

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: 2025-07-13
EFT #: 163243483250714
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ELLENS, PEGGY A					HIC H45619960	ACNT 7302LMD642			ICN 820251900663415	ASG Y	MOA	
1013940584	0708	070825	11	1	G0439		361.00	121.85	0.00	0.00	CO-253	119.41
						REM: N16					CO-45	
						HCPI: RECONSIDERATION					239.15	
1013940584	0708	070825	11	1	99397	25	219.00	125.61	0.00	0.00	CO-253	123.10
						REM: N16					CO-45	
						HCPI: RECONSIDERATION					93.39	
1013940584	0708	070825	11	1	G2211		25.00	0.00	0.00	0.00	CO-B15	0.00
						REM: N16						
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	36415		20.00	9.09	0.00	0.00	CO-253	8.91
						REM: N16					CO-45	
						HCPI: RECONSIDERATION					10.91	
1013940584	0708	070825	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-253	17.05
						REM: N16					CO-45	
						HCPI: RECONSIDERATION					47.60	
1013940584	0708	070825	11	1	G0442	XU	40.00	16.22	0.00	0.00	CO-253	15.90
						REM: N16					CO-45	
						HCPI: RECONSIDERATION					23.78	
1013940584	0708	070825	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-253	15.90
						REM: N16					CO-45	
						HCPI: RECONSIDERATION					13.23	
1013940584	0708	070825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	G8420		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM TOTALS		759.45	306.39	0.00	0.00	459.18	300.27
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	300.27
PLAN TYPE: MEDICARE ADVANTAGE PPO											NET	
STATUS CODE 1: Processed as Primary												

NAME OCONNELL, DANIEL L					HIC H75689767	ACNT 7288LMD642			ICN 820251900619840	ASG Y	MOA	
1306898036	0707	070725	11	1	36415		20.00	9.09	0.00	0.00	CO-253	8.91
											CO-45	
						HCPI: RECONSIDERATION					10.91	
PT RESP	0.00				CLAIM TOTALS		20.00	9.09	0.00	0.00	11.09	8.91
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	8.91
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
	2	779.45	315.48	0.00	0.00	470.27	309.18	0.00	309.18

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.
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.
N16 Family / member Out-of-Pocket maximum has been met. Payment based on a higher percentage.

