

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []
PO BOX 740819
ATLANTA, GA 303740819
(800)227-7789

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE
7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-07-09
EFT #: 11279587445
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ADAMS, MICHAEL J			HIC 34543387311		ACNT	6662LMD642	ICN 566452477611			ASG Y	MOA	
INSURED NAME: ADAMS, MIKE J												
1013940584	0528	052825	11	0	99214	25	241.68	120.84	0.00	0.00	OA-23	24.17
1013940584	0528	052825	11	0	G2211		25.00	15.26	0.00	0.00	OA-23	3.05
1013940584	0528	052825	11	0	36415		20.00	0.00	0.00	0.00	OA-23	0.00
1013940584	0528	052825	11	0	99401		65.00	0.00	0.00	0.00	PR-204	0.00
1013940584	0528	052825	11	0	G0446	XU	65.00	0.00	0.00	0.00	PR-204	0.00
1013940584	0528	052825	11	0	G0447	XU	65.00	0.00	0.00	0.00	OA-23	0.00
PT RESP	130.00				CLAIM TOTALS		481.68	136.10	0.00	0.00	454.46	27.22
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	27.22
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
	1	481.68	136.10	0.00	0.00	454.46	27.22	0.00	27.22

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
PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

