

HUMANA INC. []
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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: 2025-03-11
EFT #: 154442889250312
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SEVIGNY, DONALD A			HIC	H71343606	ACNT	5138LMD642			ICN	820250660633527	ASG Y	MOA
1013940584	0303	030325	10	1	98966		25.18	12.59	0.00	0.00	CO-253	12.34
											CO-45	12.59
PT RESP	0.00				CLAIM TOTALS		25.18	12.59	0.00	0.00		12.84
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	12.34
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												

NAME SHERWOOD, JAMIE D			HIC	H67116942	ACNT	5112LMD642			ICN	820250650659737	ASG Y	MOA
1013940584	0305	030525	11	1	1160F		0.00	0.00	0.00	0.00		0.00
											CO-253	118.42
											CO-45	98.16
1013940584	0305	030525	11	1	99214	25	219.00	120.84	0.00	0.00		
											CO-B1	25.00
1013940584	0305	030525	11	1	G2211		25.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	1159F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		244.00	120.84	0.00	0.00		125.58
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	118.42
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	269.18	133.43	0.00	0.00	138.42	130.76	0.00	130.76

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.
CO-B1 Non-covered visits.
N20 Service not payable with other service rendered on the same date.

