

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: 2025-08-01
 EFT #: T6830984
 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 7286LMD642		ICN STL5327384800			ASG Y	MOA	
INSURED NAME: THOMAS JR, WILLIAM M												
1013940584	0602	060225	11	1	99214		219.00	120.84	0.00	0.00	CO-45	118.43
											CO-253	2.41
1013940584	0602	060225	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	14.96
											CO-253	0.30
1013940584	0602	060225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0602	060225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		244.00	136.10	0.00	0.00		133.39
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE			0.00	110.61
PLAN TYPE: AARP MEDICARE ADVANTAGE											NET	133.39
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT
 Forwarding Balance (FB) T6479130 48.72

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	244.00	136.10	0.00	0.00	110.61	84.67	48.72	84.67

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.

