

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 3
DATE: 2025-08-12
EFT #: 165314814250813
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BLACK, TRACIE L					HIC H76819103	ACNT 7351LMD642				ICN 820252060674867	ASG Y MOA		
1306898036	0709	070925	11	1	99214	25	219.00	120.84	0.00	24.17	CO-253	1.93	94.74
						REM: N781 N782					CO-45	98.16	
						HCPI: RECONSIDERATION							
1306898036	0709	070925	11	1	0513F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0709	070925	11	1	3079F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0709	070925	11	1	3074F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0709	070925	11	1	3008F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0709	070925	11	1	2001F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0709	070925	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0709	070925	11	1	1000F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0709	070925	11	1	1159F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1306898036	0709	070925	11	1	1160F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
PT RESP		24.17			CLAIM	TOTALS	219.00	120.84	0.00	24.17		100.09	94.74
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	94.74
PLAN TYPE: MEDICARE ADVANTAGE PPO													
STATUS CODE 1: Processed as Primary													



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DATE: 2025-08-12

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BLACK, TRACIE L					HIC H76819103	ACNT 7877LMD642			ICN 820252200748088	ASG Y	MOA		
1306898036	0806	080625	11	1	99214 25		219.00	120.84	0.00	24.17	CO-253 CO-45	1.93 98.16	94.74
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	G2211		25.00	0.00	0.00	0.00	CO-181	25.00	0.00
					REM: N56 N517								
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	39822552503		12.00	2.87	0.00	0.57	CO-253 CO-45	0.05 9.13	2.25
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	72266011925		14.00	0.35	0.00	0.07	CO-253 CO-45	0.01 13.65	0.27
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	2	96372		90.00	26.50	0.00	0.00	CO-253 CO-45	0.53 63.50	25.97
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	3075F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	3078F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	1036F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	3008F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	2001F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	1000F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	1159F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	1160F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
PT RESP		24.81			CLAIM TOTALS		360.00	150.56	0.00	24.81		211.96	123.23
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	123.23
PLAN TYPE: MEDICARE ADVANTAGE PPO													
STATUS CODE 1: Processed as Primary													

NAME BARTZ, JOANN M					HIC H46769308	ACNT 7874LMD642			ICN 820252190624273	ASG Y	MOA		
INSURED NAME: BARTZ, JO ANN M													
1306898036	0806	080625	11	1	1160F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	0513F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	3075F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	3079F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	G8420		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	1036F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	99214 25		219.00	120.84	0.00	0.00	CO-253 CO-45 PR-3	2.32 98.16 5.00	113.52
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	G0446 XU		65.00	0.00	0.00	0.00	CO-236	65.00	0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	G2211		25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74	14.95
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	3008F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	2001F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	1000F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
1306898036	0806	080625	11	1	1159F		0.00	0.00	0.00	0.00			0.00
					HCPI: RECONSIDERATION								
PT RESP		5.00			CLAIM TOTALS		309.00	136.10	0.00	0.00		180.53	128.47
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	128.47
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STATUS CODE 1: Processed as Primary													



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DATE: 2025-08-12

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	888.00	407.50	0.00	48.98	492.58	346.44	0.00	346.44

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

CO-181 Payment adjusted because this procedure code was invalid on the date of service

CO-236 This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.

CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

N517 Resubmit a new claim with the requested information.

N56 Procedure code billed is not correct / valid for the services billed or the date of service billed.

N781 Alert: No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected deductible.

N782 Alert: No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance.

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

