```
BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]           NPI #:      1982923660
7740 BYRON CENTER AVE                                    PAGE #:     1 of 1
                                                         DATE:       2025-03-21
BYRON CENTER, MI 49315                                   EFT #:      25076B1000278655065027722
                                                         TAX ID #:   272620668
```

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT		PROV PD
NAME SMARCH, DENISE J		HIC 89301241001	ACNT 5196LMD642				ICN E18069026200		ASG Y	MOA	
1306898036	0311 031125	11	1 99396		327.00	139.99	0.00	0.00	CO-45	187.01	0.00
									CO-24	139.99	
1306898036	0311 031125	11	1 36415		20.00	4.86	0.00	0.00	CO-45	15.14	0.00
									CO-24	4.86	
1306898036	0311 031125	11	1 G0442	XU	30.00	29.48	0.00	0.00	CO-45	0.52	29.48
1306898036	0311 031125	11	1 G0444	XU 33	29.45	0.00	0.00	0.00	CO-97	29.45	0.00
			REM: N1								
1306898036	0311 031125	11	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0311 031125	11	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0311 031125	11	1 G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0311 031125	11	1 G9622		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		406.45	174.33	0.00	0.00		376.97	29.48

```
ADJ TO TOTAL: PREV PD              INTEREST     0.00      LATE FILING CHARGE         0.00    NET     29.48
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	406.45	174.33	0.00	0.00	376.97	29.48	0.00	29.48

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-24   Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
CO-45   Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-97   Payment adjusted because the benefit for this service is included in the payment / allowance for another
         service / procedure that has already been adjudicated
N1   Alert: You may appeal this decision in writing within the required time limits following receipt of this
         notice by following the instructions included in your contract or plan benefit documents.

CLAIM:MD

Claim.MD Report ID: 50363552 EOBGen v1.61