

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: 2025-05-27
EFT #: 159981065250528
TAX ID #: 272620668

END	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME PRENTISS, PHYLLIS				HIC	H78824854	ACNT	6543LMD642		ICN	820251420620964	ASG Y	MOA	
1306898036	0520	052025	11	1	G0439		361.00	0.00	0.00	0.00	CO-96	361.00	0.00
						REM: N640							
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	3075F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	3078F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G9622		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	1036F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	1158F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	1160F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	99214	25	241.68	120.84	0.00	0.00	CO-253	2.42	118.42
											CO-45	120.84	
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	99497	33	132.00	77.66	0.00	0.00	CO-253	1.55	76.11
											CO-45	54.34	
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95
											CO-45	9.74	
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	36415		20.00	9.09	0.00	0.00	CO-253	0.18	8.91
											CO-45	10.91	
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G0444	XU	91.00	16.22	0.00	0.00	CO-253	0.32	15.90
											CO-45	74.78	
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-253	0.32	15.90
											CO-45	26.78	
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G0136	XU	65.00	17.40	0.00	0.00	CO-253	0.35	17.05
											CO-45	47.60	
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G0446	XU	65.00	0.00	0.00	0.00	CO-236	65.00	0.00
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G0557		94.10	47.05	0.00	0.00	CO-253	0.94	46.11
											CO-45	47.05	
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	1159F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	2001F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	3008F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	2010F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
PT RESP	0.00				CLAIM	TOTALS	1137.78	319.74	0.00	0.00		824.43	313.35
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	313.35
PLAN TYPE: MEDICARE ADVANTAGE PPO													
STATUS CODE 1: Processed as Primary													



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DATE: 2025-05-27

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	PRENTISS, HUGH L					HIC	H78825947	ACNT	6544LMD642		ICN	820251420620968	ASG	Y MOA
1306898036	0520	052025	11	1	2010F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G0439			361.00	0.00	0.00	0.00	CO-96	361.00	0.00
							REM: N640							
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	1158F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	0513F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	1160F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	1159F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	2000F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	2001F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	99497	33		132.00	77.66	0.00	0.00	CO-253	1.55	76.11
												CO-45	54.34	
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	99214	25		241.68	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	120.84	
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G0136	XU		65.00	17.40	0.00	0.00	CO-253	0.35	17.05
												CO-45	47.60	
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-253	0.32	15.90
												CO-45	74.78	
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-236	65.00	0.00
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-253	0.32	15.90
												CO-45	26.78	
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
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1306898036	0520	052025	11	1	36415			20.00	9.09	0.00	0.00	CO-253	0.18	8.91
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1306898036	0520	052025	11	1	G0557			94.10	47.05	0.00	0.00	CO-253	0.94	46.11
												CO-45	47.05	
							HCPI: RECONSIDERATION							
1306898036	0520	052025	11	1	3008F			0.00	0.00	0.00	0.00			0.00
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PT RESP	0.00					CLAIM	TOTALS	1137.78	319.74	0.00	0.00		824.43	313.35
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE			NET	313.35
PLAN TYPE: MEDICARE ADVANTAGE PPO														
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	2275.56	639.48	0.00	0.00	1648.86	626.70	0.00	626.70

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

CO-236 This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.

CO-253 Sequestration - reduction in federal spending

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

CO-96 Non-covered charge(s).

N640 Exceeds number / frequency approved / allowed within time period.

