

BLUECROSS BLUESHIELD OF NEW MEXICO []
P O BOX 660058
DALLAS, TX 752660058
(000)000-0000

REMITTANCE
ADVICE

SCOTT K DUEMLER MD
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-06-24
CHECK #: C25175507570300
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	LEBLOND, PHILIP S				HIC YIC870004856	ACNT 6734LMD642				ICN 02025171570194A0X00	ASG Y MOA	
	0603	060325	11	1	99214	25	219.00	24.17	0.00	0.00	OA-23	24.17
	0603	060325	11	1	G0446	XU	65.00	0.00	0.00	0.00	OA-23	0.00
	0603	060325	11	1	G2211		25.00	3.05	0.00	0.00	OA-23	3.05
	0603	060325	11	1	1036F		0.00	0.00	0.00	0.00		0.00
	0603	060325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		309.00	27.22	0.00	0.00		27.22
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	27.22
PLAN TYPE: MEDICARE CROSSOVER CLAIM											NET	
STATUS CODE 2: Processed as Secondary												

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	309.00	27.22	0.00	0.00	281.78	27.22	0.00	27.22

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

