(877)842-3210

BYRON CENTER FAMILY MEDICINE

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BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-07-09
NONPAY #: W328303703
TAX ID #: 272620668

NOBLER NAME: PITSCH, JOYCE FOR STATUS CALAN TOTALS CALAN T	REND PROV SERV DATE POS	NOS PROC MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	т	PROV PD
10.13940584 0609 060925 11	NAME PITSCH, JOHN K	HIC 970325315 ACT	NT 6875LMD642	2	ICN	FE05198780	0148545716	ASG Y	MOA MA15
REN: NO									
10.13940584 0609 060925 11	1013940584 0609 060925 11		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
TRESP 0.00 CLAIM TOTALS 119.10 0.00 0.00 0.00 119.10 0.00 0.00	1013940584 0609 060925 11		94 10	0 00	0 00	0 00	CO=234	94 10	0.00
LAU TO TOTAL: PREV PD	1013510304 0005 000523 11		31.10	0.00	0.00	0.00	CO 251	71.10	0.00
FIANT TYPE: CHOYC STATUS CODE 1: Processed as Primary NAME PITSCH, JOHN K HIC 970325315 ACNT 6875LMD642 ICN FE05198780 0148545725 AGG Y MOA MA15 INSURED NAME: PITSCH, JOYCE E 1013940584 0609 060925 11 1 03651 0.00 0.00 0.00 0.00 0.00 0.00 1013940584 0609 060925 11 1 10367 0.00 0.00 0.00 0.00 0.00 0.00 1013940584 0609 060925 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 1013940584 0609 060925 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 1013940584 0609 060925 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 1013940584 0609 060925 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 1013940584 0609 060925 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 1013940584 0609 060925 11 1 3074F 1013940584 0609 060925 11 1 3074F 1013940584 0609 060925 11 1 069622 INTEREST 0.00 0.00 0.00 0.00 0.00 0.00 1013940584 0609 060925 11 1 069622 INTEREST 0.00 0.00 0.00 0.00 0.00 1013940584 0609 060925 11 1 069622 INTEREST 0.00 0.00 0.00 0.00 0.00 1013940584 0609 060925 11 1 06962 INTEREST 0.00 0.00 0.00 0.00 0.00 0.00 1013940584 0609 060925 11 1 069622 INTEREST 0.00 0.00 0.00 0.00 0.00 0.00 1013940584 0609 060925 11 1 068510 1013940584 0609 060925 11 1 06850 1013940584 0609 060925 11 1 08850 1013940584 0609 060925 11 1 08876 1013940584 0609 060925 11 1 08856 1013940584 0609 060925 11 1 08856 1013940584 0609 060925 11 1 08856 1013940584 0609 060925 11 1 08962 1013940584 0609 060925	PT RESP 0.00	CLAIM TOTALS						119.10	0.00
STATUS CODE 1: Processed as Primary MAME PITSCH, JOHN K	ADJ TO TOTAL: PREV PD	INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
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INSUERD NAME: PITSCH, JOYCE E 10.13940584 0609 060925 11 1 G8510 0.00 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 1036F 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 1036F 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 1036F 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 30662 10.13940584 0609 060925 11 1 36510 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 36510 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 30755 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 30755 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 30755 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 G8575 10.13940584 0609 060925 11 1 G8575 10.13940584 0609 060925 11 1 G8756 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 G8755 10.103940584 0609 060925 11 1 G8756 10.103940584 0609 060925 11 1 G8968 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 G8968 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 G8968 0.00 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 G8968 0.00 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0609 060925 11 1 G8968 0.00 0.00 0.00 0.00 0.00 0.00 0.00 10.13940584 0625 062525 11 1 G8968 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	STATUS CODE 1: Processed as	Primary							
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PT RESP 0.00 CLAIM TOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: CHOYC+ STATUS CODE 1: Processed as Primary NAME ROWLAND, BRENT W HIC 968915689 ACNT 7153LMD642 ICN FE05198781 0102059460 ASG Y MOA MA15 1013940584 0625 062525 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 PT RESP 0.00 CLAIM TOTALS 0.00 0.00 0.00 0.00 0.00 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: CHOYC+									0.00
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: CHOYC+ STATUS CODE 1: Processed as Primary NAME ROWLAND, BRENT W HIC 968915689 ACNT 7153LMD642 ICN FE05198781 0102059460 ASG Y MOA MA15 1013940584 0625 062525 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 PT RESP 0.00 CLAIM TOTALS 0.00 0.00 0.00 0.00 0.00 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: CHOYC+									0.00
PLAN TYPE: CHOYC+ STATUS CODE 1: Processed as Primary NAME ROWLAND, BRENT W HIC 968915689 ACNT 7153LMD642 ICN FE05198781 0102059460 ASG Y MOA MA15 1013940584 0625 062525 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 PT RESP 0.00 CLAIM TOTALS 0.00 0.00 0.00 0.00 0.00 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: CHOYC+									0.00
NAME ROWLAND, BRENT W HIC 968915689 ACNT 7153LMD642 ICN FE05198781 0102059460 ASG Y MOA MA15 1013940584 0625 062525 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0		INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
NAME ROWLAND, BRENT W HIC 968915689 ACNT 7153LMD642 ICN FE05198781 0102059460 ASG Y MOA MA15 1013940584 0625 062525 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 0.00 PT RESP 0.00 CLAIM TOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: CHOYC+	PLAN TYPE: CHOYC+	Drimary							
1013940584 0625 062525 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 0.00 PT RESP 0.00 CLAIM TOTALS 0.00 0.00 0.00 0.00 0.00 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: CHOYC+	as								
PT RESP 0.00 CLAIM TOTALS 0.00 0.00 0.00 0.00 0.00 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: CHOYC+							0102059460	ASG Y	
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: CHOYC+									0.00
PLAN TYPE: CHOYC+			0.00	0.00	0.00	0.00			0.00
	ADJ TO TOTAL: PREV PD	INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS CODE 1: Processed as Primary	PLAN TYPE: CHOYC+								
	STATUS CODE 1: Processed as	Primary							



