

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: 2025-08-07
 EFT #: 11294599050
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MINER, EDWARD B			HIC 39940795711		ACNT	7094LMD642	ICN 569012774201		ASG Y		MOA	
1013940584	0527	052725	11	0	99213		146.00	0.00	0.00	0.00	OA-23	128.87
											PR-3	17.13
1013940584	0527	052725	11	0	G2211		25.00	15.26	0.00	0.00	OA-23	21.95
PT RESP		17.13			CLAIM TOTALS		171.00	15.26	0.00	0.00		167.95
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 2: Processed as Secondary												3.05
NAME MINER, EDWARD B			HIC 39940795711		ACNT	7095LMD642	ICN 569152477861		ASG Y		MOA	
1013940584	0509	050925	11	0	99214 25		219.00	120.84	0.00	0.00	OA-23	194.83
											PR-3	20.00
1013940584	0509	050925	11	0	15853		50.00	10.10	0.00	0.00	OA-23	47.98
1013940584	0509	050925	11	0	G0447 XU		65.00	0.00	0.00	0.00	OA-23	65.00
1013940584	0509	050925	11	0	99401 25		65.00	0.00	0.00	0.00	PR-204	65.00
PT RESP		85.00			CLAIM TOTALS		399.00	130.94	0.00	0.00		392.81
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 2: Processed as Secondary												6.19
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK			
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT			
	2	570.00	146.20	0.00	0.00	560.76	9.24	0.00	9.24			

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
 PR-3 Co-payment Amount

