

BLUE CARE NETWORK OF MICHIGAN []  
441 E. JEFFERSON  
DETROIT, MI 48226  
(000)000-0000

REMITTANCE  
ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]  
7740 BYRON CENTER AVE  
  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 3  
DATE: 2025-07-25  
EFT #: 25202B1000137268064698796  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CRAWFORD, DONALD W			HIC XYK991413062 ACNT		7378LMD642		ICN E18521410900		ASG Y MOA			
1013940584	0710	071025	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15 119.41
											CO-104	2.44
1013940584	0710	071025	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	54.34 76.11
											CO-104	1.55
1013940584	0710	071025	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16 118.42
											CO-104	2.42
1013940584	0710	071025	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-104	0.10
1013940584	0710	071025	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-104	0.12
1013940584	0710	071025	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74 14.95
											CO-104	0.31
1013940584	0710	071025	11	1	G0136	33	34.80	17.40	0.00	0.00	CO-45	17.40 17.05
											CO-104	0.35
1013940584	0710	071025	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-97	30.00 0.00
						REM: N1						
1013940584	0710	071025	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-97	29.45 0.00
						REM: N1						
1013940584	0710	071025	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	2028F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	3061F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		863.80	363.97	0.00	0.00		507.12 356.68
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET 356.68
STATUS CODE 1: Processed as Primary												

NAME LLOYD, TIMOTHY				HIC XYK997166154 ACNT 4443LMD642				ICN E18522145000		ASG Y	MOA		
INSURED NAME: LLOYD, TIMOTHY D													
1306898036	0128	012825	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
											CO-104	2.44	
1306898036	0128	012825	11	1	99497 33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
											CO-104	1.55	
1306898036	0128	012825	11	1	99214 25		241.68	120.84	0.00	0.00	CO-45	120.84	118.42
											CO-104	2.42	
1306898036	0128	012825	11	1	G0442 XU		43.00	0.00	0.00	0.00	CO-97	43.00	0.00
					REM: N1								
1306898036	0128	012825	11	1	G0444 XU		91.00	0.00	0.00	0.00	CO-97	91.00	0.00
					REM: N1								
1306898036	0128	012825	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74	14.95
											CO-104	0.31	
1306898036	0128	012825	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-104	0.18	
1306898036	0128	012825	11	1	G9622		0.00	0.00	0.00	0.00			0.00
1306898036	0128	012825	11	1	G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0128	012825	11	1	G8427		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		913.68	344.70	0.00	0.00		575.88	337.80
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	337.80
STATUS CODE 1: Processed as Primary													



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ADVICE

DATE: 2025-07-25

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SCHNEPP, ROSE M					HIC	XYK919440096	ACNT	7374LMD642		ICN	E18522809400	ASG	Y MOA
1013940584	0710	071025	11	1	99213	25		146.00	85.63	0.00	0.00	CO-45	60.37	69.22
												CO-104	1.41	
												PR-3	15.00	
1013940584	0710	071025	11	1	99401	25		65.00	0.00	0.00	0.00	CO-181	65.00	0.00
							REM: M51							
1013940584	0710	071025	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-104	0.62	
1013940584	0710	071025	11	1	G0446	XU		61.88	0.00	0.00	0.00	CO-97	61.88	0.00
							REM: M86 N1							
1013940584	0710	071025	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	15.00					CLAIM	TOTALS	337.88	116.57	0.00	0.00		238.34	99.54
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	99.54
STATUS CODE 1: Processed as Primary														

NAME	HEYBOER, MICHELLE					HIC	XYHM05860701	ACNT	7395LMD642		ICN	E18524103200	ASG	Y MOA
INSURED NAME: HEYBOER, DAVID C														
1306898036	0711	071125	11	1	99213	25		146.00	84.25	0.00	0.00	CO-45	61.75	0.00
												CO-24	64.25	
												PR-3	20.00	
1306898036	0711	071125	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00					CLAIM	TOTALS	146.00	84.25	0.00	0.00		146.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME	DAMSTRA, DEREK M					HIC	92440078601	ACNT	6944LMD642		ICN	E18524734900	ASG	Y MOA
1013940584	0612	061225	11	1	99213	25		146.00	83.35	0.00	16.67	CO-45	62.65	66.68
1013940584	0612	061225	11	1	G0446	XU		65.00	39.31	0.00	0.00	CO-45	25.69	39.31
1013940584	0612	061225	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	16.67					CLAIM	TOTALS	211.00	122.66	0.00	16.67		88.34	105.99
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	105.99
STATUS CODE 1: Processed as Primary														

NAME	SAUCEDO, JAIME					HIC	91709075001	ACNT	7407LMD642		ICN	E18528724500	ASG	Y MOA
1306898036	0711	071125	11	1	99395	25		297.00	127.86	0.00	0.00	CO-45	169.14	127.86
1306898036	0711	071125	11	1	G0136	33		34.80	28.39	28.39	0.00	CO-45	6.41	0.00
1306898036	0711	071125	11	1	G0442	XU		30.00	26.40	0.00	0.00	CO-45	3.60	26.40
1306898036	0711	071125	11	1	96127	XU		40.00	0.00	0.00	0.00	CO-97	40.00	0.00
							REM: N1							
1306898036	0711	071125	11	1	36415			20.00	6.31	0.00	0.00	CO-45	13.69	6.31
1306898036	0711	071125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	28.39					CLAIM	TOTALS	421.80	188.96	28.39	0.00		232.84	160.57
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	160.57
STATUS CODE 1: Processed as Primary														



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DATE: 2025-07-25

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	MERRITT, DENNIS R				HIC	XYK991672189 ACNT	7486LMD642			ICN E18538463200	ASG Y MOA	
1306898036	0716	071625	11	1	99496	25	446.00	261.36	0.00	0.00	CO-45	184.64
											CO-104	5.23
1306898036	0716	071625	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06
											CO-104	0.62
1306898036	0716	071625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0716	071625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0716	071625	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0716	071625	11	1	4004F		0.00	0.00	0.00	0.00		0.00
1306898036	0716	071625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0716	071625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0716	071625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0716	071625	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0716	071625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0716	071625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		511.00	292.30	0.00	0.00		224.55
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1:	Processed as Primary											286.45

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	7	3405.16	1513.41	28.39	16.67	2013.07	1347.03	0.00	1347.03

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

CO-104 Managed care withholding.

CO-181 Payment adjusted because this procedure code was invalid on the date of service

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

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

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

M51 Missing / incomplete / invalid procedure code(s).

M86 Service denied because payment already made for same / similar procedure within set time frame.

N1 Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

