

HUMANA INC. []  
P.O. BOX 14601  
LEXINGTON, KY 405124601  
(000)000-0000  
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE  
ADVISE

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

BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 2  
DATE: 2025-07-13  
EFT #: 163243484250714  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SNYDER, JAMES				HIC	H70797840 00 ACNT	7040LMD642			ICN	820251920758579	ASG Y	MOA
1306898036	0618	061825	11	1	36415		11.09	0.00	0.00	0.00	CO-45	11.09	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	36415		8.91	0.00	0.00	0.00	OA-23	8.91	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0444	XU	75.10	0.00	0.00	0.00	CO-45	75.10	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0444	XU	15.90	0.00	0.00	0.00	OA-23	15.90	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0557		9.41	9.41	0.00	0.00			9.41
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0557		47.80	0.00	0.00	0.00	CO-45	47.80	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0557		36.89	0.00	0.00	0.00	OA-23	36.89	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0442	XU	27.10	0.00	0.00	0.00	CO-45	27.10	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0442	XU	15.90	0.00	0.00	0.00	OA-23	15.90	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0446	XU	34.68	0.00	0.00	0.00	CO-45	34.68	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0446	XU	30.32	0.00	0.00	0.00	OA-23	30.32	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0136	33	47.95	0.00	0.00	0.00	CO-45	47.95	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0136	33	17.05	0.00	0.00	0.00	OA-23	17.05	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	99497	25	15.53	15.53	0.00	0.00			15.53
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	99497	25	55.58	0.00	0.00	0.00	CO-45	55.58	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	99497	25	60.89	0.00	0.00	0.00	OA-23	60.89	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0439		241.59	0.00	0.00	0.00	CO-45	241.59	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G0439		119.41	0.00	0.00	0.00	OA-23	119.41	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	99397		341.00	0.00	0.00	0.00	PR-96	341.00	0.00
						REM: N12							
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G2211		25.00	0.00	0.00	0.00	CO-45	25.00	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G2211		25.00	0.00	0.00	0.00	CO-45	25.00	0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G8510		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G8476		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G8417		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G9622		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	G8427		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0618	061825	11	1	1036F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
PT RESP	341.00				CLAIM	TOTALS	1262.10	24.94	0.00	0.00		1237.16	24.94
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	NET	24.94
PLAN TYPE: MEDICARE SUPPLEMENT													
STATUS CODE 2: Processed as Secondary													



HUMANA INC.

NPI #: 1982923660  
EFT #: 163243484250714

BYRON CENTER FAMILY MEDICINE [941242]  
PAGE #: 2 of 2

REMITTANCE  
ADVICE  
DATE: 2025-07-13

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1262.10	24.94	0.00	0.00	1237.16	24.94	0.00	24.94

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
N12 Policy provides coverage supplemental to Medicare. As the member does not appear to be enrolled in the applicable part of Medicare, the member is responsible for payment of the portion of the charge that would have been covered by Medicare.  
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments  
PR-96 Non-covered charge(s).

