

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: 2025-07-23
 EFT #: W329712628
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NATIVIDAD, ALLEN			HIC 925506298	ACNT	7241LMD642			ICN FE38426689	0141471061	ASG Y	MOA MA15
INSURED NAME: NATIVIDAD, ALLEN J											
1013940584	0701	070125	11	1	99214	146.00	110.62	0.00	0.00	CO-45	80.62
										PR-3	30.00
PT RESP	30.00			CLAIM TOTALS		146.00	110.62	0.00	0.00		80.62
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	80.62
PLAN TYPE: CHOYC+										NET	
STATUS CODE 1: Processed as Primary											

NAME ULRICH, CHARLES E			HIC 975450985	ACNT	7186LMD642			ICN FE64128910	0091280275	ASG Y	MOA MA15
1013940584	0624	062425	11	1	99214 25	219.00	120.84	0.00	18.13	OA-23	102.71
1013940584	0624	062425	11	1	G2211	25.00	15.26	0.00	2.29	OA-23	12.97
PT RESP	20.42			CLAIM TOTALS		244.00	136.10	0.00	20.42		115.68
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	115.68
PLAN TYPE: MIND										NET	
STATUS CODE 20: Processed as Secondary, Forwarded to Additional Payer(s)											
CLAIM INFORMATION FORWARDED TO: UNITED HEALTHCARE SERVICESINC.											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	390.00	246.72	0.00	20.42	173.28	196.30	0.00	196.30

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

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

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

