

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: 2025-04-02
NONPAY #: W318085981
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME	BLANDO, NICHOLAS V		HIC	981576539	ACNT	5159LMD642			ICN	EY18534708	0072225280	ASG Y	MOA MA15
1306898036	0307	030725	11	1	36415		20.00	1.80	1.80	0.00	CO-45	18.20	0.00
PT RESP	1.80				CLAIM TOTALS		20.00	1.80	1.80	0.00		18.20	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	NEX OAP												
STATUS CODE 1:	Processed as Primary												

NAME	PITSCH, JOHN K		HIC	970325315	ACNT	5400LMD642			ICN	EY58156507	0146533896	ASG Y	MOA MA15
INSURED NAME:	PITSCH, JOYCE E												
1013940584	1218	121824	11	1	99214	25	247.32	0.00	0.00	0.00	CO-29	247.32	0.00
1013940584	1218	121824	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
					REM: M80								
1013940584	1218	121824	11	1	82043	QW	14.70	0.00	0.00	0.00	CO-29	14.70	0.00
1013940584	1218	121824	11	1	82570	QW	17.85	0.00	0.00	0.00	CO-29	17.85	0.00
PT RESP	0.00				CLAIM TOTALS		304.87	0.00	0.00	0.00		304.87	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	CHOYC												
STATUS CODE 1:	Processed as Primary												

NAME	PITSCH, JOHN K		HIC	970325315	ACNT	5400LMD642			ICN	EY58156507	0146533898	ASG Y	MOA MA15
INSURED NAME:	PITSCH, JOYCE E												
1013940584	1218	121824	11	1	3075F		0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	CHOYC												
STATUS CODE 1:	Processed as Primary												

NAME	PITSCH, JOHN K		HIC	970325315	ACNT	5400LMD642			ICN	EY58156507	0146533899	ASG Y	MOA MA15
INSURED NAME:	PITSCH, JOYCE E												
1013940584	1218	121824	11	1	3060F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	CHOYC												
STATUS CODE 1:	Processed as Primary												

NAME	FENNEMA, ANDREW W		HIC	939020586	ACNT	5430LMD642			ICN	EY74570899	0225974999	ASG Y	MOA MA15
INSURED NAME:	FENNEMA, NICHOLAS R												
1013940584	0324	032425	11	1	G8420		0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425	11	1	3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	CHOYC												
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
	5	324.87	1.80	1.80	0.00	323.07	0.00	0.00	0.00

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

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

CO-29 The time limit for filing has expired.

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

M80 Not covered when performed during the same session / date as a previously processed service for the patient.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

PR-1 Deductible Amount

