

GOLDEN RULE INSURANCE COMPANY []  
PO BOX 31374  
SALT LAKE CITY, UT 841310374  
(800)657-8205

REMITTANCE  
ADVICE

BYRON CENTER FAMILY MEDICINE  
7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 2  
DATE: 2025-05-23  
EFT #: G05192500762  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME STODDARD, RYAN A			HIC 090435646		ACNT 6295LMD642		ICN 25135-46580-02		ASG Y		MOA MA15	
1306898036	0509	050925	11	1	99396	25	327.00	0.00	0.00	0.00	CO-45	327.00 0.00
1306898036	0509	050925	11	1	G0136	33	34.80	20.27	0.00	0.00	CO-45	14.53 20.27
1306898036	0509	050925	11	1	G0442	XU	30.00	19.02	0.00	0.00	CO-45	10.98 19.02
1306898036	0509	050925	11	1	G0444	XU	29.45	19.02	0.00	0.00	CO-45	10.43 19.02
1306898036	0509	050925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				421.25	58.31	0.00	0.00		362.94 58.31
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 58.31
STATUS CODE 1: Processed as Primary												

NAME STODDARD, RYAN A			HIC 090435646		ACNT 6295LMD642		ICN 25135-46580-03		ASG Y		MOA MA15	
1306898036	0509	050925	11	1	G2211		30.52	0.00	0.00	0.00	CO-234	30.52 0.00
REM: M80												
1306898036	0509	050925	11	1	90715		87.00	58.86	0.00	0.00	CO-45	28.14 58.86
1306898036	0509	050925	11	1	90471		41.00	22.80	0.00	0.00	CO-45	18.20 22.80
1306898036	0509	050925	11	1	G0447	XU	65.00	28.27	0.00	0.00	CO-45	36.73 28.27
1306898036	0509	050925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				223.52	109.93	0.00	0.00		113.59 109.93
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 109.93
STATUS CODE 1: Processed as Primary												

NAME STODDARD, RYAN A			HIC 090435646		ACNT 6295LMD642		ICN 25135-46580-04		ASG Y		MOA MA15	
1306898036	0509	050925	11	1	36415		20.00	1.80	0.00	0.00	CO-45	18.20 1.80
PT RESP		0.00	CLAIM TOTALS				20.00	1.80	0.00	0.00		18.20 1.80
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 1.80
STATUS CODE 1: Processed as Primary												

NAME STODDARD, RYAN A			HIC 090435646		ACNT 6295LMD642		ICN 25135-46580-00		ASG Y		MOA	
1306898036	0509	050925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	1003F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	1220F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 4: Denied												

NAME STODDARD, RYAN A			HIC 090435646		ACNT 6295LMD642		ICN 25135-46580-01		ASG Y		MOA MA15	
1306898036	0509	050925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	2010F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	11	1	3016F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 4: Denied												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	5	664.77	170.04	0.00	0.00	494.73	170.04	0.00	170.04



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BYRON CENTER FAMILY MEDICINE

REMITTANCE

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

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

M80 Not covered when performed during the same session / date as a previously processed service for the patient.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

