

BLUE CARE NETWORK OF MICHIGAN []
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 3
DATE: 2025-08-08
EFT #: 25216B1000141100064714145
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD	
NAME BATDORFF, HOLLYN				HIC XYHM05572156 ACNT 6661LMD642				ICN E18520606400				ASG Y	MOA		
INSURED NAME: BATDORFF, CURTIS															
1013940584	0528	052825	11	1	99381			256.00	0.00	0.00	0.00	CO-6	256.00	0.00	
				REM: N129 N1											
1013940584	0528	052825	11	1	G8420			0.00	0.00	0.00	0.00			0.00	
PT RESP				0.00				CLAIM TOTALS				256.00	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 BATDORFF, HOLLYN				HIC XYHM05572156 ACNT 6661LMD642				ICN E18526629000				ASG Y	MOA		
INSURED NAME: BATDORFF, CURTIS															
1013940584	0528	052825	11	1	99381			256.00	0.00	0.00	0.00	CO-18	256.00	0.00	
1013940584	0528	052825	11	1	G8420			0.00	0.00	0.00	0.00			0.00	
PT RESP				0.00				CLAIM TOTALS				256.00	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 HAMPEL, JEFFREY L				HIC XYK893677757 ACNT 7642LMD642				ICN E18573165500				ASG Y	MOA		
1013940584	0724	072425	11	1	G0439			361.00	0.00	0.00	0.00	CO-11	361.00	0.00	
				REM: N657 N1											
1013940584	0724	072425	11	1	99497	33		155.32	77.66	0.00	0.00	CO-45	77.66	76.11	
												CO-104	1.55		
1013940584	0724	072425	11	1	99214	25		241.68	0.00	0.00	0.00	CO-11	241.68	0.00	
				REM: N657 N1											
1013940584	0724	072425	11	1	G0136	33		34.80	17.40	0.00	0.00	CO-45	17.40	17.05	
												CO-104	0.35		
1013940584	0724	072425	11	1	G0442	XU		30.00	0.00	0.00	0.00	CO-97	30.00	0.00	
				REM: N1											
1013940584	0724	072425	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-97	29.45	0.00	
				REM: N1											
1013940584	0724	072425	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91	
												CO-104	0.18		
1013940584	0724	072425	11	1	G2211			25.00	0.00	0.00	0.00	CO-11	25.00	0.00	
				REM: N657 N1											
1013940584	0724	072425	11	1	G9622			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	G8510			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	1036F			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	3074F			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	3078F			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	G8427			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	G8476			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	G8420			0.00	0.00	0.00	0.00			0.00	
PT RESP				0.00				CLAIM TOTALS				897.25	104.15	0.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET	102.07
STATUS CODE 1: Processed as Primary															

NAME POTTER, HENRY A				HIC XYK892204895 ACNT 7641LMD642				ICN E18575424700				ASG Y	MOA		
1013940584	0724	072425	11	1	99213	25		146.00	85.63	0.00	0.00	CO-45	60.37	83.92	
												CO-104	1.71		
1013940584	0724	072425	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95	
												CO-104	0.31		
1013940584	0724	072425	11	1	3074F			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	3078F			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	1036F			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	3008F			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	2001F			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	1000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	1159F			0.00	0.00	0.00	0.00			0.00	
1013940584	0724	072425	11	1	1160F			0.00	0.00	0.00	0.00			0.00	
PT RESP				0.00				CLAIM TOTALS				171.00	100.89	0.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET	98.87
STATUS CODE 1: Processed as Primary															



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25216B1000141100064714145 PAGE #: 2 of 3

REMITTANCE

ADVICE

DATE: 2025-08-08

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME COOK, JACK E			HIC	XYK893691287	ACNT 7647LMD642			ICN E18578193100	ASG Y	MOA
1306898036	0724 072425	11	1	96372		45.00	13.25	0.00	0.00	
									CO-45	31.75
									CO-104	0.27
PT RESP	0.00			CLAIM TOTALS		45.00	13.25	0.00	0.00	32.02
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE	0.00	NET 12.98
STATUS CODE 1: Processed as Primary										

NAME VANEERDEN, LAURA J			HIC	XYK912881606	ACNT 7701LMD642			ICN E18589715900	ASG Y	MOA
1013940584	0729 072925	11	1	99214		219.00	120.84	0.00	0.00	
									CO-45	98.16
									CO-104	2.42
1013940584	0729 072925	11	1	G2211		25.00	15.26	0.00	0.00	
									CO-45	9.74
									CO-104	0.31
1013940584	0729 072925	11	1	G8510		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	G8476		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	G8420		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	G8427		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	3077F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	3078F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	3008F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	2001F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	2000F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	1000F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	1159F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	1160F		0.00	0.00	0.00	0.00	0.00
PT RESP	0.00			CLAIM TOTALS		244.00	136.10	0.00	0.00	
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE	0.00	NET 110.63
STATUS CODE 1: Processed as Primary										

