

BLUE CARE NETWORK OF MICHIGAN []
441 E. JEFFERSON
DETROIT, MI 48226
(000)000-0000

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
7740 BYRON CENTER AVE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 5
DATE: 2025-08-22
EFT #: 25230B1000163717064729699
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HAMPEL, JEFFREY L					HIC XYK893677757 ACNT	7642LMD642				ICN E18573165500	ASG Y MOA	
1013940584	0724	072425	11	-1	G0439		-361.00	0.00	0.00	0.00	CO-11	-361.00 0.00
					REM: N657 N1							
1013940584	0724	072425	11	-1	99497	33	-155.32	0.00	0.00	0.00	CO-45	-77.66 -76.11
											CO-104	-1.55
1013940584	0724	072425	11	-1	99214	25	-241.68	0.00	0.00	0.00	CO-11	-241.68 0.00
					REM: N657 N1							
1013940584	0724	072425	11	-1	G0136	33	-34.80	0.00	0.00	0.00	CO-45	-17.40 -17.05
											CO-104	-0.35
1013940584	0724	072425	11	-1	G0442	XU	-30.00	0.00	0.00	0.00	CO-97	-30.00 0.00
					REM: N1							
1013940584	0724	072425	11	-1	G0444	XU	-29.45	0.00	0.00	0.00	CO-97	-29.45 0.00
					REM: N1							
1013940584	0724	072425	11	-1	36415		-20.00	0.00	0.00	0.00	CO-45	-10.91 -8.91
											CO-104	-0.18
1013940584	0724	072425	11	-1	G2211		-25.00	0.00	0.00	0.00	CO-11	-25.00 0.00
					REM: N657 N1							
1013940584	0724	072425	11	-1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	-1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	-1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	-1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	-1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	-1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	-1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	-1	G8420		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-897.25	0.00	0.00	0.00		-795.18 -102.07
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET -102.07
STATUS CODE 22: Reversal of Previous Payment												

NAME HAMPEL, JEFFREY L					HIC XYK893677757 ACNT	7642LMD642				ICN E18573165501	ASG Y MOA	
1013940584	0724	072425	11	1	G0439		361.00	0.00	0.00	0.00	CO-11	361.00 0.00
					REM: N657 N1							
1013940584	0724	072425	11	1	99497	33	155.32	77.66	0.00	0.00	CO-45	77.66 76.11
											CO-104	1.55
1013940584	0724	072425	11	1	99214	25	241.68	0.00	0.00	0.00	CO-11	241.68 0.00
					REM: N657 N1							
1013940584	0724	072425	11	1	G0136	33	34.80	17.40	0.00	0.00	CO-45	17.40 17.05
											CO-104	0.35
1013940584	0724	072425	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-97	30.00 0.00
					REM: N1							
1013940584	0724	072425	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-97	29.45 0.00
					REM: N1							
1013940584	0724	072425	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
											CO-104	0.18
1013940584	0724	072425	11	1	G2211		25.00	0.00	0.00	0.00	CO-11	25.00 0.00
					REM: N657 N1							
1013940584	0724	072425	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	G8420		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		897.25	104.15	0.00	0.00		795.18 102.07
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 102.07
STATUS CODE 1: Processed as Primary												



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25230B1000163717064729699 PAGE #: 2 of 5

REMITTANCE

ADVICE

DATE: 2025-08-22

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WENGER, MICHAEL					HIC	M6713273801	ACNT	7881LMD642		ICN	E18620658200	ASG	Y MOA
1306898036	0806	080625	11	1	99213	25		146.00	84.25	0.00	0.00	CO-45	61.75	0.00
												CO-24	54.25	
												PR-3	30.00	
1306898036	0806	080625	11	1	G0447	XU		65.00	51.24	0.00	0.00	CO-45	13.76	51.24
1306898036	0806	080625	11	1	99401	25		65.00	0.00	0.00	0.00	CO-B14	65.00	0.00
1306898036	0806	080625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.00							276.00	135.49	0.00	0.00		224.76	51.24
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	51.24
STATUS CODE 1: Processed as Primary														

NAME	VANLOO, JOHN H					HIC	XYK993523643	ACNT	7901LMD642		ICN	E18627808000	ASG	Y MOA
1013940584	0807	080725	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-104	2.44	
1013940584	0807	080725	11	1	99497	33		155.32	77.66	0.00	0.00	CO-45	77.66	76.11
												CO-104	1.55	
1013940584	0807	080725	11	1	99214	25		295.00	120.84	0.00	0.00	CO-45	174.16	118.42
												CO-104	2.42	
1013940584	0807	080725	11	1	G0442	XU		30.00	0.00	0.00	0.00	CO-97	30.00	0.00
1013940584	0807	080725	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-97	29.45	0.00
1013940584	0807	080725	11	1	G0136	33		34.80	17.40	0.00	0.00	CO-45	17.40	17.05
												CO-104	0.35	
1013940584	0807	080725	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-104	0.12	
1013940584	0807	080725	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-104	0.10	
1013940584	0807	080725	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-104	0.18	
1013940584	0807	080725	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	1158F			0.00	0.00	0.00	0.00			0.00
1013940584	0807	080725	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00							958.12	357.80	0.00	0.00		607.48	350.64
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	350.64
STATUS CODE 1: Processed as Primary														



