

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED []
 441 E. JEFFERSON
 DETROIT, MI 48226
 (000)000-0000

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
 7740 BYRON CENTER AVE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-30
 EFT #: 25147B1000264723065068817
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NGUYEN, GRACE			HIC		XYS926418486 ACNT		3888LMD642			ICN E18180677600	ASG Y	MOA
INSURED NAME: NGUYEN, THIEP N												
1306898036	1108	110824	11	-1	90471		-38.78	0.00	0.00	0.00	CO-45	-28.12
1306898036	1108	110824	11	-1	90734		-277.00	0.00	0.00	0.00	CO-16	0.00
PT RESP 0.00 CLAIM TOTALS -315.78 0.00 0.00 0.00 -287.66 -28.12												
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET -28.12												
STATUS CODE 22: Reversal of Previous Payment												

NAME	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NGUYEN, GRACE			HIC		XYS926418486 ACNT		3888LMD642			ICN E18180677601	ASG Y	MOA
INSURED NAME: NGUYEN, THIEP N												
1306898036	1108	110824	11	1	90471		38.78	28.12	0.00	0.00	CO-45	28.12
1306898036	1108	110824	11	1	90619		347.00	176.78	0.00	0.00	CO-45	176.78
PT RESP 0.00 CLAIM TOTALS 385.78 204.90 0.00 0.00 180.88 204.90												
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 204.90												
STATUS CODE 1: Processed as Primary												

NAME	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WEAVER, PATRICK J			HIC		91162486601 ACNT		6423LMD642			ICN E18322285700	ASG Y	MOA
1013940584	0320	032025	11	1	99213	25	146.00	83.35	0.00	0.00	CO-45	43.35
PR-3 62.65 40.00												
1013940584	0320	032025	11	1	G0447	XU	0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	99401	25	0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP 40.00 CLAIM TOTALS 146.00 83.35 0.00 0.00 102.65 43.35												
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 43.35												
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
	3	216.00	288.25	0.00	0.00	-4.13	220.13	0.00	220.13

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

M119 Missing / incomplete / invalid/ deactivated / withdrawn National Drug Code (NDC).

PR-3 Co-payment Amount

