BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

7740 BYRON CENTER AVE

BYRON CENTER, MI 49315

NPI #: 1982923660

PAGE #: 1 of 3

DATE: 2025-08-08

EFT #: 25216B1000141100064714145

TAX ID #: 272620668

REND PROV	SERV DATE	POS	NOS	PRO	C MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	МТ	PROV PD
	RFF, HOLLYN			C XYHM	05572156 ACNT	6661LMD64	12	ICN	E185206064	00 ASG	Y MOA	
	ME: BATDORF			00201		056.00	0.00	0 00	0.00	go (056.00	0.00
1013940584	0528 05282	5 11	1	99381	REM: N129 N	256.00 1	0.00	0.00	0.00	CO-6	256.00	0.00
1013940584	0528 05282	5 11	1	G8420		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS	256.00	0.00	0.00	0.00		256.00	0.00
ADJ TO TOT	AL: PREV PD				INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS COD	E 1: Proces	sed a	s Pr	imary								
NAME BATDO	RFF, HOLLYN		HIC	C XYHM	05572156 ACNT	6661LMD64	12	ICN	E185266290	00 ASG	Y MOA	
	ME: BATDORF						_					
	0528 05282			99381		256.00	0.00	0.00	0.00	CO-18	256.00	0.00
	0528 05282			G8420		0.00	0.00	0.00				0.00
PT RESP	0.00				TOTALS			0.00			256.00	0.00
	AL: PREV PD				INTEREST	0.00			CHARGE	0.00	NET	0.00
	E 1: Proces		s Pr	imary								
NAME HAMPE	TEFFREY	г.	нт	7 XVK8	93677757 ACNT	7642TMD64	12	TCN	E185731655	00 ASG	Y MOA	
	0724 07242					361.00	0.00	0.00		CO-11	361.00	0.00
T0T0740304	. 0/21 0/212		_	30 233	REM: N657 N		0.00	0.00	0.00	50 11	301.00	0.00
1013940584	0724 07242	5 11	1	99497		155.32	77.66	0.00	0.00	CO-45	77.66	76.11
_010710001	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	JJ 131		100.02		3.00	0.00	CO-104	1.55	,0.11
1013940584	0724 07242	5 11	1	99214	25	241.68	0.00	0.00	0.00	CO-11	241.68	0.00
1013510301	0/21 0/212	<i>-</i>	-	JJ211	REM: N657 N		0.00	0.00	0.00	CO 11	211.00	0.00
1013040584	0724 07242	5 11	1	G0136		34.80	17.40	0.00	0.00	CO-45	17.40	17.05
1013940304	0/24 0/242	, 11	_	GUIJU	33	34.00	17.40	0.00	0.00	CO-104	0.35	17.03
1012040504	0724 07242	E 11	1	G0442	VII	30.00	0.00	0.00	0.00	CO-97	30.00	0.00
1013340364	0/24 0/242	J 11		G0442	REM: N1	30.00	0.00	0.00	0.00	CO-37	30.00	0.00
1012040504	0724 07242	E 11	1	G0444		29.45	0.00	0.00	0.00	CO-97	29.45	0.00
1013340364	0/24 0/242	J 11	_	GUTTT	REM: N1	29.43	0.00	0.00	0.00	CO-37	29.43	0.00
1012040504	0724 07242	E 11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
1013340364	0/24 0/242	2 11		30413		20.00	9.09	0.00	0.00			0.91
1013040504	0724 07242	- 11	-	ann11		25 00	0 00	0 00	0 00	CO-104	0.18	0 00
1013940584	0724 07242	2 II	1	G2211		25.00	0.00	0.00	0.00	CO-11	25.00	0.00
1012040504	0004 00040	- 11		an.con	REM: N657 N		0.00	0 00	0.00			0.00
	0724 07242			G9622		0.00	0.00	0.00				0.00
	0724 07242			G8510		0.00	0.00	0.00				0.00
	0724 07242			1036F		0.00	0.00	0.00				0.00
	0724 07242			3074F		0.00	0.00	0.00				0.00
	0724 07242			3078F		0.00	0.00	0.00				0.00
	0724 07242			G8427		0.00	0.00	0.00				0.00
	0724 07242			G8476		0.00	0.00	0.00				0.00
1013940584	0724 07242	5 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			795.18	102.07
ADJ TO TOT	'AL: PREV PD				INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	102.07
STATUS COD	E 1: Proces	sed a	s Pr	imary								
NAME POTTE	R, HENRY A		нт	Z XYK8	92204895 ACNT	7641LMD64	12	ICN	E185754247	00 ASG	Y MOA	
	0724 07242					146.00					60.37	83.92
	1		_		-			3.00		CO-104	1.71	30.52
1013940584	0724 07242	5 11	1	G2211		25.00	15.26	0.00	0.00		9.74	14.95
										CO-104	0.31	
	0724 07242			3074F		0.00	0.00	0.00				0.00
	0724 07242					0.00		0.00				0.00
	0724 07242			1036F		0.00	0.00	0.00				0.00
	0724 07242			3008F		0.00	0.00	0.00				0.00
	0724 07242			2001F		0.00	0.00	0.00				0.00
1013940584	0724 07242	5 11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0724 07242	5 11	1	1000F		0.00	0.00	0.00				0.00
	0724 07242		1	1159F		0.00	0.00	0.00				0.00
	0724 07242			1160F		0.00	0.00	0.00				0.00
PT RESP	0.00				TOTALS	171.00	100.89	0.00			72.13	98.87
	AL: PREV PD				INTEREST	0.00			CHARGE	0.00	NET	98.87
	E 1: Proces	sed a	s Pr	imarv								
		•-										



