

BLUE CARE NETWORK OF MICHIGAN []  
441 E. JEFFERSON  
DETROIT, MI 48226  
(000)000-0000

REMITTANCE  
ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]  
7740 BYRON CENTER AVE  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 3  
DATE: 2025-07-18  
EFT #: 25195B1000125110064691130  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SCHRAM, CYNTHIA L			HIC		M0973061801	ACNT	7103LMD642	ICN E18461165800			ASG Y	MOA
INSURED NAME: SCHRAM, CINDI L												
1306898036	0620	062025	11	-1	99214		-219.00	0.00	0.00	0.00	CO-11	-219.00 0.00
REM: N657 N1												
1306898036	0620	062025	11	-1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	11	-1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	11	-1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	11	-1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	11	-1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	11	-1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	11	-1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	11	-1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	11	-1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS					-219.00	0.00	0.00	0.00	-219.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment												

NAME SCHRAM, CYNTHIA L			HIC M0973061801		ACNT 7103LMD642		ICN E18461165801		ASG Y		MOA	
INSURED NAME: SCHRAM, CINDI L												
1306898036	0620	062025	11	1	99214	219.00	120.88	120.88	0.00	CO-45	98.12	0.00
1306898036	0620	062025	11	1	G8420	0.00	0.00	0.00	0.00			0.00
1306898036	0620	062025	11	1	3074F	0.00	0.00	0.00	0.00			0.00
1306898036	0620	062025	11	1	3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0620	062025	11	1	3008F	0.00	0.00	0.00	0.00			0.00
1306898036	0620	062025	11	1	2001F	0.00	0.00	0.00	0.00			0.00
1306898036	0620	062025	11	1	2000F	0.00	0.00	0.00	0.00			0.00
1306898036	0620	062025	11	1	1000F	0.00	0.00	0.00	0.00			0.00
1306898036	0620	062025	11	1	1159F	0.00	0.00	0.00	0.00			0.00
1306898036	0620	062025	11	1	1160F	0.00	0.00	0.00	0.00			0.00
PT RESP	120.88	CLAIM TOTALS				219.00	120.88	120.88	0.00		98.12	0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 1: Processed as Primary												

NAME ALBERDA, DONALD K				HIC XYK894141033 ACNT		7269LMD642		ICN E18512786600		ASG Y		MOA	
1013940584	0703	070325	11	1	99213 25		146.00	85.63	0.00	0.00	CO-45	60.37	83.92
											CO-104	1.71	
1013940584	0703	070325	11	1	11307		240.00	124.70	0.00	0.00	CO-45	115.30	122.21
											CO-104	2.49	
1013940584	0703	070325	11	2	11305		290.40	94.16	0.00	0.00	CO-45	196.24	92.28
											CO-104	1.88	
1013940584	0703	070325	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS			676.40	304.49	0.00	0.00		377.99	298.41
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE		0.00		NET		298.41
STATUS CODE 1: Processed as Primary													



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BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25195B1000125110064691130 PAGE #: 2 of 3

REMITTANCE

ADVICE

DATE: 2025-07-18

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	LONGSTREET, RICHARD M	HIC	91009855401	ACNT	7301	LMD642				ICN	E18513968100	ASG Y	MOA	
1013940584	0707	070725	11	1	99213	25		146.00	42.13	0.00	0.00	CO-B10	42.12	0.00
							REM: M80 N1					CO-45	61.75	
												PR-3	42.13	
1013940584	0707	070725	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0707	070725	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0707	070725	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0707	070725	11	1	G0447	XU		65.00	51.24	0.00	0.00	CO-45	13.76	51.24
1013940584	0707	070725	11	1	99401	25		65.00	60.13	0.00	0.00	CO-45	4.87	57.26
												PR-3	2.87	
1013940584	0707	070725	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0707	070725	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0707	070725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0707	070725	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0707	070725	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0707	070725	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	45.00						CLAIM TOTALS	276.00	153.50	0.00	0.00		167.50	108.50
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	108.50
STATUS CODE 1: Processed as Primary														

