

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED []
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 2
DATE: 2025-08-22
EFT #: 25230B1000318013065117413
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME PAIZ, PAUL A			HIC		XYS923048501		ACNT	6368LMD642	ICN		E18620629100	ASG Y MOA
INSURED NAME: PAIZ, MARY A												
1013940584	0513	051324	11	1	99396	25	0.00	0.00	0.00	0.00		0.00
1013940584	0513	051324	11	1	36415		20.00	0.00	0.00	0.00	CO-29	20.00 0.00
1013940584	0513	051324	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-29	29.45 0.00
1013940584	0513	051324	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-29	30.00 0.00
1013940584	0513	051324	11	1	96160	XU	5.46	0.00	0.00	0.00	CO-29	5.46 0.00
1013940584	0513	051324	11	1	G0136	33	65.00	0.00	0.00	0.00	CO-29	65.00 0.00
1013940584	0513	051324	11	1	36415		20.00	0.00	0.00	0.00	CO-29	20.00 0.00
1013940584	0513	051324	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-29	65.00 0.00
1013940584	0513	051324	11	1	G0446	XU	65.00	0.00	0.00	0.00	CO-29	65.00 0.00
1013940584	0513	051324	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0513	051324	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0513	051324	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0513	051324	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0513	051324	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0513	051324	11	1	2010F		0.00	0.00	0.00	0.00		0.00
1013940584	0513	051324	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0513	051324	11	1	3075F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM	TOTALS	299.91	0.00	0.00	0.00		299.91 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 GENSLER, DERRICK J			HIC		89292406501		ACNT	7875LMD642	ICN		E18622024900	ASG Y MOA
1306898036	0806	080625	11	1	99213	25	146.00	84.25	0.00	0.00	CO-45	61.75 0.00
											CO-24	59.25
											PR-3	25.00
1306898036	0806	080625	11	1	99406		23.00	0.00	0.00	0.00	CO-11	23.00 0.00
REM: N657 N1												
1306898036	0806	080625	11	1	G0446	XU	65.00	51.24	0.00	0.00	CO-45	13.76 51.24
1306898036	0806	080625	11	1	G2211		25.00	0.00	0.00	0.00	CO-45	25.00 0.00
1306898036	0806	080625	11	1	G0447	XU	65.00	51.24	0.00	0.00	CO-45	13.76 51.24
1306898036	0806	080625	11	1	99401	25	65.00	0.00	0.00	0.00	CO-B14	65.00 0.00
REM: N1												
1306898036	0806	080625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0806	080625	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1306898036	0806	080625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0806	080625	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0806	080625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0806	080625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0806	080625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0806	080625	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0806	080625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0806	080625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	25.00				CLAIM	TOTALS	389.00	186.73	0.00	0.00		286.52 102.48
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	NET 102.48
STATUS CODE 1: Processed as Primary												



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NPI #: 1982923660 BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
EFT #: 25230B1000318013065117413 PAGE #: 2 of 2

REMITTANCE
ADVICE
DATE: 2025-08-22

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WERMUTH, ANDREW D					HIC	XYS890232119	ACNT	7899LMD642		ICN	E18630116900	ASG	Y MOA
INSURED NAME:	WERMUTH, COLETTE D													
1013940584	0807	080725	11	1	99214			219.00	122.18	0.00	0.00	CO-45	96.82	0.00
												CO-24	102.18	
												PR-3	20.00	
1013940584	0807	080725	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00					CLAIM	TOTALS	219.00	122.18	0.00	0.00		219.00	0.00
ADJ TO TOTAL:	PREV PD					INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	3	907.91	308.91	0.00	0.00	805.43	102.48	0.00	102.48

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

CO-11 The diagnosis is inconsistent with the procedure.
CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
CO-29 The time limit for filing has expired.
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-B14 Payment denied because only one visit or consultation per physician per day is covered.
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, plan benefit documents or jurisdiction statutes. Refer to the URL provided in the ERA for the payer website to access the appeals process guidelines.
N657 This should be billed with the appropriate code for these services.
PR-3 Co-payment Amount

