

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED []
 441 E. JEFFERSON
 DETROIT, MI 48226
 (000)000-0000

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
 7740 BYRON CENTER AVE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-25
 EFT #: 25111B1000259796065048279
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME GENSLER, JACKIE L			HIC		XYS892924065 ACNT		5736LMD642			ICN E18180479300	ASG Y	MOA	
INSURED NAME: GENSLER, DERRICK J													
1306898036	0408	040825	11	-1	99214	25	-219.00	0.00	0.00	0.00	CO-B10	-158.56	0.00
REM: M80 N1											CO-24	-35.44	
											PR-3	-25.00	
1306898036	0408	040825	11	-1	99401	33	-65.00	0.00	0.00	0.00	CO-B14	-65.00	0.00
REM: N1													
1306898036	0408	040825	11	-1	G0447	XU	0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	-1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	-1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	-1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	-1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	-1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	-1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	-1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	-1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00	CLAIM TOTALS					-284.00	0.00	0.00	0.00		-284.00	0.00
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 22: Reversal of Previous Payment													

NAME GENSLER, JACKIE L			HIC		XYS892924065 ACNT		5736LMD642		ICN E18180479301		ASG Y	MOA	
INSURED NAME: GENSLER, DERRICK J													
1306898036	0408	040825	11	1	99214	25	219.00	60.44	0.00	0.00	CO-B10	158.56	0.00
REM: M80 N1											CO-24	35.44	
											PR-3	25.00	
1306898036	0408	040825	11	1	99401	33	65.00	0.00	0.00	0.00	CO-B14	65.00	0.00
REM: N1													
1306898036	0408	040825	11	1	G0447	XU	65.00	39.31	0.00	0.00	CO-45	25.69	39.31
1306898036	0408	040825	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0408	040825	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	25.00	CLAIM TOTALS					349.00	99.75	0.00	0.00		309.69	39.31
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	39.31
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
	2	65.00	99.75	0.00	0.00	25.69	39.31	0.00	39.31

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

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 CO-B10 Allowed amount has been reduced because a component of the basic procedure / test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure / test.
 CO-B14 Payment denied because only one visit or consultation per physician per day is covered.
 M80 Not covered when performed during the same session / date as a previously processed service for the patient.
 N1 Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.
 PR-3 Co-payment Amount

