

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

REMITTANCE  
ADVICE

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

BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-07-25  
EFT #: 164036408250726  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	HEIMBACH, CAROLYN S		HIC	H73158973	ACNT	6523LMD642			ICN	820251410640743	ASG Y MOA	
1013940584	0519	051925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	99496		446.00	261.36	0.00	0.00	CO-253 CO-45	5.23 184.64
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	99214	25	219.00	0.00	0.00	0.00	CO-236	219.00
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	G2211		25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	90677		330.00	298.04	0.00	0.00	CO-253 CO-45	5.96 31.96
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	90471		41.00	18.84	0.00	0.00	CO-253 CO-45	0.38 22.16
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	G2211		25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-96	65.00
					REM: N115 N386							
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	99401	25	65.00	0.00	0.00	0.00	CO-96	65.00
					REM: N431							
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	1111F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0519	051925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
PT RESP	0.00				CLAIM TOTALS		1216.00	608.76	0.00	0.00		619.43
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: MEDICARE ADVANTAGE PPO												596.57
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
	1	1216.00	608.76	0.00	0.00	619.43	596.57	0.00	596.57

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

CO-236 This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.

CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-96 Non-covered charge(s).

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.

N386 This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact the contractor to request a copy of the NCD.

N431 Service is not covered with this procedure.

