BYRON CENTER FAMILY MEDICINE

7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-04-16
NONPAY #: W319571082
TAX ID #: 272620668

REND PROV	SERV	DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	т	PROV PD
NAME NATIV	IDAD,	ALLEN		HIC	92550	6298	ACNT	5501LMD642	2	ICN	EY83257408	0140763312	ASG Y	MOA MA15
INSURED NA	-		D, AI	LLEN	J									
1013940584					3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.0	00			CLAIM	TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOT.	AL: PE	REV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE:	CHOY	C+												
STATUS COD	E 1: I	Process	ed as	s Pri	imary									
NAME NATIV	-				92550	6298	ACNT	5501LMD642	2	ICN	EY83257408	0140763313	ASG Y	MOA MA15
INSURED NA			•		-									
1013940584					3074F			0.00	0.00	0.00				0.00
1013940584			11	1	3078F			0.00	0.00	0.00				0.00
PT RESP	0.0				CLAIM	TOTALS		0.00	0.00	0.00			0.00	0.00
ADJ TO TOT						INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE:			_											
STATUS COD	E 1: I	Process	ed as	s Pri	imary									
NAME BULTM	AN, N	ICOLE R		HIC	99384	0508	ACNT	5646LMD642	2	ICN	FA12809293	0337453691	ASG Y	MOA MA15
1013940584			11		3074F			0.00	0.00	0.00			_	0.00
1013940584				1	3078F			0.00	0.00	0.00				0.00
1013940584					3008F			0.00	0.00	0.00				0.00
1013940584				_	2001F			0.00	0.00	0.00				0.00
1013940584					2000F			0.00	0.00	0.00				0.00
1013940584					1000F			0.00	0.00	0.00				0.00
PT RESP	0.0			_		TOTALS		0.00	0.00	0.00			0.00	0.00
ADJ TO TOT						INTER	EST	0.00			CHARGE	0.00	NET	0.00
PLAN TYPE:														
STATUS COD			ed as	s Pri	imary									
NAME BULTM	ΔN N	TCOLE B		нтс	2 99384	.0508	асмт	5646LMD642		TCN	F212809293	0337453698	ASC V	MOA MA15
1013940584			11		1159F	.0300	ACNI	0.00	0.00	0.00		0337433090	ADG I	0.00
1013940584					1160F			0.00	0.00	0.00				0.00
PT RESP	0.0			_		TOTALS		0.00	0.00	0.00			0.00	0.00
ADJ TO TOT.					CHAIM	INTER	DOT.	0.00			CHARGE	0.00	NET	0.00
PLAN TYPE:						INIER	ESI	0.00	LAIE	FILLING	CHARGE	0.00	NEI	0.00
STATUS COD			ed as	s Pri	imary									
NAME CASAV					90024	3028	ACNT	5591LMD642				0337515321	ASG Y	MOA MA15
1306898036					3074F			0.00	0.00	0.00				0.00
1306898036					3079F			0.00	0.00	0.00				0.00
1306898036					G9622			0.00	0.00	0.00				0.00
1306898036					G8510			0.00	0.00	0.00				0.00
1306898036			11	1	1036F			0.00	0.00	0.00				0.00
PT RESP	0.0				CLAIM	TOTALS		0.00	0.00	0.00			0.00	0.00
ADJ TO TOT.						INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE: STATUS COD			ed as	s Pri	imary									
						2020	300	FE01TIME 11			D3.04746560	0227515205	3.00 **	103 1015
NAME CASAV					90024		ACNT	5591LMD642				0337515325		MOA MA15
1306898036			ΤŢ	Т	96160	-		5.30	4.69	4.69		CO-45	0.61	0.00
PT RESP	4.6				CLAIM	TOTALS	-a-	5.30	4.69	4.69			0.61	0.00
ADJ TO TOT. PLAN TYPE:						INTER	EST	0.00	LATE	FILLING	CHARGE	0.00	NET	0.00
STATUS COD			ed as	s Pri	imary									



UNITED HEALTHCARE INSURANCE COMPANY

REMITTANCE BYRON CENTER FAMILY MEDICINE ADVICE

NPI #: 1982923660 NONPAY #: W319571082 PAGE #: 2 of 2 DATE: 2025-04-16

REND PROV SERV DA	TE POS	NOS I	PROC MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT		PROV PD
NAME CASAVANT, STA	CEY L	HIC 9	00243028	ACNT	5591LMD642		ICN I	FA04746509	0337515326	ASG Y	MOA MA15
1306898036 0401 04	0125 11	1 G04	447 XU		0.00	0.00	0.00	0.00			0.00
1306898036 0401 04	0125 11	1 994	401 33		0.00	0.00	0.00	0.00			0.00
PT RESP 0.00		CL	AIM TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV	PD		INTERI	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE: CHOYC+											

STATUS CODE 1: Processed as Primary

NAME CASAVANT, STACEY L	HIC 900243028 AC	NT 5591LMD642		ICN F	A04746509	0337515329	ASG Y	MOA MA15
1306898036 0401 040125 11	1 36415	20.00	1.80	1.80	0.00	CO-45	18.20	0.00
PT RESP 1.80	CLAIM TOTALS	20.00	1.80	1.80	0.00		18.20	0.00
ADJ TO TOTAL: PREV PD	INTEREST	0.00	LATE	FILING (CHARGE	0.00	NET	0.00
PLAN TYPE: CHOYC+								

STATUS CODE 1: Processed as Primary

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	8	25.30	6.49	6.49	0.00	18.81	0.00	0.00	0.00

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

CO-45

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

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

PR-1 Deductible Amount

