

UNITED HEALTHCARE INSURANCE COMPANY []
9900 BREN ROAD
MINNETONKA, MN 553439664
(877)842-3210

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE
7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-04-16
NONPAY #: W319571082
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME NATIVIDAD, ALLEN				HIC 925506298		ACNT 5501LMD642		ICN EY83257408				0140763312	ASG Y	MOA MA15
INSURED NAME: NATIVIDAD, ALLEN J														
1013940584	0327	032725	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	11	1	1160F			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 TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: CHOYC+														
STATUS CODE 1: Processed as Primary														

NAME NATIVIDAD, ALLEN				HIC 925506298		ACNT 5501LMD642		ICN EY83257408				0140763313	ASG Y	MOA MA15
INSURED NAME: NATIVIDAD, ALLEN J														
1013940584	0327	032725	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	11	1	3078F			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 TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: CHOYC+														
STATUS CODE 1: Processed as Primary														

NAME BULTMAN, NICOLE R				HIC 993840508		ACNT 5646LMD642		ICN FA12809293				0337453691	ASG Y	MOA MA15
1013940584	0217	021725	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0217	021725	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0217	021725	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0217	021725	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0217	021725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0217	021725	11	1	1000F			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 TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: CHOYC+														
STATUS CODE 1: Processed as Primary														

NAME BULTMAN, NICOLE R				HIC 993840508		ACNT 5646LMD642		ICN FA12809293				0337453698	ASG Y	MOA MA15
1013940584	0217	021725	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0217	021725	11	1	1160F			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 TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: CHOYC+														
STATUS CODE 1: Processed as Primary														

NAME CASAVANT, STACEY L				HIC 900243028		ACNT 5591LMD642		ICN FA04746509				0337515321	ASG Y	MOA MA15
1306898036	0401	040125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0401	040125	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0401	040125	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0401	040125	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0401	040125	11	1	1036F			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 TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: CHOYC+														
STATUS CODE 1: Processed as Primary														

NAME CASAVANT, STACEY L				HIC 900243028		ACNT 5591LMD642		ICN FA04746509				0337515325	ASG Y	MOA MA15
1306898036	0401	040125	11	1	96160 XU			5.30	4.69	4.69	0.00	CO-45	0.61	0.00
PT RESP		4.69	CLAIM TOTALS					5.30	4.69	4.69	0.00		0.61	0.00
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: CHOYC+														
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME CASAVANT, STACEY L					HIC	900243028	ACNT	5591LMD642		ICN FA04746509	0337515326	ASG Y	MOA MA15
1306898036	0401	040125	11	1	G0447	XU	0.00	0.00	0.00	0.00			0.00
1306898036	0401	040125	11	1	99401	33	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 TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE			0.00	NET	0.00
PLAN TYPE: CHOYC+													
STATUS CODE 1: Processed as Primary													

NAME CASAVANT, STACEY L	HIC 900243028	ACNT 5591LMD642	ICN FA04746509	0337515329	ASG Y	MOA MA15		
1306898036 0401 040125 11	1 36415	20.00	1.80	1.80	0.00	CO-45	18.20	0.00
PT RESP	1.80	CLAIM TOTALS	20.00	1.80	1.80	0.00	18.20	0.00
ADJ TO TOTAL: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00		
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
	8	25.30	6.49	6.49	0.00	18.81	0.00		0.00	0.00

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.

PR-1 Deductible Amount

