

UNITED HEALTHCARE INSURANCE COMPANY []
 4 RESEARCH DRIVE
 SHELTON, CT 064846282
 (877)797-8819

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-30
 EFT #: 40055744
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KIENAST, JULIE			HIC 12351933500	ACNT 6446LMD642			ICN FC79891501		ASG Y MOA	
1306898036	0516 051625	11	0 99213 25		146.00	74.71	0.00	0.00	CO-45 71.29	49.71
									PR-3 25.00	
1306898036	0516 051625	11	0 36415		20.00	1.80	0.00	0.00	CO-45 18.20	1.80
1306898036	0516 051625	11	0 G8420		0.00	0.00	0.00	0.00		0.00
				REM: N525						
1306898036	0516 051625	11	0 3074F		0.00	0.00	0.00	0.00		0.00
				REM: N525						
1306898036	0516 051625	11	0 3078F		0.00	0.00	0.00	0.00		0.00
				REM: N525						
1306898036	0516 051625	11	0 3008F		0.00	0.00	0.00	0.00		0.00
				REM: N525						
1306898036	0516 051625	11	0 2001F		0.00	0.00	0.00	0.00		0.00
				REM: N525						
1306898036	0516 051625	11	0 2000F		0.00	0.00	0.00	0.00		0.00
				REM: N525						
1306898036	0516 051625	11	0 1000F		0.00	0.00	0.00	0.00		0.00
				REM: N525						
1306898036	0516 051625	11	0 1159F		0.00	0.00	0.00	0.00		0.00
				REM: N525						
1306898036	0516 051625	11	0 1160F		0.00	0.00	0.00	0.00		0.00
				REM: N525						
PT RESP	25.00		CLAIM TOTALS		166.00	76.51	0.00	0.00	114.49	51.51
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	51.51
PLAN TYPE: CHOICE EPO										
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	166.00	76.51	0.00	0.00	114.49	51.51	0.00	51.51

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N525 These services are not covered when performed within the global period of another service.
 PR-3 Co-payment Amount

