

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 1  
 DATE: 2025-04-04  
 EFT #: W318435916  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BLANDO, NICHOLAS V			HIC 981576539	ACNT	5159LMD642			ICN EY18534708	0072225270	ASG Y	MOA MA15
1306898036	0307	030725	11	1	99213 25	146.00	74.71	0.00	0.00	CO-45	71.29
										PR-3	15.00
1306898036	0307	030725	11	1	82570 QW	17.85	3.95	3.95	0.00	CO-45	13.90
1306898036	0307	030725	11	1	82043 QW	14.70	4.78	4.78	0.00	CO-45	9.92
PT RESP	23.73				CLAIM TOTALS	178.55	83.44	8.73	0.00		110.11
ADJ TO TOTAL: PREV PD					INTEREST	0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: NEX OAP											59.71
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	178.55	83.44	8.73	0.00	110.11	59.71	0.00	59.71

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  
 PR-3 Co-payment Amount

