

UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (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: 2025-03-12
 EFT #: W315882344
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	WARBER, LUKE J				HIC 902523568	ACNT	5080LMD642			ICN EX97955071	0078782902	ASG Y MOA MA15
1013940584	0303 030325 11		1	99395			297.00	102.68	0.00	0.00	CO-45	194.32 102.68
1013940584	0303 030325 11		1	99213 25			146.00	34.11	0.00	10.23	CO-45	111.89 23.88
PT RESP	10.23				CLAIM TOTALS		443.00	136.79	0.00	10.23		306.21 126.56
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 126.56
PLAN TYPE: NEX OA												
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	443.00	136.79	0.00	10.23	306.21	126.56	0.00	126.56

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 PR-2 Coinsurance Amount

