

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 2
DATE: 2025-04-30
EFT #: 158088130250501
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	RODRIGO, STEPHEN J				HIC	H32172255	ACNT 6027LMD642			ICN	820251140629905	ASG Y	MOA
1013940584	0423	042325	11	1	99213	25	146.00	85.63	85.63	0.00	CO-45	60.37	0.00
						HCPI: RECONSIDERATION							
1013940584	0423	042325	11	1	G2211		25.00	15.26	3.41	0.00	CO-45	9.74	0.00
						HCPI: RECONSIDERATION					PR-3	11.85	
1013940584	0423	042325	11	1	82043	QW	14.70	5.78	5.78	0.00	CO-45	8.92	0.00
						HCPI: RECONSIDERATION							
1013940584	0423	042325	11	1	82570	QW	17.85	5.18	5.18	0.00	CO-45	12.67	0.00
						HCPI: RECONSIDERATION							
1013940584	0423	042325	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-253	0.62	30.32
											CO-45	34.06	
1013940584	0423	042325	11	1	3074F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1013940584	0423	042325	11	1	3078F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1013940584	0423	042325	11	1	3061F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1013940584	0423	042325	11	1	3008F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1013940584	0423	042325	11	1	2001F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1013940584	0423	042325	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1013940584	0423	042325	11	1	1000F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1013940584	0423	042325	11	1	1159F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1013940584	0423	042325	11	1	1160F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
PT RESP	111.85				CLAIM	TOTALS	268.55	142.79	100.00	0.00		138.23	30.32
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	NET	30.32
PLAN TYPE: MEDICARE ADVANTAGE PPO													
STATUS CODE 1: Processed as Primary													



HUMANA INC.

NPI #: 1982923660

EFT #: 158088130250501

BYRON CENTER FAMILY MEDICINE [941242]

PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-04-30

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MAPSON, DEBORAH M					HIC H65547461	ACNT 6018LMD642			ICN 820251150732685	ASG Y	MOA	
1306898036	0423	042325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	99213	25	146.00	85.63	0.00	0.00	CO-253 CO-45	1.71 60.37
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-253 CO-45	0.62 34.06
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	G2211		25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	73562	26	86.90	0.00	0.00	0.00	CO-16	86.90
						REM: N822						
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	G8420		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0423	042325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM TOTALS		322.90	131.83	0.00	0.00		129.19
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	129.19
PLAN TYPE: MEDICARE ADVANTAGE PPO											NET	
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
	2	591.45	274.62	100.00	0.00	331.94	159.51	0.00	159.51

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

N822 Missing procedure modifier(s).

PR-1 Deductible Amount

PR-3 Co-payment Amount

