

BLUE CARE NETWORK OF MICHIGAN []
441 E. JEFFERSON
DETROIT, MI 48226
(000)000-0000

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
7740 BYRON CENTER AVE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 6
DATE: 2025-04-04
EFT #: 25090B1000144067064574830
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	POTTER, LOIS H					HIC XYK892204895 ACNT	2559LMD642			ICN E17543870200	ASG Y	MOA		
1013940584	1014	101424	11	-1	G0439			-361.00	0.00	0.00	0.00	CO-97	-361.00	0.00
REM: N1														
1013940584	1014	101424	11	-1	99214	25		-248.84	0.00	0.00	0.00	CO-45	-125.18	-106.49
												CO-104	-2.17	
												PR-3	-15.00	
1013940584	1014	101424	11	-1	17000			-122.10	0.00	-64.19	0.00	CO-45	-57.91	0.00
1013940584	1014	101424	11	-1	36415			-15.00	0.00	0.00	0.00	CO-45	-6.17	-8.65
												CO-104	-0.18	
1013940584	1014	101424	11	-1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	-1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	-1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	-1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	-1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	-1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	-1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	-1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	-1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-746.94	0.00	-64.19	0.00		-567.61	-115.14
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	-115.14
STATUS CODE 22: Reversal of Previous Payment														

NAME	POTTER, LOIS H					HIC XYK892204895 ACNT	2559LMD642			ICN E17543870201	ASG Y	MOA		
1013940584	1014	101424	11	1	G0439			361.00	0.00	0.00	0.00	CO-97	361.00	0.00
REM: N525 N1														
1013940584	1014	101424	11	1	99214	25		248.84	123.66	0.00	0.00	CO-45	125.18	106.49
												CO-104	2.17	
												PR-3	15.00	
1013940584	1014	101424	11	1	17000			122.10	64.19	64.19	0.00	CO-45	57.91	0.00
1013940584	1014	101424	11	1	36415			15.00	8.83	0.00	0.00	CO-45	6.17	8.65
												CO-104	0.18	
1013940584	1014	101424	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	1014	101424	11	1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	79.19					CLAIM TOTALS		746.94	196.68	64.19	0.00		567.61	115.14
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	115.14
STATUS CODE 1: Processed as Primary														

NAME	HENDGES, HENRY M					HIC XYK892205907 ACNT	5192LMD642			ICN E18065222400	ASG Y	MOA		
1306898036	0311	031125	11	-1	99212	25		-87.00	0.00	0.00	0.00	CO-45	-34.47	-51.48
												CO-104	-1.05	
1306898036	0311	031125	11	-1	G2211			-25.00	0.00	0.00	0.00	CO-236	-25.00	0.00
REM: N1														
1306898036	0311	031125	11	-1	11055	LT		-126.28	0.00	0.00	0.00	CO-11	-126.28	0.00
REM: N657 N1														
1306898036	0311	031125	11	-1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0311	031125	11	-1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0311	031125	11	-1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0311	031125	11	-1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0311	031125	11	-1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0311	031125	11	-1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0311	031125	11	-1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0311	031125	11	-1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-238.28	0.00	0.00	0.00		-186.80	-51.48
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	-51.48
STATUS CODE 22: Reversal of Previous Payment														



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25090B1000144067064574830 PAGE #: 2 of 6

REMITTANCE

ADVICE

DATE: 2025-04-04

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	HENDGES, HENRY M					HIC	XYK892205907	ACNT	5192LMD642		ICN	E18065222401	ASG Y	MOA
1306898036	0311	031125	11	1	99212	25			87.00	52.53	0.00	0.00	CO-45	34.47
													CO-104	1.05
1306898036	0311	031125	11	1	G2211				25.00	0.00	0.00	0.00	CO-236	25.00
							REM: N1							
1306898036	0311	031125	11	1	11055				126.28	0.00	0.00	0.00	CO-11	126.28
							REM: N657 N1							
1306898036	0311	031125	11	1	3074F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	3078F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	3008F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	2001F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	2000F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	1000F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	1159F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	1160F				0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM	TOTALS		238.28	52.53	0.00	0.00	186.80	51.48
ADJ TO TOTAL: PREV PD							INTEREST		0.00				0.00	NET
STATUS CODE 1:	Processed as Primary													