NAME VANEERDEN, LAURA J			HIC	XYK912881606	ACNT 7702LMD642			ICN E18590293200	ASG Y	MOA
1013940584	0228 022825	11	1	99213 25		146.00	85.63	0.00	0.00	
									CO-45	60.37
									CO-104	1.71
1013940584	0228 022825	11	1	G2211		25.00	15.26	0.00	0.00	
									CO-45	9.74
									CO-104	0.31
1013940584	0228 022825	11	1	G0446 XU		65.00	30.94	0.00	0.00	
									CO-45	34.06
									CO-104	0.62
1013940584	0228 022825	11	1	82043 QW		14.70	5.78	0.00	0.00	
									CO-45	8.92
									CO-104	0.12
1013940584	0228 022825	11	1	82570 QW		17.85	5.18	0.00	0.00	
									CO-45	12.67
									CO-104	0.10
1013940584	0228 022825	11	1	G8510		0.00	0.00	0.00	0.00	0.00
1013940584	0228 022825	11	1	3075F		0.00	0.00	0.00	0.00	0.00
1013940584	0228 022825	11	1	3078F		0.00	0.00	0.00	0.00	0.00
1013940584	0228 022825	11	1	3008F		0.00	0.00	0.00	0.00	0.00
1013940584	0228 022825	11	1	2001F		0.00	0.00	0.00	0.00	0.00
1013940584	0228 022825	11	1	2000F		0.00	0.00	0.00	0.00	0.00
1013940584	0228 022825	11	1	1000F		0.00	0.00	0.00	0.00	0.00
1013940584	0228 022825	11	1	1159F		0.00	0.00	0.00	0.00	0.00
1013940584	0228 022825	11	1	1160F		0.00	0.00	0.00	0.00	0.00
1013940584	0228 022825	11	1	3060F		0.00	0.00	0.00	0.00	0.00
PT RESP	0.00			CLAIM TOTALS		268.55	142.79	0.00	0.00	
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE	0.00	NET 128.62
STATUS CODE 1: Processed as Primary										

NAME WALMA, SHARON K			HIC	XYK893665968	ACNT 7705LMD642			ICN E18592736500	ASG Y	MOA
1013940584	0729 072925	11	1	99214 25		219.00	120.84	0.00	0.00	
									CO-45	98.16
									CO-104	2.22
									PR-3	10.00
1013940584	0729 072925	11	1	81003		33.60	2.25	0.00	0.00	
									CO-45	31.35
									CO-104	0.05
1013940584	0729 072925	11	1	G2211		25.00	15.26	0.00	0.00	
									CO-45	9.74
									CO-104	0.31
1013940584	0729 072925	11	1	3074F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	3078F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	G8476		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	3008F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	2001F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	2000F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	1000F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	1159F		0.00	0.00	0.00	0.00	0.00
1013940584	0729 072925	11	1	1160F		0.00	0.00	0.00	0.00	0.00
PT RESP	10.00			CLAIM TOTALS		277.60	138.35	0.00	0.00	
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE	0.00	NET 151.83
STATUS CODE 1: Processed as Primary										



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BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25216B1000141100064714145 PAGE #: 3 of 3

REMITTANCE

ADVICE

DATE: 2025-08-08

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	CHAFFIN, BRETT W				HIC	M0546262901	ACNT	7680LMD642		ICN	E18592764700	ASG Y MOA
1013940584	0417	041725	11	1	99213	25		171.26	83.35	0.00	0.00	0.00
											CO-45	87.91
											CO-24	63.35
											PR-3	20.00
1013940584	0417	041725	11	1	3075F			0.00	0.00	0.00	0.00	0.00
1013940584	0417	041725	11	1	3079F			0.00	0.00	0.00	0.00	0.00
1013940584	0417	041725	11	1	3008F			0.00	0.00	0.00	0.00	0.00
1013940584	0417	041725	11	1	2001F			0.00	0.00	0.00	0.00	0.00
1013940584	0417	041725	11	1	2000F			0.00	0.00	0.00	0.00	0.00
1013940584	0417	041725	11	1	1000F			0.00	0.00	0.00	0.00	0.00
1013940584	0417	041725	11	1	1159F			0.00	0.00	0.00	0.00	0.00
1013940584	0417	041725	11	1	1160F			0.00	0.00	0.00	0.00	0.00
PT RESP	20.00				CLAIM TOTALS			171.26	83.35	0.00	0.00	171.26
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00
STATUS CODE 1: Processed as Primary												0.00

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	9	2586.66	718.88	0.00	0.00	1973.67	612.99	0.00	612.99

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

CO-104 Managed care withholding.

CO-11 The diagnosis is inconsistent with the procedure.

CO-18 Duplicate claim / service.

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-6 The procedure / revenue code is inconsistent with the patient's age.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

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.

N129 Not eligible due to the patient's age.

N657 This should be billed with the appropriate code for these services.

PR-3 Co-payment Amount

