

UNITED HEALTHCARE INSURANCE COMPANY []
 4 RESEARCH DRIVE
 SHELTON, CT 064846282
 (877)842-3210

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-06
 EFT #: 37006281
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ATSMA, HOWARD				HIC	99487073600	ACNT	4496LMD642		ICN	EX04869153	ASG Y	MOA
1013940584	0130	013025	11	0	99397		341.00	126.06	0.00	0.00	CO-45	214.94
1013940584	0130	013025	11	0	G0444	XU 33	29.45	21.05	0.00	0.00	CO-45	8.40
1013940584	0130	013025	11	0	G0442	XU	30.00	21.05	0.00	0.00	CO-45	8.95
1013940584	0130	013025	11	0	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0130	013025	11	0	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0130	013025	11	0	G9622		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0130	013025	11	0	G8510		0.00	0.00	0.00	0.00		0.00
						REM: N525						
PT RESP		0.00	CLAIM		TOTALS		400.45	168.16	0.00	0.00		232.29
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: CHOICE EPO												
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	400.45	168.16	0.00	0.00	232.29	168.16	0.00	168.16

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N525 These services are not covered when performed within the global period of another service.

