

HUMANA INC. []
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REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-04
NONPAY #: NO-PAY-202504040016878
TAX ID #: 272620668

| REND | PROV | SERV DATE | POS | NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV | PD |
|-------------------------------------|-------------|-----------|-----|-----|-------|-----------|-----------------------|------------|--------|--------------------|-----------------|--------|-------|
| NAME | BAAS, RAY E | | | | HIC | H62919352 | ACNT | 5445LMD642 | | ICN | 820250841873019 | ASG | Y MOA |
| 1013940584 | 0324 | 032425 | 11 | 1 | 99401 | 33 | | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | | HCPI: RECONSIDERATION | | | | | | |
| 1013940584 | 0324 | 032425 | 11 | 1 | G0447 | XU | | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | | HCPI: RECONSIDERATION | | | | | | |
| 1013940584 | 0324 | 032425 | 11 | 1 | 3075F | | | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | | HCPI: RECONSIDERATION | | | | | | |
| 1013940584 | 0324 | 032425 | 11 | 1 | 3079F | | | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | | HCPI: RECONSIDERATION | | | | | | |
| 1013940584 | 0324 | 032425 | 11 | 1 | 99214 | 25 | | 219.00 | 0.00 | 0.00 | CO-9 | 219.00 | 0.00 |
| | | | | | | | HCPI: RECONSIDERATION | | | | | | |
| 1013940584 | 0324 | 032425 | 11 | 1 | G2211 | | | 25.00 | 0.00 | 0.00 | CO-9 | 25.00 | 0.00 |
| | | | | | | | HCPI: RECONSIDERATION | | | | | | |
| 1013940584 | 0324 | 032425 | 11 | 1 | 36415 | | | 20.00 | 0.00 | 0.00 | CO-9 | 20.00 | 0.00 |
| | | | | | | | HCPI: RECONSIDERATION | | | | | | |
| 1013940584 | 0324 | 032425 | 11 | 1 | G0446 | XU | | 61.88 | 0.00 | 0.00 | CO-9 | 61.88 | 0.00 |
| | | | | | | | HCPI: RECONSIDERATION | | | | | | |
| PT RESP | 0.00 | | | | CLAIM | TOTALS | | 325.88 | 0.00 | 0.00 | | 325.88 | 0.00 |
| ADJ TO TOTAL: PREV PD | | | | | | INTEREST | | 0.00 | | LATE FILING CHARGE | 0.00 | NET | 0.00 |
| PLAN TYPE: MEDICARE ADVANTAGE PPO | | | | | | | | | | | | | |
| 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 | 325.88 | 0.00 | 0.00 | 0.00 | 325.88 | 0.00 | 0.00 | 0.00 |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-9 The diagnosis is inconsistent with the patient's age.

