

UNITED HEALTHCARE INSURANCE COMPANY []
 4 RESEARCH DRIVE
 SHELTON, CT 064846282
 (877)797-8819

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-08
 EFT #: 39285088
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KIENAST, JULIE				HIC	12351933500	ACNT	6062LMD642	ICN FC03912551		ASG Y	MOA	
1306898036	0425	042525	11	0	99396	25	327.00	130.20	0.00	0.00	CO-45	130.20
1306898036	0425	042525	11	0	G0136	33	34.80	20.27	0.00	0.00	CO-45	20.27
1306898036	0425	042525	11	0	G0442	XU	30.00	19.02	0.00	0.00	CO-45	19.02
1306898036	0425	042525	11	0	G0444	XU	29.45	19.02	0.00	0.00	CO-45	19.02
1306898036	0425	042525	11	0	G8476		0.00	0.00	0.00	0.00		0.00
REM: N525												
1306898036	0425	042525	11	0	G8420		0.00	0.00	0.00	0.00		0.00
REM: N525												
1306898036	0425	042525	11	0	G8427		0.00	0.00	0.00	0.00		0.00
REM: N525												
1306898036	0425	042525	11	0	G8510		0.00	0.00	0.00	0.00		0.00
REM: N525												
1306898036	0425	042525	11	0	G9622		0.00	0.00	0.00	0.00		0.00
REM: N525												
PT RESP		0.00	CLAIM TOTALS				421.25	188.51	0.00	0.00	232.74	188.51
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE		0.00	NET	188.51
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	421.25	188.51	0.00	0.00	232.74	188.51	0.00	188.51

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.

