

HUMANA INC. []
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REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-20
EFT #: 159379455250521
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	HEIMBACH, CAROLYN S				HIC H73158973	ACNT 6381LMD642				ICN 820251340631957	ASG Y MOA	
1013940584	0514	051425	11	1	99215		295.00	169.85	0.00	0.00	CO-253	166.45
											CO-45	125.15
1013940584	0514	051425	11	1	G2211	HCPI: RECONSIDERATION	25.00	15.26	0.00	0.00	CO-253	14.95
											CO-45	9.74
1013940584	0514	051425	11	1	0513F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	G8420	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	3075F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	3078F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		320.00	185.11	0.00	0.00		181.40
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	181.40
PLAN TYPE: MEDICARE ADVANTAGE PPO											NET	
STATUS CODE 1: Processed as Primary												

NAME	BARTZ, JAMES R				HIC H46769307	ACNT 6411LMD642				ICN 820251360623575	ASG Y MOA	
1306898036	0925	092524	11	1	90662		90.00	0.00	0.00	0.00	CO-97	0.00
						REM: N19						
PT RESP	0.00				CLAIM TOTALS		90.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: MEDICARE ADVANTAGE PPO											NET	
STATUS CODE 1: Processed as Primary												

NAME	RUPNOW, NOVELDA				HIC H78822580	ACNT 6408LMD642				ICN 820251360623529	ASG Y MOA	
1306898036	1021	102124	11	1	90662		90.00	0.00	0.00	0.00	CO-18	0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM TOTALS		90.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: MEDICARE ADVANTAGE PPO											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
	3	500.00	185.11	0.00	0.00	318.60	181.40	0.00	181.40

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-18 Duplicate claim / service.
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
N19 Procedure code incidental to primary procedure.

