

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: 2025-04-30
 EFT #: T1997017
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD		
NAME VANDEWEGE, DAVID A				HIC	959369795	ACNT	5670LMD642	ICN KEN6498052900			ASG Y	MOA		
INSURED NAME: VAN DE WEGE, DAVID A														
1013940584	0324	032425	11	1	99496	25	446.00	261.36	0.00	0.00	CO-45	184.64	246.34	
											CO-253	5.02		
											PR-3	10.00		
1013940584	0324	032425	11	1	96127	XU	40.00	0.00	0.00	0.00	PI-234	40.00	0.00	
											REM: N390			
1013940584	0324	032425	11	1	G2211		25.00	0.00	0.00	0.00	PI-97	25.00	0.00	
											REM: N122			
1013940584	0324	032425	11	1	G8510		0.00	0.00	0.00	0.00			0.00	
1013940584	0324	032425	11	1	3074F		0.00	0.00	0.00	0.00			0.00	
1013940584	0324	032425	11	1	3078F		0.00	0.00	0.00	0.00			0.00	
PT RESP	10.00	CLAIM TOTALS					511.00	261.36	0.00	0.00		264.66	246.34	
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE			0.00	NET	246.34	
PLAN TYPE: B & C HEALTH PLAN														
STATUS CODE 1: Processed as Primary														

NAME VANDEWEGE, DAVID A		HIC 959369795	ACNT 5671LMD642		ICN KEN6504551400		ASG Y	MOA				
INSURED NAME: VAN DE WEGE, DAVID A												
1013940584	0401	040125	10	1	98966	25.00	12.59	0.00	0.00	CO-45	12.41	12.34
										CO-253	0.25	
PT RESP 0.00						CLAIM TOTALS	25.00	12.59	0.00	0.00	12.66	12.34
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE			0.00	NET	12.34	
PLAN TYPE: B & C HEALTH PLAN												
STATUS CODE 1: Processed as Primary												

NAME VANDEWEGE, DAVID A	HIC 959369795	ACNT 5669LMD642	ICN KEN6508479700				ASG Y	MOA					
INSURED NAME: VAN DE WEGE, DAVID A													
1013940584	0320	032025	12	1	98966	25.00	12.59	0.00	0.00	CO-45	12.41	12.34	
											CO-253	0.25	
PT RESP 0.00												12.66	12.34
CLAIM TOTALS				25.00	12.59	0.00	0.00						
ADJ TO TOTAL: PREV PD				INTEREST	0.00	LATE FILING CHARGE				0.00	NET	12.34	
PLAN TYPE: B & C HEALTH PLAN													
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
	3	561.00	286.54	0.00	0.00	289.98	271.02	0.00	271.02

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N122 Add-on code cannot be billed by itself.
 N390 This service / report cannot be billed separately.
 PI-234 This procedure is not paid separately. Check Remittance Remark Codes for details.
 PI-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
 PR-3 Co-payment Amount