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25230B1000163717064729699 PAGE #: 3 of 5

REMITTANCE

ADVICE

DATE: 2025-08-22

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEVOL, CONNIE K					HIC XYK891588027	ACNT 7929LMD642			ICN E18637157500		ASG Y MOA	
1306898036	0808	080825	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15
											CO-104	2.44
1306898036	0808	080825	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	54.34
											CO-104	1.55
1306898036	0808	080825	11	1	99214	25	241.68	120.84	0.00	0.00	CO-45	120.84
											CO-104	2.12
											PR-3	15.00
1306898036	0808	080825	11	1	G0442	XU	43.00	0.00	0.00	0.00	CO-97	43.00
						REM: N1						
1306898036	0808	080825	11	1	G0444	XU	91.00	0.00	0.00	0.00	CO-97	91.00
						REM: N1						
1306898036	0808	080825	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-104	0.31
1306898036	0808	080825	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91
											CO-104	0.18
1306898036	0808	080825	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60
											CO-104	0.35
1306898036	0808	080825	11	1	G0446	XU	65.00	0.00	0.00	0.00	CO-97	65.00
						REM: N1						
1306898036	0808	080825	11	1	G0556		29.48	14.74	0.00	0.00	CO-45	14.74
											CO-104	0.29
1306898036	0808	080825	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	1158F		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	11	1	2010F		0.00	0.00	0.00	0.00		0.00
PT RESP	15.00				CLAIM TOTALS		1073.16	376.84	0.00	0.00		718.56
ADJ TO TOTAL: PREV PD					INTEREST		0.00					354.60
STATUS CODE 1: Processed as Primary											0.00	NET

NAME MERRITT, DENNIS R					HIC XYK991672189	ACNT 7956LMD642			ICN E18638748200		ASG Y MOA	
1306898036	0811	081125	10	1	98967		46.82	23.41	0.00	0.00	CO-45	23.41
											CO-104	0.47
PT RESP	0.00				CLAIM TOTALS		46.82	23.41	0.00	0.00		23.88
ADJ TO TOTAL: PREV PD					INTEREST		0.00					22.94
STATUS CODE 1: Processed as Primary											0.00	NET



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25230B1000163717064729699 PAGE #: 4 of 5

REMITTANCE

ADVICE

DATE: 2025-08-22

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	HENDGES, HENRY M					HIC	XYK892205907 ACNT	8001LMD642			ICN	E18641785600	ASG Y	MOA
1306898036	0812	081225	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
1306898036	0812	081225	11	1	99497	33		132.00	77.66	0.00	0.00	CO-104	2.44	
1306898036	0812	081225	11	1	99214	25		241.68	120.84	0.00	0.00	CO-45	54.34	76.11
1306898036	0812	081225	11	1	G0444	XU		91.00	0.00	0.00	0.00	CO-104	1.55	
1306898036	0812	081225	11	1	G0442	XU	REM: N1	45.00	0.00	0.00	0.00	CO-45	120.84	118.42
1306898036	0812	081225	11	1	G2211		REM: N1	25.00	15.26	0.00	0.00	CO-104	2.42	
1306898036	0812	081225	11	1	36415			20.00	9.09	0.00	0.00	CO-97	91.00	0.00
1306898036	0812	081225	11	1	G0136	33		65.00	17.40	0.00	0.00	CO-97	45.00	0.00
1306898036	0812	081225	11	1	G0447	XU		65.00	0.00	0.00	0.00	CO-45	9.74	14.95
1306898036	0812	081225	11	1	99401	25	REM: N1	65.00	0.00	0.00	0.00	CO-104	0.31	
1306898036	0812	081225	11	1	G0446	XU	REM: N705 N1	65.00	0.00	0.00	0.00	CO-45	10.91	8.91
1306898036	0812	081225	11	1	G8476		REM: N1	0.00	0.00	0.00	0.00	CO-104	0.18	
1306898036	0812	081225	11	1	G8417			0.00	0.00	0.00	0.00	CO-45	47.60	17.05
1306898036	0812	081225	11	1	G9622			0.00	0.00	0.00	0.00	CO-104	0.35	
1306898036	0812	081225	11	1	G8510			0.00	0.00	0.00	0.00	CO-97	65.00	0.00
1306898036	0812	081225	11	1	G8427			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	3074F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	3078F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	1036F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	1158F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	1160F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	1159F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	2000F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	2001F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	3008F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	2010F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	G0557			94.10	47.05	0.00	0.00	CO-45	47.05	46.11
PT RESP	0.00					CLAIM	TOTALS	1269.78	409.15	0.00	0.00	CO-104	0.94	
ADJ TO TOTAL: PREV PD						INTEREST		0.00					868.82	400.96
STATUS CODE 1: Processed as Primary												0.00	NET	400.96