REMITTANCE

BLUE CARE NETWORK OF MICHIGAN

1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D] NPI #: 1982923660 BYRON CENTER FAM
EFT #: 25216B1000141100064714145 PAGE #: 2 of 3 ADVICE DATE: 2025-08-08

REND PROV	SERV	DATE	POS	NOS	PRO	C MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	ſT	PROV PD
NAME COOK,							A C'NTT	7647LMD64			1857819310			
1306898036			11		96372	33031207	ACNI	45.00	13.25	0.00	0.00	CO-45	31.75	12.98
1300030030	0/24	0/2425		_	90372			43.00	13.23	0.00	0.00	CO-104	0.27	12.90
PT RESP	0.0	10			CTATM	TOTALS		45.00	13.25	0.00	0.00	CO-104	32.02	12.98
ADJ TO TOT.					CLAIM	INTER	D C T	0.00		FILING		0.00	NET	12.98
STATUS COD			-d	n Dr	imarır	INIER	ESI	0.00	LAIE	FILING	CHARGE	0.00	NEI	12.90
SIAIUS COD	C 1: 1	riocess	eu as	S PI.	Illary									
NAME VANEE	DDEN	TAITDA		TTT/	7 VVV0	12001606	a Clare	7701LMD64		TON I	1858971590	0 ASG	Y MOA	
	-				99214	12001000	ACNI			0.00			98.16	118.42
1013940584	0/29	0/2925	11		3321 4			219.00	120.84	0.00	0.00	CO-45	2.42	110.42
1012040504	0720	072025	11	-	G2211			25 00	15 26	0 00	0 00	CO-104 CO-45		14 05
1013940584	0/29	0/2925	тт		GZZII			25.00	15.26	0.00	0.00		9.74	14.95
1012040504	0700	050005		-	G0 E 1 0			0.00	0 00	0 00	0 00	CO-104	0.31	0.00
1013940584					G8510			0.00	0.00	0.00	0.00			0.00
1013940584					G8476			0.00	0.00	0.00	0.00			0.00
1013940584					G8420			0.00	0.00	0.00	0.00			0.00
1013940584					G8427			0.00	0.00	0.00	0.00			0.00
1013940584					3077F			0.00	0.00	0.00	0.00			0.00
1013940584					3078F			0.00	0.00	0.00	0.00			0.00
1013940584					3008F			0.00	0.00	0.00	0.00			0.00
1013940584					2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584					1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.0					TOTALS		244.00	136.10	0.00	0.00		110.63	133.37
ADJ TO TOT						INTER	RST.	0.00		FILING		0.00	NET	133.37
STATUS COD			ed as	Dr	imarv	1111111	551	0.00	LALL	TIDING	CIMICOL	0.00	1121	133.37
5111105 005		000000	- u											
NAME VANEE	RDEN .	T.ATTRA .	т	нт	XYK9	12881606	ACNT	7702LMD642	2	TCN I	1859029320	0 ASG	Y MOA	
1013940584					99213		HOIVI	146.00	85.63	0.00	0.00	CO-45	60.37	83.92
1013340304	0220	022625		_	99213	25		140.00	65.65	0.00	0.00	CO-104	1.71	03.92
1010040504					~~~~			05.00	15 06					14.05
1013940584	0228	022825	TT		G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
				_								CO-104	0.31	
1013940584	0228	022825	11	1	G0446	ΧU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-104	0.62	
1013940584	0228	022825	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-104	0.12	
1013940584	0228	022825	11	1	82570	ΟW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
						-						CO-104	0.10	
1013940584	0228	022825	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584					3075F			0.00	0.00	0.00	0.00			0.00
1013940584					3078F			0.00	0.00	0.00	0.00			0.00
1013940584					3008F			0.00	0.00	0.00	0.00			0.00
1013940584					2001F			0.00	0.00	0.00	0.00			0.00
1013940584					2000F			0.00	0.00	0.00	0.00			0.00
1013940584					1000F			0.00	0.00	0.00	0.00			0.00
1013940584					1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0228	022825	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0228	022825	11	1	3060F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.0	00			CLAIM	TOTALS		268.55	142.79	0.00	0.00		128.62	139.93
