

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: 2025-08-15
EFT #: 165527585250816
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ELLENS, PEGGY A					HIC H45619960	ACNT 7311LMD642				ICN 820251910590850	ASG Y MOA	
1013940584	0708	070825	11	1	G0439		361.00	0.00	0.00	0.00	CO-96	361.00 0.00
						REM: N640 N16						
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	99397	25	341.00	0.00	0.00	0.00	CO-45	341.00 0.00
						REM: N16						
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	G0442	XU	40.00	0.00	0.00	0.00	CO-96	40.00 0.00
						REM: N640 N16						
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	G0444	XU	91.00	0.00	0.00	0.00	CO-96	91.00 0.00
						REM: N640 N16						
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	G0136	33	65.00	0.00	0.00	0.00	CO-45	65.00 0.00
						REM: N16						
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	36415		20.00	0.00	0.00	0.00	CO-45	20.00 0.00
						REM: N16						
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	82570	QW	17.85	0.00	0.00	0.00	CO-45	17.85 0.00
						REM: N16						
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	82043	QW	14.70	0.00	0.00	0.00	CO-45	14.70 0.00
						REM: N16						
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	G8420		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0708	070825	11	1	3060F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP		0.00			CLAIM	TOTALS	950.55	0.00	0.00	0.00	950.55	0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: MEDICARE ADVANTAGE PPO											NET	
STATUS CODE 1: Processed as Primary												



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DATE: 2025-08-15

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KOWAL, ROBERT J					HIC	H67525117	ACNT 7462LMD642		ICN 820251990623333	ASG Y	MOA	
1306898036	0715	071525	11	1	G0557		94.10	0.00	0.00	0.00	CO-96	94.10 0.00
						REM: N180						
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	G0439		361.00	121.85	0.00	0.00	CO-253	2.44 119.41
						HCPI: RECONSIDERATION					CO-45	239.15
1306898036	0715	071525	11	1	99497	33	132.00	0.00	0.00	0.00	CO-96	132.00 0.00
						REM: N180						
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	99214	25	241.68	120.84	0.00	0.00	CO-253	2.42 118.42
						HCPI: RECONSIDERATION					CO-45	120.84
1306898036	0715	071525	11	1	36415		20.00	9.09	0.00	0.00	CO-253	0.18 8.91
						HCPI: RECONSIDERATION					CO-45	10.91
1306898036	0715	071525	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-253	0.12 5.66
						HCPI: RECONSIDERATION					CO-45	8.92
1306898036	0715	071525	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-253	0.10 5.08
						HCPI: RECONSIDERATION					CO-45	12.67
1306898036	0715	071525	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31 14.95
						HCPI: RECONSIDERATION					CO-45	9.74
1306898036	0715	071525	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-96	65.00 0.00
						REM: N115 N386						
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	G0136	33	65.00	0.00	0.00	0.00	CO-96	65.00 0.00
						REM: N180						
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	G0444	XU	91.00	0.00	0.00	0.00	CO-96	91.00 0.00
						REM: N180						
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	G0442	XU	43.00	0.00	0.00	0.00	CO-96	43.00 0.00
						REM: N180						
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	G0446	XU	65.00	0.00	0.00	0.00	CO-96	65.00 0.00
						REM: N640						
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	3075F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	1158F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0715	071525	11	1	2010F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM TOTALS		1235.33	278.00	0.00	0.00	962.90	272.43
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 272.43
PLAN TYPE: MEDICARE ADVANTAGE PPO												
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	2185.88	278.00	0.00	0.00	1913.45	272.43	0.00	272.43

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



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CO-253 Sequestration - reduction in federal spending

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

CO-96 Non-covered charge(s).

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD). An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.

N16 Family / member Out-of-Pocket maximum has been met. Payment based on a higher percentage.

N180 This item or service does not meet the criteria for the category under which it was billed.

N386 This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact the contractor to request a copy of the NCD.

N640 Exceeds number / frequency approved / allowed within time period.

