

UNITEDHEALTHCARE []  
 UNITEDHEALTHCARE SHARED SERVICES PO BOX 30783  
 SALT LAKE CITY, UT 841300783  
 (866)596-8447

REMITTANCE  
 ADVICE

BYRON CENTER FAMILY MEDICINE  
 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-04-14  
 EFT #: UH4870000072001154138798  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CRISHER, KRISTIN			HIC 771900751474		ACNT	2986LMD642	ICN 25044398835		ASG Y MOA			
1013940584	0917	091724	11	99396	25		327.00	112.48	0.00	0.00	CO-45	112.48
1013940584	0917	091724	11	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0917	091724	11	96127	XU		40.00	6.06	0.00	0.00	CO-45	6.06
1013940584	0917	091724	11	96127	XU		40.00	6.06	0.00	0.00	CO-45	6.06
1013940584	0917	091724	11	90656			35.00	0.00	0.00	0.00	OA-18	0.00
						REM: N111						
1013940584	0917	091724	11	90471			41.00	0.00	0.00	0.00	OA-18	0.00
						REM: N111						
1013940584	0917	091724	11	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0917	091724	11	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0917	091724	11	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0917	091724	11	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0917	091724	11	1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS		483.00	124.60	0.00	0.00		124.60
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	124.60
STATUS CODE 1: Processed as Primary												
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK			
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT			
	1	483.00	124.60	0.00	0.00	358.40	124.60	0.00	124.60			

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
 N111 No appeal right except duplicate claim / service issue. This service was included in a claim that has been previously billed and adjudicated.  
 OA-18 Duplicate claim / service.