NAME	COOK, JACK E	HIC	XYK893691287	ACNT	7320	LMD642				ICN	E18517724000	ASG Y	MOA	
1306898036	0708	070825	11	1	96372			45.00	13.25	0.00	0.00	CO-45	31.75	12.98
												CO-104	0.27	
PT RESP	0.00						CLAIM TOTALS	45.00	13.25	0.00	0.00		32.02	12.98
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	12.98
STATUS CODE 1: Processed as Primary														

NAME	ALBERDA, STEVEN	HIC	XYK912357263	ACNT	7326	LMD642				ICN	E18517793700	ASG Y	MOA	
INSURED NAME:	ALBERDA, STEVEN H													
1306898036	0708	070825	11	1	99214			219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-104	2.42	
1306898036	0708	070825	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00						CLAIM TOTALS	219.00	120.84	0.00	0.00		100.58	118.42
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	118.42
STATUS CODE 1: Processed as Primary														

NAME	CALKINS, ELAINE R	HIC	XYK912636308	ACNT	7364	LMD642				ICN	E18518603700	ASG Y	MOA	
1013940584	0709	070925	11	1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-104	2.42	
1013940584	0709	070925	11	1	G0397			123.00	0.00	0.00	0.00	CO-234	61.50	0.00
							REM: N20					CO-45	61.50	
1013940584	0709	070925	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-104	0.31	
1013940584	0709	070925	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-104	0.62	
1013940584	0709	070925	11	1	99401	25		65.00	0.00	0.00	0.00	CO-181	65.00	0.00
							REM: M51							
1013940584	0709	070925	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0709	070925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0709	070925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0709	070925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0709	070925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0709	070925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0709	070925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0709	070925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00						CLAIM TOTALS	497.00	167.04	0.00	0.00		333.31	163.69
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	163.69
STATUS CODE 1: Processed as Primary														

NAME	BATDORFF, HOLLYN	HIC	XYHM05572156	ACNT	7345	LMD642				ICN	E18519308300	ASG Y	MOA	
INSURED NAME:	BATDORFF, CURTIS													
1013940584	0709	070925	11	1	99391			239.00	153.72	0.00	0.00	CO-45	85.28	153.72
1013940584	0709	070925	11	1	G8420			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00						CLAIM TOTALS	239.00	153.72	0.00	0.00		85.28	153.72
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	153.72
STATUS CODE 1: Processed as Primary														



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EFT #: 25195B1000125110064691130 PAGE #: 3 of 3

REMITTANCE

ADVICE

DATE: 2025-07-18

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME PARKER, ROBERT G HIC XYK891601254 ACNT 7344LMD642 ICN E18519417900 ASG Y MOA												
1013940584	0709	070925	11	1	99213	25	219.00	85.63	0.00	0.00	CO-45	133.37
											CO-104	1.41
											PR-3	15.00
1013940584	0709	070925	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-104	0.31
											CO-45	35.79
1013940584	0709	070925	11	1	96127	XU	40.00	4.21	4.21	0.00		0.00
1013940584	0709	070925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0709	070925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0709	070925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0709	070925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0709	070925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0709	070925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0709	070925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	19.21				CLAIM TOTALS		284.00	105.10	4.21	0.00		195.62
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 84.17
STATUS CODE 1: Processed as Primary												

NAME BRITTON, KATHERINE M HIC XYK891921772 ACNT 7372LMD642 ICN E18519819800 ASG Y MOA												
1013940584	0710	071025	11	1	99213	25	146.00	85.63	0.00	0.00	CO-45	60.37
											CO-104	1.71
1013940584	0710	071025	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-104	0.31
1013940584	0710	071025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		171.00	100.89	0.00	0.00		72.13
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 98.87
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
	10	2407.40	1239.71	125.09	0.00	1243.55	1038.76	0.00	1038.76

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

CO-104 Managed care withholding.

CO-11 The diagnosis is inconsistent with the procedure.

CO-181 Payment adjusted because this procedure code was invalid on the date of service

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

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

CO-B10 Allowed amount has been reduced because a component of the basic procedure / test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure / test.

M51 Missing / incomplete / invalid procedure code(s).

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

N1 Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.

N20 Service not payable with other service rendered on the same date.

N657 This should be billed with the appropriate code for these services.

PR-1 Deductible Amount

PR-3 Co-payment Amount

