

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: 2025-07-20  
 NONPAY #: 25202B100025894000  
 TAX ID #: 272620668

| REND                                | PROV  | SERV DATE | POS | NOS             | PROC         | MODS     | BILLED     | ALLOWED            | DEDUCT | COINS | GRP/RC-AMT | PROV   | PD   |
|-------------------------------------|-------|-----------|-----|-----------------|--------------|----------|------------|--------------------|--------|-------|------------|--------|------|
| NAME MARTIN, LOGAN T                |       |           |     | HIC 91782322001 |              | ACNT     | 7411LMD642 | ICN E18528051700   |        |       | ASG Y      | MOA    |      |
| 1013940584                          | 0711  | 071125    | 11  | 1               | 99213        |          | 146.00     | 84.25              | 0.00   | 0.00  | CO-45      | 61.75  | 0.00 |
|                                     |       |           |     |                 |              |          |            |                    |        |       | CO-24      | 59.25  |      |
|                                     |       |           |     |                 |              |          |            |                    |        |       | PR-3       | 25.00  |      |
| 1013940584                          | 0711  | 071125    | 11  | 1               | G8476        |          | 0.00       | 0.00               | 0.00   | 0.00  |            |        |      |
| 1013940584                          | 0711  | 071125    | 11  | 1               | G8420        |          | 0.00       | 0.00               | 0.00   | 0.00  |            |        |      |
| 1013940584                          | 0711  | 071125    | 11  | 1               | G8427        |          | 0.00       | 0.00               | 0.00   | 0.00  |            |        |      |
| 1013940584                          | 0711  | 071125    | 11  | 1               | 3074F        |          | 0.00       | 0.00               | 0.00   | 0.00  |            |        |      |
| 1013940584                          | 0711  | 071125    | 11  | 1               | 3078F        |          | 0.00       | 0.00               | 0.00   | 0.00  |            |        |      |
| PT RESP                             | 25.00 |           |     |                 | CLAIM TOTALS |          | 146.00     | 84.25              | 0.00   | 0.00  |            | 146.00 | 0.00 |
| ADJ TO TOTAL: PREV PD               |       |           |     |                 |              | INTEREST | 0.00       | LATE FILING CHARGE |        |       | 0.00       | NET    | 0.00 |
| STATUS CODE 1: Processed as Primary |       |           |     |                 |              |          |            |                    |        |       |            |        |      |

|                                     |       |        |    |                                  |              |  |        |                    |      |       |       |        |      |
|-------------------------------------|-------|--------|----|----------------------------------|--------------|--|--------|--------------------|------|-------|-------|--------|------|
| NAME MARTIN, MAXX R                 |       |        |    | HIC XYS917823220 ACNT 7413LMD642 |              |  |        | ICN E18528825800   |      | ASG Y | MOA   |        |      |
| INSURED NAME: MARTIN, LOGAN T       |       |        |    |                                  |              |  |        |                    |      |       |       |        |      |
| 1013940584                          | 0711  | 071125 | 11 | 1                                | 99213        |  | 146.00 | 84.25              | 0.00 | 0.00  | CO-45 | 61.75  | 0.00 |
|                                     |       |        |    |                                  |              |  |        |                    |      |       | CO-24 | 59.25  |      |
|                                     |       |        |    |                                  |              |  |        |                    |      |       | PR-3  | 25.00  |      |
| 1013940584                          | 0711  | 071125 | 11 | 1                                | G8476        |  | 0.00   | 0.00               | 0.00 | 0.00  |       |        | 0.00 |
| 1013940584                          | 0711  | 071125 | 11 | 1                                | G8427        |  | 0.00   | 0.00               | 0.00 | 0.00  |       |        | 0.00 |
| 1013940584                          | 0711  | 071125 | 11 | 1                                | 3074F        |  | 0.00   | 0.00               | 0.00 | 0.00  |       |        | 0.00 |
| 1013940584                          | 0711  | 071125 | 11 | 1                                | 3078F        |  | 0.00   | 0.00               | 0.00 | 0.00  |       |        | 0.00 |
| PT RESP                             | 25.00 |        |    |                                  | CLAIM TOTALS |  | 146.00 | 84.25              | 0.00 | 0.00  |       | 146.00 | 0.00 |
| ADJ TO TOTAL: PREV PD               |       |        |    | INTEREST                         |              |  | 0.00   | LATE FILING CHARGE |      |       | 0.00  | NET    | 0.00 |
| 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           | 292.00     | 168.50      | 0.00       | 0.00      | 292.00       | 0.00        | 0.00         | 0.00      |

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.  
 PR-3 Co-payment Amount