NAME	LE, HOA T					HIC	XYK922380386	ACNT	5343LMD642		ICN	E18091382200	ASG Y	MOA
1306898036	0318	031825	11	1	G0439				361.00	121.85	0.00	0.00	CO-45	239.15
													CO-104	2.44
1306898036	0318	031825	11	1	99214	25			241.68	120.84	0.00	0.00	CO-45	120.84
													CO-104	2.42
1306898036	0318	031825	11	1	99397	33			341.00	0.00	0.00	0.00	CO-231	341.00
							REM: N1							
1306898036	0318	031825	11	1	G2211				25.00	0.00	0.00	0.00	CO-236	25.00
							REM: N1							
1306898036	0318	031825	11	1	G0442	XU			30.00	16.22	0.00	0.00	CO-45	13.78
													CO-104	0.32
1306898036	0318	031825	11	1	G0444	XU			29.45	16.22	0.00	0.00	CO-45	13.23
													CO-104	0.32
1306898036	0318	031825	11	1	G0136	XU			34.80	17.40	0.00	0.00	CO-45	17.40
													CO-104	0.35
1306898036	0318	031825	11	1	G0557	XU			94.10	0.00	0.00	0.00	CO-182	94.10
							REM: N1							
1306898036	0318	031825	11	1	3074F				0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	3078F				0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	G9622				0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	G8510				0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	1036F				0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM	TOTALS		1157.03	292.53	0.00	0.00	870.35	286.68
ADJ TO TOTAL: PREV PD							INTEREST		0.00				0.00	NET
STATUS CODE 1:	Processed as Primary													

NAME	FLESER, BARBARA J					HIC	M6891024701	ACNT	5376LMD642		ICN	E18099171500	ASG Y	MOA
1013940584	0318	031825	11	-1	99214	25			-219.00	0.00	0.00	0.00	CO-45	-98.12
													CO-24	-90.88
													PR-3	-30.00
1013940584	0318	031825	11	-1	83036	QW			-60.90	0.00	0.00	0.00	CO-45	-45.45
1013940584	0318	031825	11	-1	G0446	XU			-61.88	0.00	0.00	0.00	CO-45	-22.57
1013940584	0318	031825	11	-1	97802				-26.00	0.00	0.00	0.00	CO-97	-26.00
							REM: N19 N1							
1013940584	0318	031825	11	-1	G0447	XU			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	-1	99401	XU			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	-1	3075F				0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	-1	3079F				0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	-1	2028F				0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	-1	3051F				0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM	TOTALS		-367.78	0.00	0.00	0.00	-313.02	-54.76
ADJ TO TOTAL: PREV PD							INTEREST		0.00				0.00	NET
STATUS CODE 22:	Reversal of Previous Payment													



END	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME FLESER, BARBARA J					HIC	M6891024701	ACNT	5376LMD642		ICN	E18099171501	ASG Y	MOA	
1013940584	0318	031825	11	1	99214	25		219.00	60.44	0.00	0.00	CO-B10	158.56	0.00
REM: M80 N1												CO-24	30.44	
												PR-3	30.00	
1013940584	0318	031825	11	1	83036	QW		60.90	15.45	0.00	0.00	CO-45	45.45	15.45
1013940584	0318	031825	11	1	G0446	XU		61.88	39.31	0.00	0.00	CO-45	22.57	39.31
1013940584	0318	031825	11	1	97802			26.00	0.00	0.00	0.00	CO-97	26.00	0.00
REM: N19 N1														
1013940584	0318	031825	11	1	G0447	XU		65.00	39.31	0.00	0.00	CO-45	25.69	39.31
1013940584	0318	031825	11	1	99401	XU		65.00	0.00	0.00	0.00	CO-A1	65.00	0.00
REM: N1 N20														
1013940584	0318	031825	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825	11	1	2028F			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825	11	1	3051F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.00				CLAIM	TOTALS		497.78	154.51	0.00	0.00		403.71	94.07
ADJ TO TOTAL: PREV PD								0.00		LATE FILING	CHARGE	0.00	NET	94.07
STATUS CODE 1: Processed as Primary														

