

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 1  
DATE: 2025-04-22  
NONPAY #: NO-PAY-202504220013692  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	BAAS, RAY E				HIC	H62919352	ACNT	5445LMD642		ICN	820251000617556	ASG	Y
1013940584	0324	032425	11	1	99214	25		219.00	0.00	0.00	CO-9	219.00	0.00
							HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	G2211			25.00	0.00	0.00	CO-9	25.00	0.00
							HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	36415			20.00	0.00	0.00	CO-9	20.00	0.00
							HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	99401	33		65.00	0.00	0.00	CO-9	65.00	0.00
							HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	G0447	XU		65.00	0.00	0.00	CO-9	65.00	0.00
							HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	G0446	XU		61.88	0.00	0.00	CO-9	61.88	0.00
							HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	3075F			0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	3079F			0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM	TOTALS		455.88	0.00	0.00		455.88	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00			LATE FILING CHARGE	0.00	NET
PLAN TYPE: MEDICARE ADVANTAGE PPO													0.00
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
	1	455.88	0.00	0.00	0.00	455.88	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-9 The diagnosis is inconsistent with the patient's age.