UNITED HEALTHCARE INSURANCE COMPANY

REMITTANCE NPI #: 1982923660 BYRON CENTER FAMILY MEDICINE ADVICE NONPAY #: W328303703 PAGE #: 2 of 2 DATE: 2025-07-09

REND PROV	SERV DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	Г	PROV PD
NAME BULT	MAN, NICOLE	R	HIC	993840	508	ACNT	7161LMD642	2	ICN	FE05198783	0343705097	ASG Y	MOA MA15
101394058	4 0625 06252	5 11	1	3074F			0.00	0.00	0.00	0.00			0.00
101394058	4 0625 06252	5 11	1	3008F			0.00	0.00	0.00	0.00			0.00
101394058	4 0625 06252	5 11	1	2001F			0.00	0.00	0.00	0.00			0.00
101394058	4 0625 06252	5 11	1	2000F			0.00	0.00	0.00	0.00			0.00
101394058	4 0625 06252	5 11	1	1000F			0.00	0.00	0.00	0.00			0.00
101394058	4 0625 06252	5 11	1	1159F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM T	'OTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TO	TAL: PREV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE	: CHOYC+												
STATUS CO	DE 1: Proces	sed a	s Pri	mary									
NAME BULT	MAN, NICOLE	R	HIC	993840	508	ACNT	7161LMD642	 2	ICN	FE05198783	0343705098	ASG Y	MOA MA15
101394058	4 0625 06252	5 11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM T	'OTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TO	TAL: PREV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE	: CHOYC+												
STATUS CO	DE 1: Proces	sed a	s Pri	mary									
NAME BULTI	MAN, NICOLE	R.	HIC	993840	508	ACNT	7161LMD642	2	ICN	FE05198783	0343705100	ASG Y	MOA MA15
101394058	4 0625 06252	5 11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM T	'OTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TO	TAL: PREV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE	: CHOYC+												
STATUS CO	DE 1: Proces	sed a	s Pri	mary									
NAME BULT	MAN, NICOLE	R	HIC	993840	508	ACNT	7160LMD642	2	ICN	FE07837129	0343782555	ASG Y	MOA MA15
101394058	4 0603 06032	5 11	1	3074F			0.00	0.00	0.00	0.00			0.00
101394058	4 0603 06032	5 11	1	3078F			0.00	0.00	0.00	0.00			0.00
101394058	4 0603 06032	5 11	1	G9622			0.00	0.00	0.00	0.00			0.00
101394058	4 0603 06032	5 11	1	G8431			0.00	0.00	0.00	0.00			0.00
101394058	4 0603 06032	5 11	1	1036F			0.00	0.00	0.00	0.00			0.00
101394058	4 0603 06032	5 11	1	G8417			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM T	OTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TO	TAL: PREV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE	: CHOYC+												
STATUS CO	DE 1: Proces	sed a	s Pri	mary									
NAME BULT	MAN, NICOLE	R	HIC	993840	508	ACNT	7160LMD642	2			0343782560	ASG Y	MOA MA15
101394058	4 0603 06032	5 11		G9621			0.00	0.00	0.00				0.00
	4 0603 06032			G8510			0.00	0.00	0.00				0.00
101394058	4 0603 06032	5 11	1	4004F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM T	OTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TO	TAL: PREV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE	: CHOYC+												
STATUS CO	DE 1: Proces	sed a	s Pri	mary									
TOTALS:	# OF	BILLE	D	ALLOW		DEDI		COINS	TOTAL	PROV	PD P	ROV	CHECK
	CLAIMS	AMT		AMT		AM:	ľ	AMT	RC-AMT	AMT	AD	J AMT	AMT
	11	119.			.00		0.00	0.00	119.		.00	0.00	0.00

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

This procedure is not paid separately. Check Remittance Remark Codes for details. CO-234

Not covered when performed during the same session / date as a previously processed service for the M80 patient.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

