

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-21
EFT #: 159413929250522
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEWEY, CYNTHIA					HIC H79702621	ACNT 6163LMD642				ICN 820251260635013	ASG Y MOA	
1306898036	0129	012925	11	1	90471		41.00	0.00	0.00	0.00	CO-B15	41.00
						REM: M51						
						HCPI: RECONSIDERATION						
1306898036	0129	012925	11	1	90656		35.00	22.35	0.00	0.00	CO-253	0.45
											CO-45	12.65
						HCPI: RECONSIDERATION						
PT RESP		0.00			CLAIM TOTALS		76.00	22.35	0.00	0.00		54.10
ADJ TO TOTAL: PREV PD					INTEREST		0.00				LATE FILING CHARGE	0.00
PLAN TYPE: MEDICARE ADVANTAGE PPO												NET
STATUS CODE 1: Processed as Primary												21.90

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	76.00	22.35	0.00	0.00	54.10	21.90	0.00	21.90

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
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).

