

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: 2025-05-14
 EFT #: W322538924
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ROWLAND, BRENT			HIC 968915689	ACNT 6022LMD642				ICN FA82830646	0101442213	ASG Y	MOA MA15
INSURED NAME: ROWLAND, BRENT W											
1013940584	0423	042325	11	1	99215 25	295.00	148.89	0.00	0.00	CO-45	123.89
									PR-3	25.00	
PT RESP	25.00	CLAIM TOTALS				295.00	148.89	0.00	0.00	171.11	123.89
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	123.89
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME ROWLAND, BRENT			HIC 968915689	ACNT 6022LMD642				ICN FA82830646	0101442219	ASG Y	MOA MA15
INSURED NAME: ROWLAND, BRENT W											
1013940584	0423	042325	11	1	36415	20.00	1.80	0.00	0.00	CO-45	1.80
PT RESP	0.00	CLAIM TOTALS				20.00	1.80	0.00	0.00	18.20	1.80
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	1.80
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME ROWLAND, BRENT			HIC 968915689	ACNT 6022LMD642				ICN FA82830646	0101442220	ASG Y	MOA MA15
INSURED NAME: ROWLAND, BRENT W											
1013940584	0423	042325	11	1	93000	71.00	20.86	0.00	0.00	CO-45	20.86
PT RESP	0.00	CLAIM TOTALS				71.00	20.86	0.00	0.00	50.14	20.86
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	20.86
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME ROWLAND, BRENT			HIC 968915689	ACNT 6022LMD642				ICN FA82830646	0101442221	ASG Y	MOA MA15
INSURED NAME: ROWLAND, BRENT W											
1013940584	0423	042325	11	1	G0447 XU	65.00	28.27	0.00	0.00	CO-45	28.27
1013940584	0423	042325	11	1	99401 25	65.00	37.83	0.00	0.00	CO-45	37.83
PT RESP	0.00	CLAIM TOTALS				130.00	66.10	0.00	0.00	63.90	66.10
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	66.10
PLAN TYPE: CHOYC+											
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
	4	516.00	237.65	0.00	0.00	303.35	212.65	0.00	212.65

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-3 Co-payment Amount

