

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: 2025-06-13
 EFT #: T4289764
 TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME VANVALKENBURG, CANDACE				HIC	989898538	ACNT	6505LMD642	ICN OEB0012479000		ASG	Y	MOA		
1013940584	0519	051925	11	1	99214	25		146.00	120.84	120.84	0.00	CO-45	25.16	0.00
1013940584	0519	051925	11	1	G0446	XU		61.88	30.94	0.00	0.00	CO-45	30.94	30.33
												CO-253	0.61	
1013940584	0519	051925	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.33
												CO-253	0.61	
1013940584	0519	051925	11	1	99401	25		65.00	0.00	0.00	0.00	PI-96	65.00	0.00
						REM: N174								
1013940584	0519	051925	11	1	G2211			25.00	15.26	4.16	0.00	CO-45	9.74	0.00
												PR-3	11.10	
1013940584	0519	051925	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0519	051925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	136.10					CLAIM TOTALS		362.88	197.98	125.00	0.00		177.22	60.66
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	60.66
PLAN TYPE: AT&TINC.														
STATUS CODE 1: Processed as Primary														

NAME THOMAS, WILLIAM M				HIC	912691337	ACNT	6422LMD642		ICN STL4222567100		ASG	Y	MOA	
INSURED NAME: THOMAS JR, WILLIAM M														
1013940584	0515	051525	11	1	99213	25		171.26	85.63	0.00	0.00	CO-45	85.63	83.92
												CO-253	1.71	
1013940584	0515	051525	11	1	99408			61.00	0.00	0.00	0.00	PI-234	61.00	0.00
							REM: N390							
1013940584	0515	051525	11	1	20610			155.00	61.13	0.00	0.00	CO-45	93.87	59.91
												CO-253	1.22	
1013940584	0515	051525	11	60	J1010			60.00	6.60	0.00	1.32	CO-45	53.40	5.18
												CO-253	0.10	
1013940584	0515	051525	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	4004F			0.00	0.00	0.00	0.00			0.00
PT RESP	1.32					CLAIM TOTALS		447.26	153.36	0.00	1.32		296.93	149.01
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	149.01
PLAN TYPE: AARP MEDICARE ADVANTAGE														
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	810.14	351.34	125.00	1.32	474.15	209.67	0.00	209.67

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.
 N390 This service / report cannot be billed separately.
 PI-234 This procedure is not paid separately. Check Remittance Remark Codes for details.
 PI-96 Non-covered charge(s).
 PR-1 Deductible Amount
 PR-2 Coinsurance Amount
 PR-3 Co-payment Amount

