

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
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APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-07-29
EFT #: 164344469250730
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME GOLDSMITH, ABIGAIL LYN	HIC	H41619040	ACNT	7628LMD642			ICN 820252060674833	ASG Y	MOA			
1013940584	0723	072325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0723	072325	11	1	99213		146.00	85.63	0.00	0.00	CO-253	79.02
					REM: N781 N782						CO-45	60.37
											PR-3	5.00
					HCPI: RECONSIDERATION							
1013940584	0723	072325	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	14.95
					REM: N781 N782						CO-45	9.74
					HCPI: RECONSIDERATION							
1013940584	0723	072325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0723	072325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0723	072325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0723	072325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0723	072325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0723	072325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0723	072325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
PT RESP	5.00				CLAIM TOTALS		171.00	100.89	0.00	0.00	77.03	93.97
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	93.97
PLAN TYPE: MEDICARE ADVANTAGE PPO											NET	
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
	1	171.00	100.89	0.00	0.00	77.03	93.97	0.00	93.97

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.
N781 Alert: No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected deductible.
N782 Alert: No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance.
PR-3 Co-payment Amount

