

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []  
PO BOX 740819  
ATLANTA, GA 303740819  
(800)227-7789

REMITTANCE  
ADVICE

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

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-06-06  
EFT #: 11263112329  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MINER, EDWARD B				HIC	39940795711	ACNT	6030LMD642		ICN	563082473331	ASG Y	MOA	
1013940584	0424	042425	11	0	99215	25	295.00	169.85	0.00	0.00	OA-23	261.03	13.97
											PR-3	20.00	
1013940584	0424	042425	11	0	G2211		25.00	15.26	0.00	0.00	OA-23	21.95	3.05
1013940584	0424	042425	11	0	G0447	XU	65.00	0.00	0.00	0.00	OA-23	65.00	0.00
1013940584	0424	042425	11	0	99401	25	65.00	0.00	0.00	0.00	PR-204	65.00	0.00
PT RESP	85.00	CLAIM TOTALS					450.00	185.11	0.00	0.00		432.98	17.02
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE			0.00	NET	17.02
STATUS CODE 2: Processed as Secondary													

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	450.00	185.11	0.00	0.00	432.98	17.02	0.00	17.02

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments  
PR-204 This service / equipment / drug is not covered under the patient's current benefit plan  
PR-3 Co-payment Amount

