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REMITTANCE ADVICE

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

BYRON CENTER, MI 49315

NPI #: 1982923660

PAGE #: 1 of 1

DATE: 2025-08-06

EFT #: 164869738250807

TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	C MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME	SHERW	00D,	JAMIE D		HIC	С Н6711	L6942	ACNT 7403LMD	642	ICN 8	2025196069	0930 ASG	Y MOA	
1013	940584	0711	071125	11	1	3079F		0.00	0.00	0.00	0.00			0.00
							HCPI:	RECONSIDERATIO	NC					
1013	940584	0711	071125	11	1	99214	25	219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
							HCPI:	RECONSIDERATIO	NC					
1013	940584	0711	071125	11	1	G0447	ΧU	0.00	0.00	0.00	0.00			0.00
							HCPI:	RECONSIDERATIO	NC					
1013	940584	0711	071125	11	1	G0446	ΧU	61.88	0.00	0.00	0.00	CO-236	61.88	0.00
							HCPI:	RECONSIDERATIO	NC					
1013	940584	0711	071125	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
							HCPI:	RECONSIDERATIO	ON					
1013	940584	0711	071125	11	1	36415		20.00	9.09	0.00	0.00	CO-253	0.18	8.91
												CO-45	10.91	
							HCPI:	RECONSIDERATIO	NC					
1013	940584	0711	071125	11	1	0513F		0.00	0.00	0.00	0.00			0.00
							HCPI:	RECONSIDERATIO	NC					
1013	940584	0711	071125	11	1	3074F		0.00	0.00	0.00	0.00			0.00
								RECONSIDERATIO	NC					
PT R	ESP	0.	00			CLAIM	TOTALS	325.88	145.19	0.00	0.00		183.60	142.28
ADJ '	TO TOT.	AL: P	REV PD				INTE	REST 0.00	0 LATE	FILING	CHARGE	0.00	NET	142.28
PLAN	TYPE:	MEDI	CARE AD	VANT	AGE 1	PPO								
STAT	US COD	E 1:	Process	ed a	s Pr	imary								
TOTA	LS:	# OF	В	ILLE	D	ALLC	OWED	DEDUCT	COINS	TOTAL	PROV F	D :	PROV	CHECK
		CLAIM	S .	AMT		AI	ſΤ	AMT	AMT	RC-AMT	AMT	A	DJ AMT	AMT
		1		325.	88	14	45.19	0.00	0.00	183.6	0 142.	28	0.00	142.28

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

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.

