsibility amounts (PR group codes) may be billed to the member. Contractual obligation amounts (CO group codes) may not be billed to the member per your Participating Provider Agreement.

ADJUSTMENT REASON & REMARK CODE DESCRIPTIONS

CO-16	Claim/service lacks information or has submission/billing error(s) needed for adjudication. See accompanying remark code.
CO-45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
CO-50	Non-covered services: not deemed a medical necessity by the payer.
CO-97	The benefit for this service is included in the payment/allowance for another service/procedure already adjudicated.
CO-197	Precertification/authorization/notification/pre-treatment absent.
PR-1	Deductible amount.

PR-2	Coinsurance amount.
PR-3	Co-payment amount.
N115	This decision was based on a Local Coverage Determination (LCD) / plan medical policy.
N382	Missing/incomplete/invalid patient identifier.
M15	Separately billed services/tests have been bundled; they are considered components of the same procedure.

Appeals must be received within 180 calendar days of the payment date shown above. Mail: Boreal Health Plan — Provider Appeals, P.O. Box 1190, Duluth, MN 55816. Fax: (218) 555-0177. For claim status, call Provider Services or use the BorealLink provider portal. This remittance advice corresponds to ERA (835) file 20260602-BHPMN-58841.