NAME CHAFFIN, KEITH A	HIC M0378200501	ACNT 5369LMD642	ICN E18102610800	ASG Y	MOA	
1013940584 0318 031825 11	1 99214 25	219.00 120.88	120.88 0.00	CO-45	98.12	0.00
1013940584 0318 031825 11	1 G0557 XU	94.10 0.00	0.00 0.00	CO-182	94.10	0.00
	REM: N1					
1013940584 0318 031825 11	1 97802	26.00 0.00	0.00 0.00	CO-97	26.00	0.00
	REM: N19 N1					
1013940584 0318 031825 11	1 99401 33	0.00 0.00	0.00 0.00			0.00
1013940584 0318 031825 11	1 G0447 XU	0.00 0.00	0.00 0.00			0.00
1013940584 0318 031825 11	1 3008F	0.00 0.00	0.00 0.00			0.00
1013940584 0318 031825 11	1 2001F	0.00 0.00	0.00 0.00			0.00
1013940584 0318 031825 11	1 2000F	0.00 0.00	0.00 0.00			0.00
1013940584 0318 031825 11	1 1000F	0.00 0.00	0.00 0.00			0.00
1013940584 0318 031825 11	1 1159F	0.00 0.00	0.00 0.00			0.00
1013940584 0318 031825 11	1 1160F	0.00 0.00	0.00 0.00			0.00
1013940584 0318 031825 11	1 3077F	0.00 0.00	0.00 0.00			0.00
PT RESP 120.88	CLAIM TOTALS	339.10 120.88	120.88 0.00		218.22	0.00
ADJ TO TOTAL: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00
STATUS CODE 1: Processed as Primary						

NAME SMITH, SHARON L				HIC M0179033701	ACNT 5406LMD642	ICN E18107084400		ASG Y	MOA		
1013940584	0320	032025	11	1 99397	341.00	150.55	0.00	0.00	CO-45	190.45	0.00
									CO-24	150.55	
1013940584	0320	032025	11	1 99214 25	219.00	60.44	0.00	0.00	CO-B10	60.44	0.00
				REM: M80 N1					CO-45	98.12	
									CO-24	40.44	
									PR-3	20.00	
1013940584	0320	032025	11	1 36415	20.00	4.86	0.00	0.00	CO-45	15.14	0.00
									CO-24	4.86	
1013940584	0320	032025	11	1 G0136 33	34.80	29.48	29.48	0.00	CO-45	5.32	0.00
1013940584	0320	032025	11	1 G0538	20.00	0.00	0.00	0.00	CO-234	20.00	0.00
				REM: N20							
1013940584	0320	032025	11	1 Q0091 59	40.00	0.00	0.00	0.00	CO-97	40.00	0.00
				REM: N19 N1							
1013940584	0320	032025	11	1 G0442 XU	30.00	29.48	0.00	0.00	CO-45	0.52	29.48
1013940584	0320	032025	11	1 G0444 XU	29.45	0.00	0.00	0.00	CO-97	29.45	0.00
				REM: N1							
1013940584	0320	032025	11	1 G8417	0.00	0.00	0.00	0.00			0.00
1013940584	0320	032025	11	1 3075F	0.00	0.00	0.00	0.00			0.00
1013940584	0320	032025	11	1 3079F	0.00	0.00	0.00	0.00			0.00
1013940584	0320	032025	11	1 G9622	0.00	0.00	0.00	0.00			0.00
1013940584	0320	032025	11	1 G8510	0.00	0.00	0.00	0.00			0.00
1013940584	0320	032025	11	1 4004F	0.00	0.00	0.00	0.00			0.00
PT RESP	49.48			CLAIM TOTALS	734.25	274.81	29.48	0.00		675.29	29.48
ADJ TO TOTAL:	PREV PD			INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	29.48
STATUS CODE 1: Processed as Primary											

BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25090B1000144067064574830 PAGE #: 4 of 6

REMITTANCE

ADVICE

DATE: 2025-04-04

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SKOWRONEK, ANDY E					HIC	XYK997106487	ACNT	5413LMD642		ICN	E18113924600	ASG	Y MOA
1013940584	0324	032425	11	1	99214				219.00	120.84	0.00	0.00	CO-45	98.16 118.42
1013940584	0324	032425	11	1	G2211				25.00	15.26	0.00	0.00	CO-104	2.42
													CO-45	9.74 14.95
													CO-104	0.31
1013940584	0324	032425	11	1	0513F				0.00	0.00	0.00	0.00		0.00
1013940584	0324	032425	11	1	3079F				0.00	0.00	0.00	0.00		0.00
1013940584	0324	032425	11	1	4004F				0.00	0.00	0.00	0.00		0.00
1013940584	0324	032425	11	1	3074F				0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM	TOTALS		244.00	136.10	0.00	0.00		
ADJ TO TOTAL: PREV PD						INTEREST			0.00				110.63	133.37
STATUS CODE 1: Processed as						Primary							NET	133.37

NAME	COOK, JACK E					HIC	XYK893691287	ACNT	5422LMD642		ICN	E18118485000	ASG	Y MOA
1306898036	0324	032425	11	1	G0439				361.00	121.85	0.00	0.00	CO-45	239.15 119.41
1306898036	0324	032425	11	1	99214	25			241.68	120.84	0.00	0.00	CO-104	2.44
1306898036	0324	032425	11	1	99397	33			341.00	0.00	0.00	0.00	CO-45	120.84 118.42
						REM: N1							CO-104	2.42
1306898036	0324	032425	11	1	99497	33			132.00	77.66	0.00	0.00	CO-231	341.00 0.00
1306898036	0324	032425	11	1	G0136	33			34.80	17.40	0.00	0.00	CO-45	54.34 76.11
1306898036	0324	032425	11	1	G2211				25.00	0.00	0.00	0.00	CO-104	1.55
1306898036	0324	032425	11	1	99401	33			60.00	0.00	0.00	0.00	CO-45	17.40 17.05
						REM: M51							CO-104	0.35
1306898036	0324	032425	11	1	G0442	XU			30.00	0.00	0.00	0.00	CO-236	25.00 0.00
						REM: N1								
1306898036	0324	032425	11	1	G0444	XU			29.45	0.00	0.00	0.00	CO-181	60.00 0.00
						REM: N1							CO-97	30.00 0.00
1306898036	0324	032425	11	1	3074F				0.00	0.00	0.00	0.00	CO-97	29.45 0.00
1306898036	0324	032425	11	1	3078F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	G9622				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	G8510				0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM	TOTALS		1254.93	337.75	0.00	0.00		
ADJ TO TOTAL: PREV PD						INTEREST			0.00				923.94	330.99
STATUS CODE 1: Processed as						Primary							NET	330.99

NAME	TAKENS, DANIEL L					HIC	89378015501	ACNT	5446LMD642		ICN	E18118493500	ASG	Y MOA
1013940584	0324	032425	11	1	99396				327.00	139.99	0.00	0.00	CO-45	187.01 0.00
1013940584	0324	032425	11	1	99214	25			219.00	60.44	0.00	30.22	CO-24	114.99
						REM: M80 N1							PR-3	25.00
1013940584	0324	032425	11	1	G0136	33			34.80	29.48	29.48	0.00	CO-B10	60.44 0.00
1013940584	0324	032425	11	1	36415				20.00	4.86	0.00	0.00	CO-45	98.12
1013940584	0324	032425	11	1	96127	XU			40.00	7.25	0.00	0.00	CO-24	30.22
1013940584	0324	032425	11	1	96160	XU			5.30	0.00	0.00	0.00	CO-45	5.32 0.00
						REM: N1							CO-24	4.86
1013940584	0324	032425	11	1	3074F				0.00	0.00	0.00	0.00	CO-45	32.75 7.25
1013940584	0324	032425	11	1	3078F				0.00	0.00	0.00	0.00	CO-97	5.30 0.00
1013940584	0324	032425	11	1	2028F				0.00	0.00	0.00	0.00		0.00
1013940584	0324	032425	11	1	G8510				0.00	0.00	0.00	0.00		0.00
1013940584	0324	032425	11	1	G9622				0.00	0.00	0.00	0.00		0.00
PT RESP	84.70					CLAIM	TOTALS		646.10	242.02	29.48	30.22		
ADJ TO TOTAL: PREV PD						INTEREST			0.00				579.15	7.25
STATUS CODE 1: Processed as						Primary							NET	7.25

