

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 3
DATE: 2025-06-06
EFT #: 25153B1000124149064644475
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME MERRITT, JANET K					HIC XYK997154248 ACNT	6503LMD642			ICN E18335063600	ASG Y	MOA		
1306898036	0519	051925	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
											CO-104	2.44	
1306898036	0519	051925	11	1	99214	25	241.68	120.84	0.00	0.00	CO-45	120.84	98.82
											CO-104	2.02	
											PR-3	20.00	
1306898036	0519	051925	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	54.34	76.11
											CO-104	1.55	
1306898036	0519	051925	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60	17.05
											CO-104	0.35	
1306898036	0519	051925	11	1	G0444	XU	91.00	0.00	0.00	0.00	CO-96	91.00	0.00
						REM: N386 N1							
1306898036	0519	051925	11	1	G0442	XU	43.00	0.00	0.00	0.00	CO-97	43.00	0.00
						REM: N1							
1306898036	0519	051925	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-104	0.18	
1306898036	0519	051925	11	1	G0556		29.48	14.74	0.00	0.00	CO-45	14.74	14.45
											CO-104	0.29	
1306898036	0519	051925	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74	7.48
											CO-104	0.15	
											PR-3	7.63	
1306898036	0519	051925	11	1	G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925	11	1	3075F		0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925	11	1	G9622		0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925	11	1	1158F		0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925	11	1	1160F		0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925	11	1	2010F		0.00	0.00	0.00	0.00			0.00
PT RESP		27.63			CLAIM TOTALS		1008.16	376.84	0.00	0.00		665.93	342.23
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE			0.00	NET	342.23
STATUS CODE 1: Processed as Primary													

NAME BORRINK, LESTER W				HIC XYK892941393 ACNT		6525LMD642		ICN E18336156800		ASG Y	MOA		
1013940584	0519	051925	11	1	99213	25	146.00	85.63	0.00	0.00	CO-45	60.37	69.22
											CO-104	1.41	
											PR-3	15.00	
1013940584	0519	051925	11	1	99401	25	65.00	0.00	0.00	0.00	CO-181	65.00	0.00
						REM: M51							
1013940584	0519	051925	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-104	0.62	
1013940584	0519	051925	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-104	0.62	
1013940584	0519	051925	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74	14.95
											CO-104	0.31	
1013940584	0519	051925	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	15.00				CLAIM TOTALS		366.00	162.77	0.00	0.00		221.19	144.81
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	144.81
STATUS CODE 1: Processed as Primary													



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NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25153B1000124149064644475 PAGE #: 2 of 3

REMITTANCE

ADVICE

DATE: 2025-06-06

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	MEJEUR, NORMAN J					HIC	XYK991565880	ACNT	6531LMD642		ICN	E18336177800	ASG	Y MOA
1013940584	0520	052025	11	1	99213	25			146.00	85.63	0.00	0.00	CO-45	60.37 83.92
1013940584	0520	052025	11	1	G2211				25.00	15.26	0.00	0.00	CO-104	1.71
1013940584	0520	052025	11	1	82043	QW			14.70	5.78	0.00	0.00	CO-45	9.74 14.95
1013940584	0520	052025	11	1	82570	QW			17.85	5.18	0.00	0.00	CO-104	0.31
1013940584	0520	052025	11	1	G0446	XU			65.00	30.94	0.00	0.00	CO-45	8.92 5.66
1013940584	0520	052025	11	1	0513F				0.00	0.00	0.00	0.00	CO-104	0.12
1013940584	0520	052025	11	1	G8417				0.00	0.00	0.00	0.00	CO-45	12.67 5.08
1013940584	0520	052025	11	1	3075F				0.00	0.00	0.00	0.00	CO-104	0.10
1013940584	0520	052025	11	1	3079F				0.00	0.00	0.00	0.00	CO-45	34.06 30.32
PT RESP	0.00					CLAIM	TOTALS		268.55	142.79	0.00	0.00		128.62 139.93
ADJ TO TOTAL: PREV PD						INTEREST			0.00				0.00	NET 139.93
STATUS CODE 1: Processed as Primary														

