

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED []
 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 1
 DATE: 2025-03-02
 NONPAY #: 25062B100026188800
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BROUGHAM, MICHAEL J			HIC	91661540401	ACNT	4919LMD642			ICN	E18004366800	ASG Y	MOA
1306898036	0221	022125	11	1	99214	25	219.00	120.88	0.00	0.00	CO-45	98.12
											CO-24	95.88
											PR-3	25.00
1306898036	0221	022125	11	1	36415		20.00	4.86	0.00	0.00	CO-45	15.14
											CO-24	4.86
1306898036	0221	022125	11	1	3074F		0.00	0.00	0.00	0.00		
1306898036	0221	022125	11	1	3078F		0.00	0.00	0.00	0.00		
PT RESP	25.00				CLAIM TOTALS		239.00	125.74	0.00	0.00		239.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
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	239.00	125.74	0.00	0.00	239.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-3 Co-payment Amount

