

UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-06-04
 NONPAY #: W324748407
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NATIVIDAD, ALLEN			HIC 925506298		ACNT 6602LMD642	ICN FC89930642			0141149257	ASG Y	MOA MA15
INSURED NAME: NATIVIDAD, ALLEN J											
1013940584	0523	052325	11	1	3008F	0.00	0.00	0.00	0.00		0.00
1013940584	0523	052325	11	1	2001F	0.00	0.00	0.00	0.00		0.00
1013940584	0523	052325	11	1	2000F	0.00	0.00	0.00	0.00		0.00
1013940584	0523	052325	11	1	1000F	0.00	0.00	0.00	0.00		0.00
1013940584	0523	052325	11	1	1159F	0.00	0.00	0.00	0.00		0.00
1013940584	0523	052325	11	1	1160F	0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME NATIVIDAD, ALLEN			HIC 925506298		ACNT 6602LMD642	ICN FC89930642			0141149259	ASG Y	MOA MA15
INSURED NAME: NATIVIDAD, ALLEN J											
1013940584	0523	052325	11	1	3077F	0.00	0.00	0.00	0.00		0.00
1013940584	0523	052325	11	1	3078F	0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: CHOYC+											
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
	2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

