

UNITEDHEALTHCARE COMMUNITY PLAN INC []
MICHIGAN
KINGSTON, NY 124025280
(888)478-4760

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE
7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-08-19
EFT #: 25227B1000365732
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME VANSTEE, JAMES F					HIC 131613838	ACNT 7757LMD642				ICN RA9703133100	ASG Y	MOA M15	
INSURED NAME: VANSTEE, RENEE F													
1306898036	0801	080125	11	1	99386	25	388.00	148.80	0.00	0.00	CO-45	239.20	148.80
					(M1)								
1306898036	0801	080125	11	1	G0136	33	34.80	19.54	0.00	0.00	CO-45	15.26	19.54
					(M2)								
1306898036	0801	080125	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-97	30.00	0.00
					(M3)	REM: M15							
1306898036	0801	080125	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-97	29.45	0.00
					(M4)	REM: M15							
1306898036	0801	080125	11	1	36415		20.00	1.80	1.80	0.00	CO-45	18.20	0.00
					(M5)								
1306898036	0801	080125	11	1	G8427		0.00	0.00	0.00	0.00			0.00
					(M6)								
1306898036	0801	080125	11	1	0513F		0.00	0.00	0.00	0.00			0.00
					(M7)								
1306898036	0801	080125	11	1	G9622		0.00	0.00	0.00	0.00			0.00
					(M8)								
1306898036	0801	080125	11	1	3077F		0.00	0.00	0.00	0.00			0.00
					(M9)								
1306898036	0801	080125	11	1	3079F		0.00	0.00	0.00	0.00			0.00
					(M10)								
1306898036	0801	080125	11	1	G8510		0.00	0.00	0.00	0.00			0.00
					(M11)								
PT RESP		1.80			CLAIM TOTALS		502.25	170.14	1.80	0.00		332.11	168.34
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	168.34
PLAN TYPE: UHC BRONZE VALUE													
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	502.25	170.14	1.80	0.00	332.11	168.34	0.00	168.34

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

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

M15 Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

PR-1 Deductible Amount

