

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: 2025-05-23
 EFT #: T3181022
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	VANVALKENBURG, JAMES P	HIC	994899029	ACNT	6099LMD642					ICN	OEB3698620100	ASG Y MOA
1013940584	0429	042925	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16
											CO-253	2.01
											PR-3	20.00
1013940584	0429	042925	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.30
1013940584	0429	042925	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06
											CO-253	0.61
1013940584	0429	042925	11	1	99401	25	65.00	0.00	0.00	0.00	PI-96	65.00
1013940584	0429	042925	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06
											CO-253	0.61
1013940584	0429	042925	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		439.00	197.98	0.00	0.00		264.55
ADJ TO TOTAL: PREV PD					INTEREST		0.00					174.45
PLAN TYPE: AT&TINC.												
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	439.00	197.98	0.00	0.00	264.55	174.45	0.00	174.45

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.
 N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.
 PI-96 Non-covered charge(s).
 PR-3 Co-payment Amount