NAME	WISENER, JOHN P					HIC	92222900701	ACNT	5300LMD642		ICN	E18118900800	ASG	Y MOA
1013940584	1122	112224	11	1	95117				37.00	19.14	0.00	0.00	CO-45	17.86 19.14
PT RESP	0.00					CLAIM	TOTALS		37.00	19.14	0.00	0.00		17.86
ADJ TO TOTAL: PREV PD						INTEREST			0.00				0.00	19.14
STATUS CODE 1: Processed as						Primary							NET	19.14

NAME	TERBEEK, ASHLEY					HIC	XYH911438060	ACNT	5444LMD642		ICN	E18118941200	ASG	Y MOA
1306898036	0324	032425	11	1	36415				20.00	4.86	0.00	0.00	CO-45	15.14 4.86
PT RESP	0.00					CLAIM	TOTALS		20.00	4.86	0.00	0.00		15.14
ADJ TO TOTAL: PREV PD						INTEREST			0.00				0.00	4.86
STATUS CODE 1: Processed as						Primary							NET	4.86



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25090B1000144067064574830 PAGE #: 5 of 6

REMITTANCE

ADVICE

DATE: 2025-04-04

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	BRINKS, CALVIN J					HIC	XYK891008096	ACNT	5439LMD642		ICN	E18119600500	ASG Y	MOA
1306898036	0324	032425	11	1	99214	25			219.00	120.84	0.00	0.00	CO-45	98.16
													CO-104	2.12
													PR-3	15.00
1306898036	0324	032425	11	1	99401	33			60.00	0.00	0.00	0.00	CO-181	60.00
1306898036	0324	032425	11	1	G2211				25.00	0.00	0.00	0.00	CO-236	25.00
1306898036	0324	032425	11	1	3074F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	3078F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	3008F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	2001F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	2000F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	1000F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	1159F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	1160F				0.00	0.00	0.00	0.00		0.00
PT RESP	15.00								304.00	120.84	0.00	0.00		
													200.28	103.72
ADJ TO TOTAL: PREV PD									0.00				NET	103.72
STATUS CODE 1: Processed as Primary														

NAME	HOSACK, JOSHUA D					HIC	91046644701	ACNT	5424LMD642		ICN	E18120673200	ASG Y	MOA
1306898036	0324	032425	11	1	99395	25			297.00	131.69	0.00	0.00	CO-45	165.31
1306898036	0324	032425	11	1	36415				20.00	4.86	0.00	0.00	CO-45	15.14
1306898036	0324	032425	11	1	96127	XU			40.00	7.25	0.00	0.00	CO-45	32.75
1306898036	0324	032425	11	1	96160	XU			5.30	0.00	0.00	0.00	CO-97	5.30
1306898036	0324	032425	11	1	82043	XU			14.70	4.56	4.56	0.00	CO-45	10.14
1306898036	0324	032425	11	1	82570	XU			17.85	4.08	4.08	0.00	CO-45	13.77
1306898036	0324	032425	11	1	3074F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	3078F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	G9622				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	G8510				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	3061F				0.00	0.00	0.00	0.00		0.00
PT RESP	8.64								394.85	152.44	8.64	0.00		
													242.41	143.80
ADJ TO TOTAL: PREV PD									0.00				NET	143.80
STATUS CODE 1: Processed as Primary														

