

HUMANA INC. []  
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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: 2025-06-08  
EFT #: 160738553250609  
TAX ID #: 272620668

| REND                                | PROV | SERV DATE    | POS NOS | PROC      | MODS               | BILLED     | ALLOWED | DEDUCT | COINS           | GRP/RC-AMT | PROV PD |
|-------------------------------------|------|--------------|---------|-----------|--------------------|------------|---------|--------|-----------------|------------|---------|
| NAME VAN BRUNT, BETTE J             |      |              | HIC     | H59158861 | ACNT               | 5076LMD642 |         | ICN    | 820251540869575 | ASG Y      | MOA     |
| INSURED NAME: VANBRUNT, BETTE J     |      |              |         |           |                    |            |         |        |                 |            |         |
| 1306898036                          | 0303 | 030325       | 10      | 1         | 98966              | 25.00      | 12.59   | 0.00   | 0.00            | CO-253     | 12.34   |
|                                     |      |              |         |           |                    |            |         |        |                 | CO-45      | 12.41   |
| HCPI: RECONSIDERATION               |      |              |         |           |                    |            |         |        |                 |            |         |
| PT RESP                             | 0.00 | CLAIM TOTALS |         | 25.00     | 12.59              | 0.00       | 0.00    | 12.66  |                 | 12.34      |         |
| ADJ TO TOTAL: PREV PD               |      | INTEREST     |         | 0.00      | LATE FILING CHARGE |            | 0.00    | NET    |                 | 12.34      |         |
| PLAN TYPE: MEDICARE ADVANTAGE PPO   |      |              |         |           |                    |            |         |        |                 |            |         |
| 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           | 25.00      | 12.59       | 0.00       | 0.00      | 12.66        | 12.34       | 0.00         | 12.34     |

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.