ADJ TO TOT.	AL: PI	REV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	139.93
STATUS COD	E 1: 1	rocess	ed as	s Pr	imary									
NAME WALMA				HI	C XYK8	93665968	ACNT	7705LMD642	2	ICN I	1859273650	0 ASG	Y MOA	
1013940584	0729	072925	11	1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	108.62
												CO-104	2.22	
												PR-3	10.00	
1013940584	0729	072925	11	1	81003			33.60	2.25	0.00	0.00	CO-45	31.35	2.20
				_								CO-104	0.05	2.20
1013940584	0720	072025	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
1013340304	0123	012323		_	GZZII			23.00	13.20	0.00	0.00			14.93
1012040504	0720	072025	11	-	2074-			0 00	0 00	0 00	0 00	CO-104	0.31	0.00
1013940584					3074F			0.00	0.00	0.00	0.00			0.00
1013940584					3078F			0.00	0.00	0.00	0.00			0.00
1013940584					G8476			0.00	0.00	0.00	0.00			0.00
1013940584					3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584					1159F			0.00	0.00	0.00	0.00			0.00
1013940584					1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	10.0			_		TOTALS		277.60	138.35	0.00	0.00		151.83	125.77
ADJ TO TOT.					JEGIT	INTER	EST	0.00		FILING		0.00	NET	125.77
STATUS COD			- h	a D~·	imarr	THIER	no 1	0.00	THIE	TITING	CHARGE	0.00	1417.1	143.11
PIMIUS COD	n 1: 1	Locess	eu as	s PI.	rmat λ									



BLUE CARE NETWORK OF MICHIGAN REMITTANCE

NPI #: 1982923660 BYRON CENTER FAMILY MEDICINE [0D10420 G9999D] ADVICE EFT #: 25216B1000141100064714145 PAGE #: 3 of 3 DATE: 2025-08-08

REND PROV	SERV DATE	POS	NOS	PRO	C MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	T	PROV PD
NAME CHAFF	IN, BRETT W		HIC	M0546	5262901	ACNT	7680LMD64	2	ICN E1	859276470	00 ASG	Y MOA	
1013940584	0417 041725	11	1	99213	25		171.26	83.35	0.00	0.00	CO-45 CO-24 PR-3	87.91 63.35 20.00	0.00
1013940584	0417 041725	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0417 041725	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0417 041725	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0417 041725	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0417 041725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0417 041725	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0417 041725	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0417 041725	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00			CLAIM	TOTALS		171.26	83.35	0.00	0.00		171.26	0.00
	AL: PREV PD E 1: Process	ed as	s Pri	imary	INTER	EST	0.00	LATE	: FILING C	HARGE	0.00	NET	0.00

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	9	2586.66	718.88	0.00	0.00	1973.67	612.99	0.00	612.99

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

CO-104 Managed care withholding.

CO-11 The diagnosis is inconsistent with the procedure.

CO-18 Duplicate claim / service.

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-6 The procedure / revenue code is inconsistent with the patient's age.

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

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.

N129 Not eligible due to the patient's age.

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

PR-3 Co-payment Amount

N1

