

UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-16
 EFT #: W319571081
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NATIVIDAD, ALLEN				HIC 925506298	ACNT	5501LMD642		ICN EY83257408	0140763310	ASG Y	MOA MA15
INSURED NAME: NATIVIDAD, ALLEN J											
1013940584	0327	032725	11	1	99214	219.00	110.62	0.00	0.00	CO-45 PR-3	108.38 30.00 80.62
PT RESP	30.00			CLAIM TOTALS		219.00	110.62	0.00	0.00		138.38 80.62
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE	0.00	NET	80.62
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME BULTMAN, NICOLE R				HIC 993840508	ACNT	5646LMD642		ICN FA12809293	0337453687	ASG Y	MOA MA15
1013940584	0217	021725	11	1	99213	146.00	74.71	0.00	0.00	CO-45 PR-3	71.29 25.00 49.71
PT RESP	25.00			CLAIM TOTALS		146.00	74.71	0.00	0.00		96.29 49.71
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE	0.00	NET	49.71
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME CASAVANT, STACEY L				HIC 900243028	ACNT	5591LMD642		ICN FA04746509	0337515318	ASG Y	MOA MA15
1306898036	0401	040125	11	1	99396 25	327.00	130.20	0.00	0.00	CO-45	196.80 130.20
1306898036	0401	040125	11	1	G0136 33	34.80	20.27	0.00	0.00	CO-45	14.53 20.27
PT RESP	0.00			CLAIM TOTALS		361.80	150.47	0.00	0.00		211.33 150.47
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE	0.00	NET	150.47
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME CASAVANT, STACEY L				HIC 900243028	ACNT	5591LMD642		ICN FA04746509	0337515322	ASG Y	MOA MA15
1306898036	0401	040125	11	1	96127 XU	40.00	5.47	0.00	0.00	CO-45	34.53 5.47
PT RESP	0.00			CLAIM TOTALS		40.00	5.47	0.00	0.00		34.53 5.47
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE	0.00	NET	5.47
PLAN TYPE: CHOYC+											
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
	4	766.80	341.27	0.00	0.00	480.53	286.27	0.00	286.27

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 PR-3 Co-payment Amount

