

UNITED HEALTHCARE INSURANCE COMPANY []
 4 RESEARCH DRIVE
 SHELTON, CT 064846282
 (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: 2025-06-12
 EFT #: 40575376
 TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	LIERMAN, GARY					HIC 26079823301	ACNT	6356LMD642			ICN FC55128133	ASG Y	MOA	
1013940584	0513	051325	11	0	99214			219.00	110.62	0.00	0.00	CO-45	108.38	110.62
1013940584	0513	051325	11	0	3008F			0.00	0.00	0.00	0.00			0.00
						REM: N525								
1013940584	0513	051325	11	0	2001F			0.00	0.00	0.00	0.00			0.00
						REM: N525								
1013940584	0513	051325	11	0	2000F			0.00	0.00	0.00	0.00			0.00
						REM: N525								
1013940584	0513	051325	11	0	1000F			0.00	0.00	0.00	0.00			0.00
						REM: N525								
1013940584	0513	051325	11	0	1159F			0.00	0.00	0.00	0.00			0.00
						REM: N525								
1013940584	0513	051325	11	0	1160F			0.00	0.00	0.00	0.00			0.00
						REM: N525								
PT RESP		0.00				CLAIM TOTALS		219.00	110.62	0.00	0.00		108.38	110.62
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	110.62
PLAN TYPE: CHOICE EPO														
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	219.00	110.62	0.00	0.00	108.38	110.62	0.00	110.62

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N525 These services are not covered when performed within the global period of another service.

