

BYRON CENTER FAMILY MEDICINE
7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-30
EFT #: W321077128
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	LOMONACO, ALAINA J		HIC	981551878	ACNT	5944LMD642			ICN	FA78908936	0338934212	ASG Y	MOA
1013940584	0403	040325	11	1	96372		45.00	26.22	0.00	0.00	CO-45	18.78	26.22
PT RESP	0.00				CLAIM TOTALS		45.00	26.22	0.00	0.00		18.78	26.22
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	26.22
PLAN TYPE:	CHOYC+												
STATUS CODE 1: Processed as Primary													

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	45.00	26.22	0.00	0.00	18.78	26.22	0.00	26.22

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

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

