

UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-08-26
 EFT #: T8030926
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME THOMAS, WILLIAM M			HIC 912691337		ACNT 7704LMD642		ICN STL5492159500			ASG Y	MOA	
INSURED NAME: THOMAS JR, WILLIAM M												
1013940584	0729	072925	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	119.42
											CO-253	2.43
1013940584	0729	072925	11	1	99396	25	327.00	116.78	0.00	0.00	CO-45	114.45
											CO-253	2.33
1013940584	0729	072925	11	1	G0136	33	34.80	17.40	0.00	0.00	CO-45	17.06
											CO-253	0.34
1013940584	0729	072925	11	1	36415		20.00	9.09	0.00	0.00	CO-45	8.91
											CO-253	0.18
1013940584	0729	072925	11	1	G2211		25.00	0.00	0.00	0.00	PI-97	0.00
REM: N122												
1013940584	0729	072925	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	15.90
											CO-253	0.32
1013940584	0729	072925	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-45	15.90
											CO-253	0.32
1013940584	0729	072925	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0729	072925	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0729	072925	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0729	072925	11	1	3077F		0.00	0.00	0.00	0.00		0.00
1013940584	0729	072925	11	1	3079F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS			827.25	297.56	0.00	0.00	535.61	291.64
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 291.64
PLAN TYPE: AARP MEDICARE ADVANTAGE												
STATUS CODE 1: Processed as Primary												

NAME THOMAS, WILLIAM M		HIC 912691337	ACNT 7712LMD642		ICN STL6000069100		ASG Y	MOA		
INSURED NAME: THOMAS JR, WILLIAM M										
1013940584	0729	072925 11	1 99499	0.01	0.00	0.00	0.00	PI-16	0.01	0.00
REM: N350										
PT RESP	0.00	CLAIM TOTALS		0.01	0.00	0.00	0.00		0.01	0.00
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE FILING CHARGE			0.00	NET	0.00
PLAN TYPE: AARP MEDICARE ADVANTAGE										
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	827.26	297.56	0.00	0.00	535.62	291.64	0.00	291.64

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N122 Add-on code cannot be billed by itself.
 N350 Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted/By Report procedure.
 PI-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
 PI-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

