REMITTANCE ADVICE

NPI #: 1982923660

PAGE #: 1 of 1

DATE: 2025-04-23

EFT #: 157545290250424

TAX ID #: 272620668

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

BYRON CENTER, MI 49315

REND PROV	SERV	DATE	POS	NOS	PRO	C MOD	S BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PI
NAME DEWEY	, CYN	THIA		HIC	Н797	02621	ACNT 4471LMD64	2	ICN	8202503805	81215 ASG	Y MOA	
1306898036	0129	012925	11	1	G0439		2.44	0.00	0.00	0.00	CO-253	2.44	0.00
							RECONSIDERATION						
1306898036	0129	012925	11	1	99214		241.68	0.00	0.00	0.00	CO-236	241.68	0.00
120600000	0100	010005		-	00405	_	RECONSIDERATION		0 00	0.00	GO 053	1	BC 11
1306898036	0129	012925	TT	1	99497	33	132.00	77.66	0.00	0.00	CO-253 CO-45	1.55	76.11
						UCDT.	RECONSIDERATION				CO-45	54.34	
1306898036	0129	012925	11	1	G0439	IICFI.	119.41	0.00	0.00	0.00	CO-B13	119.41	0.00
	0111	012323		_	00 100	HCPI:	RECONSIDERATION	0.00	0.00	0.00	CO 213	117.11	0.0
1306898036	0129	012925	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95
											CO-45	9.74	
						HCPI:	RECONSIDERATION						
1306898036	0129	012925	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-253	0.32	15.90
											CO-45	13.23	
				_			RECONSIDERATION						
1306898036	0129	012925	11	1	G0442	ΧU	30.00	16.22	0.00	0.00	CO-253	0.32	15.90
						HODT .	DECONGEDEDATION				CO-45	13.78	
1306898036	0120	012025	11	1	G8510	HCP1:	RECONSIDERATION 0.00	0.00	0.00	0.00			0.00
1300030030	0129	012923			GOSTO	нсьт.	RECONSIDERATION	0.00	0.00	0.00			0.00
1306898036	0129	012925	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						HCPI:	RECONSIDERATION						
1306898036	0129	012925	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						HCPI:	RECONSIDERATION						
1306898036	0129	012925	11	1	3074F		0.00	0.00	0.00	0.00			0.00
						HCPI:	RECONSIDERATION						
1306898036	0129	012925	11	1	3078F	HODE	0.00	0.00	0.00	0.00			0.00
1306898036	0120	012025	11	1	1000F	HCP1:	RECONSIDERATION 0.00	0.00	0.00	0.00			0.0
1300030030	0129	012925	тт		TOOOF	шсьт.	RECONSIDERATION	0.00	0.00	0.00			0.00
1306898036	0129	012925	11	1	3008F	IICFI.	0.00	0.00	0.00	0.00			0.00
	V			_		HCPI:	RECONSIDERATION			*****			
1306898036	0129	012925	11	1	1160F		0.00	0.00	0.00	0.00			0.00
						HCPI:	RECONSIDERATION						
1306898036	0129	012925	11	1	2001F		0.00	0.00	0.00	0.00			0.00
						HCPI:	RECONSIDERATION						
1306898036	0129	012925	11	1	1159F		0.00	0.00	0.00	0.00			0.00
	0100	010005		_	~~ ~~ ~	HCPI:	RECONSIDERATION						
1306898036	0129	012925	TT	1	G9621	HODT -	0.00	0.00	0.00	0.00			0.00
1306898036	0120	012025	11	1	G0439	HCP1:	RECONSIDERATION 239.15	0.00	0.00	0.00	CO-45	239.15	0.00
1300030030	0129	012925	тт		G0439	REM: I		0.00	0.00	0.00	CO-45	239.15	0.00
							NSOI RECONSIDERATION						
PT RESP	0.0	00			CLAIM	TOTALS	819.13	125.36	0.00	0.00		696.27	122.8
ADJ TO TOT						INTE			FILING		0.00	NET	122.86
PLAN TYPE:	MEDIC	CARE AD	ANT.	AGE E	PPO								
STATUS COD	E 1: I	Process	ed a	s Pri	imary								
TOTALS:	# OF	B:	ILLE	D	ALL	OWED	DEDUCT	COINS	TOTAL	PROV	PD	PROV	CHECK

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

AMT

125.36

AMT

819.13

CLAIMS

1

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.

AMT

0.00

RC-AMT

696.27

AMT

122.86

CO-253 Sequestration - reduction in federal spending

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

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

N381 Consult our contractual agreement for restrictions / billing / payment information related to these charges.

0.00



AMT

122.86

ADJ AMT

0.00