

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: 2025-08-07
EFT #: T7106964
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME JAQUITH, THOMAS			HIC 915049308		ACNT 7470LMD642	ICN KEN7610886100			ASG Y	MOA	
INSURED NAME: JAQUITH, THOMAS W											
1306898036	0715	071525	11	1	99499	0.01	0.00	0.00	0.00	PI-16	0.01 0.00
REM: N350											
PT RESP		0.00	CLAIM TOTALS		0.01	0.00	0.00	0.00		0.01	0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: STEELCASE											
STATUS CODE 1: Processed as Primary											

NAME	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME JAQUITH, THOMAS			HIC 915049308		ACNT 7460LMD642	ICN KEN7618881700			ASG Y	MOA	
INSURED NAME: JAQUITH, THOMAS W											
1306898036	0715	071525	11	1	G0439	361.00	121.85	0.00	48.74	CO-45	239.15 71.65
										CO-253	1.46
1306898036	0715	071525	11	1	99497 33	132.00	77.66	0.00	0.00	CO-45	54.34 76.11
										CO-253	1.55
1306898036	0715	071525	11	1	99214 25	241.68	120.84	0.00	0.00	CO-45	120.84 84.14
										CO-253	1.71
										PR-3	34.99
1306898036	0715	071525	11	1	G0136 33	65.00	17.40	0.00	0.00	CO-45	47.60 17.06
										CO-253	0.34
1306898036	0715	071525	11	1	G0444 XU	91.00	16.22	0.00	6.49	CO-45	74.78 9.54
										CO-253	0.19
1306898036	0715	071525	11	1	G0442 XU	43.00	16.22	0.00	6.49	CO-45	26.78 9.54
										CO-253	0.19
1306898036	0715	071525	11	1	G0446 XU	65.00	30.94	0.00	12.38	CO-45	34.06 18.19
										CO-253	0.37
1306898036	0715	071525	11	1	G2211	25.00	15.26	0.00	0.00	CO-45	9.74 14.95
										CO-253	0.30
										PR-3	0.01
1306898036	0715	071525	11	1	3074F	0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	11	1	3078F	0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	11	1	G9622	0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	11	1	36415	20.00	9.09	0.00	0.00	CO-45	10.91 8.91
										CO-253	0.18
1306898036	0715	071525	11	1	1158F	0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	11	1	1160F	0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	11	1	1159F	0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	11	1	2000F	0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	11	1	2001F	0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	11	1	3008F	0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	11	1	2010F	0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	11	1	G0557	94.10	47.05	0.00	0.00	CO-45	47.05 46.11
										CO-253	0.94
PT RESP		109.10	CLAIM TOTALS		1137.78	472.53	0.00	74.10		707.48	356.20
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	356.20
PLAN TYPE: STEELCASE											
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
	2	1137.79	472.53	0.00	74.10	707.49	356.20	0.00	356.20

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.
N350 Missing / incomplete / invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted / By Report procedure.
PI-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
PR-2 Coinsurance Amount
PR-3 Co-payment Amount

