

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 2
DATE: 2025-08-15
EFT #: 25223B1000129861064721949
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME STEENWYK, KELSEY J				HIC XYH911520676 ACNT				7753LMD642	ICN E18600089300			ASG Y	MOA	
INSURED NAME: STEENWYK, NICHOLAS J														
1013940584	0730	073025	11	1	99213			146.00	84.25	0.00	0.00	CO-45	61.75	0.00
												CO-24	64.25	
												PR-3	20.00	
1013940584	0730	073025	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00					CLAIM TOTALS		146.00	84.25	0.00	0.00		146.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME WEBER, JEFFREY				HIC 91023623401	ACNT 7793LMD642	ICN E18611644400		ASG Y	MOA			
INSURED NAME: WEBER, JEFFREY A												
1306898036	0804	080425	11	1	99396 25	327.00	142.65	0.00	0.00	CO-45	184.35	142.65
1306898036	0804	080425	11	1	G2211	25.00	0.00	0.00	0.00	CO-B15	25.00	0.00
REM: M51 N1												
1306898036	0804	080425	11	1	G0442 XU	43.00	27.72	0.00	0.00	CO-45	15.28	27.72
1306898036	0804	080425	11	1	G0444 XU	91.00	27.72	0.00	0.00	CO-45	63.28	27.72
1306898036	0804	080425	11	1	G0136 XU	65.00	29.81	29.81	0.00	CO-45	35.19	0.00
1306898036	0804	080425	11	1	36415	20.00	6.63	0.00	0.00	CO-45	13.37	6.63
1306898036	0804	080425	11	1	G8510	0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	0513F	0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	G8417	0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	3079F	0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	G9622	0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	3075F	0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	1036F	0.00	0.00	0.00	0.00			0.00
PT RESP	29.81				CLAIM TOTALS	571.00	234.53	29.81	0.00		336.47	204.72
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE		0.00	NET	204.72	
STATUS CODE 1: Processed as Primary												

NAME LLOYD, TIMOTHY				HIC XYK997166154 ACNT 7795LMD642				ICN E18612280700		ASG Y	MOA		
INSURED NAME: LLOYD, TIMOTHY D													
1306898036	0804	080425	11	1	99213 25		146.00	85.63	0.00	0.00	CO-45	60.37	83.92
											CO-104	1.71	
1306898036	0804	080425	11	1	G0446 XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-104	0.62	
1306898036	0804	080425	11	1	0513F		0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	G8417		0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	G8420		0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	4004F		0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00	CLAIM TOTALS				211.00	116.57	0.00	0.00			96.76	114.24
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	114.24
STATUS CODE 1: Processed as Primary													



REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	WENGER, MICHAEL				HIC	M6713273801	ACNT	6054LMD642		ICN	E18616130400	ASG Y MOA
1306898036	0425	042525	11	1	99396	25		327.00	139.99	0.00	0.00	CO-45 187.01 0.00
												CO-24 139.99
1306898036	0425	042525	11	1	G0447	XU		65.00	39.31	0.00	0.00	CO-45 25.69 39.31
1306898036	0425	042525	11	1	G0446	XU		65.00	39.31	0.00	0.00	CO-45 25.69 39.31
1306898036	0425	042525	11	1	G0136	33		65.00	29.48	0.00	5.90	CO-45 35.52 23.58
1306898036	0425	042525	11	1	3074F			0.00	0.00	0.00	0.00	0.00
1306898036	0425	042525	11	1	3078F			0.00	0.00	0.00	0.00	0.00
1306898036	0425	042525	11	1	G8476			0.00	0.00	0.00	0.00	0.00
1306898036	0425	042525	11	1	G8427			0.00	0.00	0.00	0.00	0.00
1306898036	0425	042525	11	1	3008F			0.00	0.00	0.00	0.00	0.00
1306898036	0425	042525	11	1	2001F			0.00	0.00	0.00	0.00	0.00
1306898036	0425	042525	11	1	2000F			0.00	0.00	0.00	0.00	0.00
1306898036	0425	042525	11	1	1000F			0.00	0.00	0.00	0.00	0.00
1306898036	0425	042525	11	1	1159F			0.00	0.00	0.00	0.00	0.00
1306898036	0425	042525	11	1	1160F			0.00	0.00	0.00	0.00	0.00
PT RESP	5.90				CLAIM	TOTALS		522.00	248.09	0.00	5.90	413.90 102.20
ADJ TO TOTAL: PREV PD					INTEREST			0.00				NET 102.20
STATUS CODE 1: Processed as Primary												

NAME	SIMONS, SCOTT				HIC	89214000801	ACNT	7765LMD642		ICN	E18617090500	ASG Y MOA
INSURED NAME:	SIMONS, SCOTT	D										
1306898036	0801	080125	11	1	99396	25		327.00	142.65	0.00	0.00	CO-45 184.35 142.65
1306898036	0801	080125	11	1	81003			33.60	0.00	0.00	0.00	CO-97 33.60 0.00
REM: N19 N1												
1306898036	0801	080125	11	1	G0442	XU		43.00	27.72	0.00	0.00	CO-45 15.28 27.72
1306898036	0801	080125	11	1	G0444	XU		91.00	27.72	0.00	0.00	CO-45 63.28 27.72
1306898036	0801	080125	11	1	G0136	33		65.00	29.81	0.00	5.96	CO-45 35.19 23.85
1306898036	0801	080125	11	1	G0447	XU		65.00	51.24	0.00	0.00	CO-45 13.76 51.24
1306898036	0801	080125	11	1	36415			20.00	6.63	0.00	0.00	CO-45 13.37 6.63
1306898036	0801	080125	11	1	0513F			0.00	0.00	0.00	0.00	0.00
1306898036	0801	080125	11	1	G8418			0.00	0.00	0.00	0.00	0.00
1306898036	0801	080125	11	1	G9622			0.00	0.00	0.00	0.00	0.00
1306898036	0801	080125	11	1	G8510			0.00	0.00	0.00	0.00	0.00
1306898036	0801	080125	11	1	G8427			0.00	0.00	0.00	0.00	0.00
1306898036	0801	080125	11	1	3075F			0.00	0.00	0.00	0.00	0.00
1306898036	0801	080125	11	1	3079F			0.00	0.00	0.00	0.00	0.00
1306898036	0801	080125	11	1	3078F			0.00	0.00	0.00	0.00	0.00
1306898036	0801	080125	11	1	1036F			0.00	0.00	0.00	0.00	0.00
PT RESP	5.96				CLAIM	TOTALS		644.60	285.77	0.00	5.96	358.83 279.81
ADJ TO TOTAL: PREV PD					INTEREST			0.00				NET 279.81
STATUS CODE 1: Processed as Primary												

NAME	COOK, JACK E				HIC	XYK893691287	ACNT	7768LMD642		ICN	E18617531100	ASG Y MOA
1306898036	0731	073125	11	1	96372			45.00	13.25	0.00	0.00	CO-45 31.75 12.98
												CO-104 0.27
PT RESP	0.00				CLAIM	TOTALS		45.00	13.25	0.00	0.00	32.02 12.98
ADJ TO TOTAL: PREV PD					INTEREST			0.00				NET 12.98
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
	6	2139.60	982.46	29.81	11.86	1383.98	713.95	0.00	713.95

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

CO-104 Managed care withholding.

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-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-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.

M51 Missing / incomplete / invalid procedure code(s).

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 or plan benefit documents.

N19 Procedure code incidental to primary procedure.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

