REMITTANCE ADVICE

1982923660 BYRON CENTER FAMILY MEDICINE [941242] NPI #: PAGE #: 7740 BYRON CENTER AVE SW STE 2 1 of 1 DATE: 2025-08-16 BYRON CENTER, MI 49315 EFT #: 165611078250817 272620668 TAX ID #:

REND PROV	SERV DAT	E POS	NOS	PROC	MOD	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	r	PROV PI
NAME ALBIN	, VICKIE	L	HI	C H4132	4538	ACNT 7957LMD6	42	ICN 8	82025224069	9218 ASG	Y MOA	
1306898036	0811 081	125 11	1	1160F		0.00	0.00	0.00	0.00			0.00
					HCPI:	RECONSIDERATION	N .					
1306898036	0811 081	125 11	1	99213		146.00	85.63	0.00	0.00	CO-253 CO-45	1.71 60.37	83.92
					HCPI:	RECONSIDERATION						
1306898036	0811 081	125 11	1	G8510		0.00	0.00	0.00	0.00			0.0
					HCPI:	RECONSIDERATION	N .					
1306898036	0811 081	125 11	1	3075F		0.00	0.00	0.00	0.00			0.00
					HCPI:	RECONSIDERATION						
1306898036	0811 081	.125 11	1	3078F		0.00	0.00	0.00	0.00			0.0
					HCPI:	RECONSIDERATION						
1306898036	0811 081	.125 11	1	1036F		0.00	0.00	0.00	0.00			0.0
					HCPI:	RECONSIDERATION						
L306898036	0811 081	125 11	1	3008F		0.00	0.00	0.00	0.00			0.0
					HCPI:	RECONSIDERATION						
1306898036	0811 081	125 11	1	2001F		0.00	0.00	0.00	0.00			0.0
					HCPI:	RECONSIDERATION						
L306898036	0811 081	125 11	1	2000F		0.00	0.00	0.00	0.00			0.0
					HCPI:	RECONSIDERATION						
L306898036	0811 081	125 11	1	1000F		0.00	0.00	0.00	0.00			0.0
						RECONSIDERATIO						
L306898036	0811 081	.125 11	1	1159F		0.00	0.00	0.00	0.00			0.0
						RECONSIDERATIO						
PT RESP				CLAIM		146.00		0.00	0.00		62.08	83.9
	TAL: PREV				INTE	REST 0.00	LATE	FILING	CHARGE	0.00	NET	83.92
	MEDICARE DE 1: Proc											
TOTALS:	# OF	BILLE	D	ALLC	WED	DEDUCT	COINS	TOTAL	PROV P	D P1	ROV	CHECK
	CLAIMS	AMT	•	AM		AMT	AMT	RC-AMT	AMT		J AMT	AMT
	1	146.	00		5.63	0.00	0.00	62.0	08 83.		0.00	83.92

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES

CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

