

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []
 PO BOX 740819
 ATLANTA, GA 303740819
 (800)227-7789

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-13
 EFT #: 11217519768
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME GREELEY, MARGIE L			HIC 06347406912		ACNT	4508LMD642	ICN 554382571211		ASG Y	MOA	
1013940584	0131	013125	11	0	99213	146.00	85.63	0.00	0.00	OA-23	85.63
1013940584	0131	013125	11	0	G2211	25.00	15.26	0.00	0.00	OA-23	15.26
PT RESP	0.00	CLAIM TOTALS				171.00	100.89	0.00	0.00	70.11	100.89
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	100.89
STATUS CODE 2: Processed as Secondary											
NAME MINER, EDWARD B			HIC 39940795711		ACNT	4408LMD642	ICN 554472479111		ASG Y	MOA	
1013940584	0127	012725	11	0	99214 25	219.00	120.84	0.00	0.00	OA-23	4.17
1013940584	0127	012725	11	0	G2211	25.00	0.00	0.00	0.00	PR-3	20.00
PT RESP	45.00	CLAIM TOTALS				244.00	120.84	0.00	0.00	PR-204	0.00
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	4.17
STATUS CODE 2: Processed as Secondary											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	415.00	221.73	0.00	0.00	309.94	105.06	0.00	105.06

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
 PR-204 This service / equipment / drug is not covered under the patient's current benefit plan
 PR-3 Co-payment Amount

