

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: 2025-07-03
 EFT #: W327719922
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BLANDO, NICHOLAS V			HIC	981576539	ACNT	6659LMD642			ICN	FD07294435	0078948856	ASG Y
1306898036	0523	052325	11	1	99215	25	295.00	148.89	0.00	0.00	CO-45	146.11
											PR-3	15.00
1306898036	0523	052325	11	1	93000		71.00	20.86	20.86	0.00	CO-45	50.14
PT RESP	35.86				CLAIM TOTALS		366.00	169.75	20.86	0.00		211.25
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: NEX OAP												133.89
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	366.00	169.75	20.86	0.00	211.25	133.89	0.00	133.89

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.
 PR-1 Deductible Amount
 PR-3 Co-payment Amount

