

UNITEDHEALTHCARE COMMUNITY PLAN INC []
MICHIGAN
KINGSTON, NY 124025280
(888)478-4760

REMITTANCE
ADVICE

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

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-16
EFT #: 25134B1000757402
TAX ID #: 272620668

| REND | PROV | SERV DATE | POS NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|------|-----------|---------------|-----------------|-------|--------|---------|--------------------|-------|------------|------------|
| NAME BARKHUFF, JEFFERY E | | | HIC 132726730 | ACNT 6059LMD642 | | | | ICN RA6236201300 | ASG Y | MOA | |
| 1013940584 | 0416 | 041625 | 11 | 1 | 99214 | 219.00 | 104.91 | 0.00 | 0.00 | CO-45 | 114.09 |
| | | | (M1) | | | | | | | | 104.91 |
| 1013940584 | 0416 | 041625 | 11 | 1 | 2010F | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | (M2) | | | | | | | | 0.00 |
| 1013940584 | 0416 | 041625 | 11 | 1 | 3008F | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | (M3) | | | | | | | | 0.00 |
| 1013940584 | 0416 | 041625 | 11 | 1 | 2001F | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | (M4) | | | | | | | | 0.00 |
| 1013940584 | 0416 | 041625 | 11 | 1 | 1159F | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | (M5) | | | | | | | | 0.00 |
| 1013940584 | 0416 | 041625 | 11 | 1 | 2000F | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | (M6) | | | | | | | | 0.00 |
| 1013940584 | 0416 | 041625 | 11 | 1 | 1160F | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | (M7) | | | | | | | | 0.00 |
| 1013940584 | 0416 | 041625 | 11 | 1 | 3078F | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | (M8) | | | | | | | | 0.00 |
| 1013940584 | 0416 | 041625 | 11 | 1 | 3074F | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | (M9) | | | | | | | | 0.00 |
| PT RESP | | 0.00 | | CLAIM TOTALS | | 219.00 | 104.91 | 0.00 | 0.00 | | 114.09 |
| ADJ TO TOTAL: PREV PD | | | | INTEREST | | 0.00 | | LATE FILING CHARGE | | 0.00 | NET 104.91 |
| PLAN TYPE: UHC SILVER-C VALUE | | | | | | | | | | | |
| 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 | 219.00 | 104.91 | 0.00 | 0.00 | 114.09 | 104.91 | 0.00 | 104.91 |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

