BYRON CENTER FAMILY MEDICINE 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-19
EFT #: G05132500542
TAX ID #: 272620668

REND PROV	SERV DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AL	ſΤ	PROV PD
NAME KOOIENGA, JANINE HIC					1991	ACNT	6209LMD6	12	ICN 2	25132-46052	-00 ASG	Y MOA	
130689803	0506 050625	11	1	99396	25		327.00	130.20	0.00	0.00	CO-45	196.80	130.20
130689803	0506 050625	11	1	G0442	XU		30.00	19.02	0.00	0.00	CO-45	10.98	19.02
130689803	0506 050625	11	1	G0444	XU		29.45	19.02	0.00	0.00	CO-45	10.43	19.02
130689803	0506 050625	11	1	G0136	33		65.00	20.27	0.00	0.00	CO-45	44.73	20.27
130689803	0506 050625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
130689803	0506 050625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
130689803	0506 050625	11	1	1036F			0.00	0.00	0.00	0.00			0.00
130689803	0506 050625	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS		451.45	188.51	0.00	0.00		262.94	188.51
ADJ TO TO	TAL: PREV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	188.51
STATUS CODE 1: Processed as Primary													
NAME KOOIENGA, JANINE HIC 059901991						ACNT	6209LMD6	42	ICN 2	25132-46052	-01 ASG	Y MOA	MA15
130689803	0506 050625	11	1	G9622			0.00	0.00	0.00	0.00			0.00
130689803	0506 050625	11	1	G9622			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	0.00
ADJ TO TO	TAL: PREV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS CO	DE 4: Denied												
TOTALS:	# OF B	ILLED	<u> </u>	ALLC	WED	DED	UCT	COINS	TOTAL	PROV P	D 1	PROV	CHECK
	CLAIMS	AMT		AN	ſT	AM'	Г	AMT	RC-AMT	AMT	Al	J AMT	AMT
	2	451.4	15	18	88.51		0.00	0.00	262.9	94 188.	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.

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

