

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: 2025-07-08
EFT #: 25183B1000704506
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME COVERT, BRIAN R					HIC 132425942	ACNT	6891LMD642		ICN RA7979725100	ASG Y	MOA	
1306898036	0610	061025	11	1	99214	25	219.00	104.91	0.00	0.00	CO-45	114.09
			(M1)									104.91
1306898036	0610	061025	11	1	83036	QW	60.90	5.83	0.00	0.00	CO-45	55.07
			(M2)									5.83
1306898036	0610	061025	11	1	0513F		0.00	0.00	0.00	0.00		0.00
			(M3)									0.00
1306898036	0610	061025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
			(M4)									0.00
1306898036	0610	061025	11	1	1036F		0.00	0.00	0.00	0.00		0.00
			(M5)									0.00
1306898036	0610	061025	11	1	3077F		0.00	0.00	0.00	0.00		0.00
			(M6)									0.00
1306898036	0610	061025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
			(M7)									0.00
1306898036	0610	061025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
			(M8)									0.00
1306898036	0610	061025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
			(M9)									0.00
1306898036	0610	061025	11	1	1000F		0.00	0.00	0.00	0.00		0.00
			(M10)									0.00
1306898036	0610	061025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
			(M11)									0.00
1306898036	0610	061025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
			(M12)									0.00
PT RESP		0.00	CLAIM TOTALS				279.90	110.74	0.00	0.00		169.16
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 110.74
PLAN TYPE: UHC SILVER-C VALUE												
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	279.90	110.74	0.00	0.00	169.16	110.74	0.00	110.74

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

