

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []
 PO BOX 740819
 ATLANTA, GA 303740819
 (800)227-7789

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-01
 EFT #: 11243692161
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME KLINGE, MARJORIE A				HIC 31129080011	ACNT	5323LMD642	ICN 559302571111				ASG Y	MOA	
1306898036	0317	031725	11	0	99214	25	219.00	120.84	0.00	0.00	OA-23	98.16	120.84
1306898036	0317	031725	11	0	G0446	XU	61.88	0.00	0.00	0.00	OA-23	61.88	0.00
1306898036	0317	031725	11	0	G2211		25.00	15.26	0.00	0.00	OA-23	9.74	15.26
PT RESP		0.00	CLAIM TOTALS				305.88	136.10	0.00	0.00		169.78	136.10
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	136.10
STATUS CODE 2: Processed as Secondary													
TOTALS:	# OF	BILLED	ALLOWED		DEDUCT		COINS	TOTAL	PROV PD	PROV	CHECK		
	CLAIMS	AMT	AMT		AMT		AMT	RC-AMT	AMT	ADJ AMT	AMT		
	1	305.88	136.10		0.00		0.00	169.78	136.10	0.00	136.10		

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

