

BLUECROSS BLUESHIELD OF NEW MEXICO []
P O BOX 660058
DALLAS, TX 752660058
(000)000-0000

REMITTANCE
ADVICE

SCOTT K DUEMLER MD
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-29
CHECK #: C25119506994290
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LEBLOND, PHILIP S			HIC YIC870004856		ACNT	5618LMD642	ICN 0202511557920P20X00		ASG Y	MOA		
	0402	040225	11	1	99214		219.00	24.17	0.00	0.00	OA-23	24.17
	0402	040225	11	1	G2211		25.00	3.05	0.00	0.00	OA-23	3.05
	0402	040225	11	1	1036F		0.00	0.00	0.00	0.00		0.00
	0402	040225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				244.00	27.22	0.00	0.00		27.22
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE			0.00	27.22
PLAN TYPE: MEDICARE CROSSOVER CLAIM												
STATUS CODE 2: Processed as Secondary												

NAME LEBLOND, PHILIP S			HIC YIC870004856		ACNT	5730LMD642	ICN 02025118574406H0X00		ASG Y	MOA		
	0408	040825	11	1	99213		146.00	17.13	0.00	0.00	OA-23	17.13
	0408	040825	11	1	G2211		25.00	3.05	0.00	0.00	OA-23	3.05
	0408	040825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				171.00	20.18	0.00	0.00		20.18
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE			0.00	20.18
PLAN TYPE: MEDICARE CROSSOVER CLAIM												
STATUS CODE 2: Processed as Secondary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	415.00	47.40	0.00	0.00	367.60	47.40	0.00	47.40

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

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

