

HUMANA INC. []  
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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: 2025-07-24  
NONPAY #: NO-PAY-202507240017686  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	HEIMBACH, CAROLYN S		HIC	H73158973	ACNT	6523LMD642			ICN	820251410640743	ASG Y	MOA
1013940584	0519	051925	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-96	65.00
						REM: N115 N386						
						HCPI: RECONSIDERATION						
1013940584	0519	051925	11	1	99401	25	65.00	0.00	0.00	0.00	CO-96	65.00
						REM: N431						
						HCPI: RECONSIDERATION						
1013940584	0519	051925	11	1	1111F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0519	051925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0519	051925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0519	051925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0519	051925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0519	051925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0519	051925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM	TOTALS	130.00	0.00	0.00	0.00	130.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: MEDICARE ADVANTAGE PPO											NET	
STATUS CODE 1: Processed as Primary												

NAME	BLACK, TRACIE L		HIC	H76819103	ACNT	7351LMD642			ICN	820251970708290	ASG Y	MOA
1306898036	0709	070925	11	1	99401	25	65.00	0.00	0.00	0.00	CO-96	65.00
						REM: N431						
						HCPI: RECONSIDERATION						
1306898036	0709	070925	11	1	0513F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0709	070925	11	1	3079F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0709	070925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0709	070925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0709	070925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0709	070925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0709	070925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0709	070925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0709	070925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM	TOTALS	65.00	0.00	0.00	0.00	65.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	0.00
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	195.00	0.00	0.00	0.00	195.00	0.00	0.00	0.00

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

CO-96 Non-covered charge(s).  
N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.



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NONPAY #: NQ-PAY-202507240017686 PAGE #: 2 of 2

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N386 This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact the contractor to request a copy of the NCD.

N431 Service is not covered with this procedure.

