

UNITED HEALTHCARE INSURANCE COMPANY []
 HEALTH CARE ACCOUNT SERVICE CENTER
 EL PASO, TX 799981506
 (866)314-0335

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-07-16
 EFT #: SG16140180
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HOOKS, KYRA A			HIC	916321068	ACNT	7246LMD642		ICN	090448823904	ASG Y	MOA MA15 N520
INSURED NAME: KEENA, SARAH J											
1013940584	0702	070225	99	1	99213	146.00	74.71	0.00	0.00	OA-23	71.29 74.71
PT RESP	0.00	CLAIM TOTALS				146.00	74.71	0.00	0.00		71.29 74.71
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE			0.00	NET 74.71
STATUS CODE 2: Processed as Secondary											
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TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK		
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT		
	1	146.00	74.71	0.00	0.00	71.29	74.71	0.00	74.71		

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 N520 Alert: Payment made from a Consumer Spending Account.
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

