

BLUE CARE NETWORK OF MICHIGAN []
441 E. JEFFERSON
DETROIT, MI 48226
(000)000-0000

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
7740 BYRON CENTER AVE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-04-18
EFT #: 25104B1000150087064590219
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	WHITMORE, JUDITH L				HIC	XYK993622087 ACNT	5538LMD642			ICN	E18132645500	ASG Y MOA
1013940584	0328	032825	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15 119.41
											CO-104	2.44
1013940584	0328	032825	11	1	99213	25	146.00	85.63	0.00	0.00	CO-45	60.37 83.92
											CO-104	1.71
1013940584	0328	032825	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
											CO-104	0.18
1013940584	0328	032825	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74 14.95
											CO-104	0.31
1013940584	0328	032825	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-104	0.12
1013940584	0328	032825	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-104	0.10
1013940584	0328	032825	11	1	99401	33	60.00	0.00	0.00	0.00	CO-181	60.00 0.00
						REM: M51						
1013940584	0328	032825	11	1	G0447	XU	0.00	0.00	0.00	0.00		0.00
1013940584	0328	032825	11	1	96127	XU	40.00	0.00	0.00	0.00	CO-97	40.00 0.00
						REM: N1						
1013940584	0328	032825	11	1	96160	XU	5.30	0.00	0.00	0.00	CO-234	2.65 0.00
						REM: N20					CO-45	2.65
1013940584	0328	032825	11	1	1158F		0.00	0.00	0.00	0.00		0.00
1013940584	0328	032825	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0328	032825	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0328	032825	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0328	032825	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1013940584	0328	032825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		689.85	242.79	0.00	0.00		451.92 237.93
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET 237.93
STATUS CODE 1: Processed as Primary												

NAME	KARPINSKI, PATRICIA A				HIC	XYK912529818 ACNT	5616LMD642			ICN	E18153473200	ASG Y MOA
1306898036	0402	040225	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16 118.42
											CO-104	2.42
1306898036	0402	040225	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74 14.95
											CO-104	0.31
1306898036	0402	040225	11	1	G0447	XU	50.00	30.94	0.00	0.00	CO-45	19.06 30.32
											CO-104	0.62
1306898036	0402	040225	11	1	99401	33	0.00	0.00	0.00	0.00		0.00
1306898036	0402	040225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0402	040225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0402	040225	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0402	040225	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0402	040225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0402	040225	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0402	040225	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0402	040225	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		294.00	167.04	0.00	0.00		130.31 163.69
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET 163.69
STATUS CODE 1: Processed as Primary												

NAME	COOK, JACK E				HIC	XYK893691287 ACNT	5628LMD642			ICN	E18158873100	ASG Y MOA
1306898036	0403	040325	11	1	96372	59	45.00	13.25	0.00	0.00	CO-45	31.75 12.98
											CO-104	0.27
PT RESP	0.00				CLAIM TOTALS		45.00	13.25	0.00	0.00		32.02 12.98
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET 12.98
STATUS CODE 1: Processed as Primary												



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BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25104B1000150087064590219 PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-04-18

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MOORE, AARON			HIC		XYH910945185	ACNT	5301LMD642	ICN		E18182155200	ASG Y	MOA
INSURED NAME: MOORE, RONALD												
1013940584	1127	112724	11	1	99213		146.00	83.35	0.00	0.00	CO-45 CO-24 PR-3	62.65 63.35 20.00
1013940584	1127	112724	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		20.00		CLAIM TOTALS			146.00	83.35	0.00	0.00		146.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												0.00

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	1174.85	506.43	0.00	0.00	760.25	414.60	0.00	414.60

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

CO-104 Managed care withholding.

CO-181 Payment adjusted because this procedure code was invalid on the date of service

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

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

M51 Missing / incomplete / invalid procedure code(s).

N1 Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.

N20 Service not payable with other service rendered on the same date.

PR-3 Co-payment Amount

