

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
 NONPAY #: W315882345
 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	0078782906	ASG Y MOA MA15
1013940584	0303	030325	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: NEX OA												
STATUS CODE 1: Processed as Primary												

NAME	WARBER, LUKE J				HIC 902523568	ACNT 5080LMD642				ICN EX97955071	0078782909	ASG Y MOA MA15
1013940584	0303	030325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	3077F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
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
	2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

