

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED []
 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 1
 DATE: 2025-08-24
 NONPAY #: 25237B100025417400
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WEAVER, PATRICK J					HIC 91162486601	ACNT 6423LMD642			ICN E18322285700	ASG Y	MOA	
1013940584	0320	032025	11	-1	99213 25		-146.00	0.00	0.00	0.00	CO-45 PR-3	-62.65 -40.00
1013940584	0320	032025	11	-1	G0447 XU		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	-1	99401 25		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	-1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	-1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	-1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	-1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	-1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	-1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-146.00	0.00	0.00	0.00		-102.65
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET -43.35
STATUS CODE 22: Reversal of Previous Payment												

NAME WEAVER, PATRICK J					HIC 91162486601	ACNT 6423LMD642			ICN E18322285701	ASG Y	MOA	
1013940584	0320	032025	11	1	99213 25		146.00	83.35	0.00	0.00	CO-45 PR-3	62.65 40.00
1013940584	0320	032025	11	1	G0447 XU		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	99401 25		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0320	032025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	40.00				CLAIM TOTALS		146.00	83.35	0.00	0.00		102.65
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 43.35
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
	2	0.00	83.35	0.00	0.00	0.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-3 Co-payment Amount

