

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
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APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-06-12
EFT #: 161027176250613
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	AUGUST, MABEL E				HIC H70471467	ACNT 6825LMD642				ICN 820251580031199	ASG Y	MOA	
1013940584	0409	040925	11	1	93000		71.00	13.33	0.00	0.00	CO-253	0.27	13.06
											CO-45	57.67	
HCPI: RECONSIDERATION													
PT RESP		0.00			CLAIM TOTALS		71.00	13.33	0.00	0.00		57.94	13.06
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	13.06
PLAN TYPE: MEDICARE ADVANTAGE PPO													
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				71.00	13.33	0.00	0.00	57.94	13.06	0.00	13.06	

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.