NAME	MARTZ, AMANDA C					HIC	M0768614101 ACNT	7990LMD642			ICN	E18641802900	ASG Y	MOA
1306898036	0812	081225	11	1	99396	25		327.00	142.65	0.00	0.00	CO-45	184.35	0.00
1306898036	0812	081225	11	1	G0447	XU		65.00	51.24	0.00	0.00	CO-24	142.65	
1306898036	0812	081225	11	1	99401	25		0.00	0.00	0.00	0.00	CO-45	13.76	51.24
1306898036	0812	081225	11	1	82043	QW		14.70	4.56	0.00	0.00	CO-45	10.14	4.56
1306898036	0812	081225	11	1	82570	QW		17.85	4.08	0.00	0.00	CO-45	13.77	4.08
1306898036	0812	081225	11	1	G0136	33		65.00	29.81	29.81	0.00	CO-45	35.19	0.00
1306898036	0812	081225	11	1	36415			20.00	6.63	0.00	0.00	CO-45	13.37	0.00
1306898036	0812	081225	11	1	G0442	XU		30.00	27.72	0.00	0.00	CO-24	6.63	
1306898036	0812	081225	11	1	G0444	XU		29.45	27.72	0.00	0.00	CO-45	2.28	27.72
1306898036	0812	081225	11	1	3075F			0.00	0.00	0.00	0.00	CO-45	1.73	
1306898036	0812	081225	11	1	3079F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	G9622			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	1036F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	3060F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	G8510			0.00	0.00	0.00	0.00			
PT RESP	29.81					CLAIM	TOTALS	569.00	294.41	29.81	0.00		423.87	115.32
ADJ TO TOTAL: PREV PD						INTEREST		0.00				0.00	NET	115.32
STATUS CODE 1: Processed as Primary														



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25230B1000163717064729699 PAGE #: 5 of 5

REMITTANCE

ADVICE

DATE: 2025-08-22

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	HENDGES, BETTY L					HIC	XYK911748908 ACNT	7998LMD642			ICN	E18647697000	ASG Y	MOA
1306898036	0812	081225	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
1306898036	0812	081225	11	1	99497	33		132.00	77.66	0.00	0.00	CO-104	2.44	
1306898036	0812	081225	11	1	G0444	XU		91.00	0.00	0.00	0.00	CO-45	54.34	76.11
1306898036	0812	081225	11	1	G0442	XU	REM: N1	43.00	0.00	0.00	0.00	CO-104	1.55	
1306898036	0812	081225	11	1	99214	25	REM: N1	241.68	120.84	0.00	0.00	CO-97	91.00	0.00
1306898036	0812	081225	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-45	120.84	118.42
1306898036	0812	081225	11	1	G2211			25.00	15.26	0.00	0.00	CO-104	2.42	
1306898036	0812	081225	11	1	G0136	33		65.00	17.40	0.00	0.00	CO-97	65.00	0.00
1306898036	0812	081225	11	1	G0447	XU		65.00	0.00	0.00	0.00	CO-45	9.74	14.95
1306898036	0812	081225	11	1	99401	25	REM: N1	65.00	0.00	0.00	0.00	CO-104	0.31	
1306898036	0812	081225	11	1	G0557		REM: N705 N1	94.10	47.05	0.00	0.00	CO-45	47.60	17.05
1306898036	0812	081225	11	1	G8510			0.00	0.00	0.00	0.00	CO-104	0.35	
1306898036	0812	081225	11	1	G8476			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	3074F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	3078F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	G9622			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	1036F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
1306898036	0812	081225	11	1	1158F			0.00	0.00	0.00	0.00	CO-104	0.18	
1306898036	0812	081225	11	1	1160F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	1159F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	2000F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	2001F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	3008F			0.00	0.00	0.00	0.00			
1306898036	0812	081225	11	1	2010F			0.00	0.00	0.00	0.00			
PT RESP	0.00				CLAIM	TOTALS		1267.78	409.15	0.00	0.00		866.82	400.96
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	400.96
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
	9	5460.66	2110.40	29.81	0.00	3734.19	1696.66	0.00	1696.66

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

CO-104 Managed care withholding.

CO-11 The diagnosis is inconsistent with the procedure.

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

CO-251 The attachment / other documentation content received did not contain the content required to process this claim or service.

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

CO-B14 Payment denied because only one visit or consultation per physician per day is covered.

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, plan benefit documents or jurisdiction statutes. Refer to the URL provided in the ERA for the payer website to access the appeals process guidelines.

N657 This should be billed with the appropriate code for these services.

N705 Incomplete/invalid documentation.

PR-1 Deductible Amount

PR-3 Co-payment Amount