NAME	MOOMEY, MARVIN M					HIC	XYK892506116	ACNT	6626LMD642		ICN	E18353029800	ASG	Y MOA
1013940584	0523	052325	11	1	99214	25			241.68	0.00	0.00	0.00	CO-97	241.68 0.00
1013940584	0523	052325	11	1	99487				252.50	126.25	0.00	0.00	CO-45	126.25 123.72
1013940584	0523	052325	11	1	G2211				25.00	15.26	0.00	0.00	CO-104	2.53
1013940584	0523	052325	11	1	99401	25			65.00	0.00	0.00	0.00	CO-45	9.74 14.95
1013940584	0523	052325	11	1	G0447	XU			65.00	30.94	0.00	0.00	CO-104	0.31
1013940584	0523	052325	11	1	G0446	XU			65.00	0.00	0.00	0.00	CO-181	65.00 0.00
1013940584	0523	052325	11	1	3074F				0.00	0.00	0.00	0.00	CO-45	34.06 30.32
1013940584	0523	052325	11	1	3078F				0.00	0.00	0.00	0.00	CO-104	0.62
1013940584	0523	052325	11	1	3008F				0.00	0.00	0.00	0.00	CO-97	65.00 0.00
1013940584	0523	052325	11	1	2001F				0.00	0.00	0.00	0.00		
1013940584	0523	052325	11	1	2000F				0.00	0.00	0.00	0.00		
1013940584	0523	052325	11	1	1000F				0.00	0.00	0.00	0.00		
1013940584	0523	052325	11	1	1159F				0.00	0.00	0.00	0.00		
1013940584	0523	052325	11	1	1160F				0.00	0.00	0.00	0.00		
PT RESP	0.00					CLAIM	TOTALS		714.18	172.45	0.00	0.00		545.19 168.99
ADJ TO TOTAL: PREV PD						INTEREST			0.00				0.00	NET 168.99
STATUS CODE 1: Processed as Primary														

NAME	PATTERSON, LAWRENCE M					HIC	XYK997176150	ACNT	6633LMD642		ICN	E18360406700	ASG	Y MOA
1013940584	0527	052725	11	1	99213	25			146.00	85.63	0.00	0.00	CO-45	60.37 83.92
1013940584	0527	052725	11	1	G2211				25.00	15.26	0.00	0.00	CO-104	1.71
1013940584	0527	052725	11	1	G0446	XU			65.00	30.94	0.00	0.00	CO-45	9.74 14.95
1013940584	0527	052725	11	1	3008F				0.00	0.00	0.00	0.00	CO-104	0.31
1013940584	0527	052725	11	1	2001F				0.00	0.00	0.00	0.00	CO-45	34.06 30.32
1013940584	0527	052725	11	1	2000F				0.00	0.00	0.00	0.00	CO-104	0.62
1013940584	0527	052725	11	1	1000F				0.00	0.00	0.00	0.00		
1013940584	0527	052725	11	1	1159F				0.00	0.00	0.00	0.00		
1013940584	0527	052725	11	1	1160F				0.00	0.00	0.00	0.00		
1013940584	0527	052725	11	1	3077F				0.00	0.00	0.00	0.00		
1013940584	0527	052725	11	1	3078F				0.00	0.00	0.00	0.00		
PT RESP	0.00					CLAIM	TOTALS		236.00	131.83	0.00	0.00		106.81 129.19
ADJ TO TOTAL: PREV PD						INTEREST			0.00				0.00	NET 129.19
STATUS CODE 1: Processed as Primary														



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EFT #: 25153B1000124149064644475 PAGE #: 3 of 3

REMITTANCE

ADVICE

DATE: 2025-06-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	MILLER, TERRY L				HIC	XYK892204815 ACNT	6555LMD642			ICN E18362554600	ASG Y	MOA
1013940584	0521	052125	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15
											CO-104	2.44
1013940584	0521	052125	11	1	99397	25	341.00	141.08	0.00	0.00	CO-45	199.92
											CO-104	2.82
1013940584	0521	052125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91
											CO-104	0.18
1013940584	0521	052125	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92
											CO-104	0.12
1013940584	0521	052125	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67
											CO-104	0.10
1013940584	0521	052125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91
											CO-104	0.18
1013940584	0521	052125	11	1	G0136	33	34.80	0.00	0.00	0.00	CO-107	34.80
						REM: N1						
1013940584	0521	052125	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78
											CO-104	0.32
1013940584	0521	052125	11	1	G0446	XU	65.00	0.00	0.00	0.00	CO-97	65.00
						REM: M86 N1						
1013940584	0521	052125	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06
											CO-104	0.62
1013940584	0521	052125	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-96	29.45
						REM: N386 N1						
1013940584	0521	052125	11	1	G2211		25.00	0.00	0.00	0.00	CO-B15	25.00
						REM: M51 N1						
1013940584	0521	052125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	11	1	G9621		0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	11	1	1158F		0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	11	1	3061F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		1023.80	339.23	0.00	0.00		691.35
ADJ TO TOTAL: PREV PD					INTEREST		0.00					332.45
STATUS CODE 1: Processed as Primary												
LATE FILING CHARGE 0.00 NET 332.45												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	6	3616.69	1325.91	0.00	0.00	2359.09	1257.60	0.00	1257.60

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

CO-104	Managed care withholding.
CO-107	Claim / service adjusted because the related or qualifying claim / service was not identified on this claim.
CO-181	Payment adjusted because this procedure code was invalid on the date of service
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-96	Non-covered charge(s).
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-B15	Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.
M51	Missing / incomplete / invalid procedure code(s).
M86	Service denied because payment already made for same / similar procedure within set time frame.
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.
N386	This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at http://www.cms.hhs.gov/mcd/search.asp . If you do not have web access, you may contact the contractor to request a copy of the NCD.
PR-3	Co-payment Amount

