

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: 2025-05-02  
 EFT #: T2079961  
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ENGMAN, SANDRA		HIC 980181523	ACNT 5753LMD642					ICN OEB3605306400	ASG Y MOA	
INSURED NAME: ENGMAN, SANDRA K										
1306898036	0409 040925	11	1 G0439		361.00	121.85	0.00	0.00	CO-45 239.15	119.42
									CO-253 2.43	
1306898036	0409 040925	11	1 99397 25		341.00	125.61	0.00	0.00	CO-45 215.39	123.10
									CO-253 2.51	
1306898036	0409 040925	11	1 99497 33		132.00	77.66	0.00	0.00	CO-45 54.34	76.11
									CO-253 1.55	
1306898036	0409 040925	11	1 36415		20.00	9.09	0.00	0.00	CO-45 10.91	8.91
									CO-253 0.18	
1306898036	0409 040925	11	1 82043 QW		14.70	5.78	5.78	0.00	CO-45 8.92	0.00
1306898036	0409 040925	11	1 82570 QW		17.85	5.18	5.18	0.00	CO-45 12.67	0.00
1306898036	0409 040925	11	1 G0136 33		34.80	17.40	0.00	0.00	CO-45 17.40	17.06
									CO-253 0.34	
1306898036	0409 040925	11	1 G0442 XU		30.00	16.22	0.00	0.00	CO-45 13.78	15.90
									CO-253 0.32	
1306898036	0409 040925	11	1 G0444 XU		29.45	16.22	0.00	0.00	CO-45 13.23	15.90
									CO-253 0.32	
1306898036	0409 040925	11	1 G2211		25.00	0.00	0.00	0.00	PI-97 25.00	0.00
			REM: N122							
1306898036	0409 040925	11	1 3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0409 040925	11	1 3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0409 040925	11	1 G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0409 040925	11	1 3060F		0.00	0.00	0.00	0.00		0.00
PT RESP	10.96		CLAIM TOTALS		1005.80	395.01	10.96	0.00	618.44	376.40
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	376.40
PLAN TYPE: AT&TINC.									NET	
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
	1	1005.80	395.01	10.96	0.00	618.44	376.40	0.00	376.40

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.  
 N122 Add-on code cannot be billed by itself.  
 PI-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated  
 PR-1 Deductible Amount