NAME	SCOTT, WENDELL L					HIC	91537286301	ACNT	5466LMD642		ICN	E18124064400	ASG Y	MOA
1306898036	0325	032525	11	1	99213				146.00	83.35	0.00	0.00	CO-45	62.65
													CO-24	63.35
													PR-3	20.00
1306898036	0325	032525	11	1	3075F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	3079F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	3008F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	2001F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	2000F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	1000F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	1159F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	1160F				0.00	0.00	0.00	0.00		0.00
PT RESP	20.00								146.00	83.35	0.00	0.00		
													146.00	0.00
ADJ TO TOTAL: PREV PD									0.00				NET	0.00
STATUS CODE 1: Processed as Primary														

NAME	ERGANG, THERESA R					HIC	XYH917616576	ACNT	5467LMD642		ICN	E18124398800	ASG Y	MOA
INSURED NAME:	ERGANG, ROBERT R													
1306898036	0325	032525	11	1	99213				146.00	83.35	0.00	0.00	CO-45	62.65
													CO-24	63.35
													PR-3	20.00
1306898036	0325	032525	11	1	3075F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	3079F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	3008F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	2001F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	2000F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	1000F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	1159F				0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1	1160F				0.00	0.00	0.00	0.00		0.00
PT RESP	20.00								146.00	83.35	0.00	0.00		
													146.00	0.00
ADJ TO TOTAL: PREV PD									0.00				NET	0.00
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	VANHOFWEGEN, ERIC J					HIC	XYH915427827	ACNT	5437LMD642			ICN	E18126284700	ASG Y MOA
INSURED NAME:	VANHOFWEGEN, LISA J													
1306898036	0324	032425	11	1	99396			327.00	139.99	0.00	0.00	CO-45	187.01	139.99
1306898036	0324	032425	11	1	99214	25		241.68	60.44	60.44	0.00	CO-B10	60.44	0.00
						REM: M80	N1					CO-45	120.80	
1306898036	0324	032425	11	1	36415			20.00	4.86	0.00	0.00	CO-45	15.14	4.86
1306898036	0324	032425	11	1	G0557			94.10	56.97	56.97	0.00	CO-45	37.13	0.00
1306898036	0324	032425	11	1	96127	XU		40.00	7.25	0.00	0.00	CO-45	32.75	7.25
1306898036	0324	032425	11	1	96160	XU		5.30	0.00	0.00	0.00	CO-97	5.30	0.00
						REM: N1								
1306898036	0324	032425	11	1	G0136	33		34.80	29.48	29.48	0.00	CO-45	5.32	0.00
1306898036	0324	032425	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	146.89					CLAIM	TOTALS	762.88	298.99	146.89	0.00		463.89	152.10
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	152.10
STATUS CODE 1: Processed as Primary														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	19	6316.14	2570.78	335.37	30.22	4699.85	1250.70	0.00	1250.70

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

CO-104	Managed care withholding.
CO-11	The diagnosis is inconsistent with the procedure.
CO-181	Payment adjusted because this procedure code was invalid on the date of service
CO-182	Payment adjusted because the procedure modifier was invalid on the date of service
CO-231	Mutually exclusive procedures cannot be done in the same day / setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
CO-234	This procedure is not paid separately. Check Remittance Remark Codes for details.
CO-236	This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.
CO-24	Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-97	Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
CO-A1	Claim / Service denied.
CO-B10	Allowed amount has been reduced because a component of the basic procedure / test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure / test.
M51	Missing / incomplete / invalid procedure code(s).
M80	Not covered when performed during the same session / date as a previously processed service for the patient.
N1	Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.
N19	Procedure code incidental to primary procedure.
N20	Service not payable with other service rendered on the same date.
N525	These services are not covered when performed within the global period of another service.
N657	This should be billed with the appropriate code for these services.
PR-1	Deductible Amount
PR-2	Coinurance Amount
PR-3	Co-payment Amount