

BLUE CARE NETWORK OF MICHIGAN []
441 E. JEFFERSON
DETROIT, MI 48226
(000)000-0000

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
7740 BYRON CENTER AVE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-06-27
EFT #: 25174B1000143681064667863
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BATDORFF, HOLLYN HIC XYHM05572156 ACNT 6358LMD642 ICN E18311858000 ASG Y MOA												
INSURED NAME: NOT MEMBER, PATIENT												
1013940584	0513	051325	11	1	99381		256.00	0.00	0.00	0.00	CO-31	256.00 0.00
PT RESP	0.00				CLAIM TOTALS		256.00	0.00	0.00	0.00		256.00 0.00
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary												
NAME ARTIS, KENNETH HIC XYK993555075 ACNT 7021LMD642 ICN E18435292500 ASG Y MOA												
INSURED NAME: ARTIS SR, KENNETH												
1306898036	0617	061725	11	1	85610 QW		21.00	4.29	0.00	0.00	CO-45	16.71 4.20
											CO-104	0.09
PT RESP	0.00				CLAIM TOTALS		21.00	4.29	0.00	0.00		16.80 4.20
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	NET 4.20
STATUS CODE 1: Processed as Primary												
NAME MAYNARD, JAMES L HIC 89016971601 ACNT 6954LMD642 ICN E18436098400 ASG Y MOA												
1306898036	0613	061325	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	11	1	36415		20.00	4.86	0.00	0.00	CO-45	15.14 0.00
											CO-24	4.86
PT RESP	0.00				CLAIM TOTALS		20.00	4.86	0.00	0.00		20.00 0.00
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary												
NAME BOUWHUIS, GERALD A HIC XYK893692382 ACNT 6894LMD642 ICN E18438861400 ASG Y MOA												
1306898036	0610	061025	11	1	99496 25		446.00	261.36	0.00	0.00	CO-45	184.64 241.43
											CO-104	4.93
											PR-3	15.00
1306898036	0610	061025	11	1	83036 QW		60.90	9.71	0.00	0.00	CO-45	51.19 9.52
											CO-104	0.19
1306898036	0610	061025	11	1	G2211		25.00	0.00	0.00	0.00	CO-B15	25.00 0.00
					REM: M51 N1							
1306898036	0610	061025	11	1	G0446 XU		65.00	30.94	0.00	0.00	CO-45	34.06 30.32
											CO-104	0.62
1306898036	0610	061025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0610	061025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0610	061025	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0610	061025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0610	061025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0610	061025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0610	061025	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0610	061025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0610	061025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0610	061025	11	1	3046F		0.00	0.00	0.00	0.00		0.00
PT RESP	15.00				CLAIM TOTALS		596.90	302.01	0.00	0.00		315.63 281.27
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	NET 281.27
STATUS CODE 1: Processed as Primary												
NAME VANDERMEER, MICHAEL A HIC 91519810601 ACNT 6996LMD642 ICN E18443253300 ASG Y MOA												
1306898036	0616	061625	11	1	99213		146.00	83.35	83.35	0.00	CO-45	62.65 0.00
1306898036	0616	061625	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	0616	061625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0616	061625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	83.35				CLAIM TOTALS		146.00	83.35	83.35	0.00		62.65 0.00
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary												



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EFT #: 25174B1000143681064667863 PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-06-27

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BATDORFF, CURTIS D				HIC	M0557215601	ACNT	6966LMD642		ICN	E18446089200	ASG Y MOA
1013940584	0613	061325	11	1	99213	25		146.00	41.68	0.00	0.00	CO-B10 104.32 41.68
REM: M80 N1												
1013940584	0613	061325	11	1	G0447	XU		65.00	39.31	0.00	0.00	CO-45 25.69 39.31
1013940584	0613	061325	11	1	99401	25		65.00	0.00	0.00	0.00	CO-B14 65.00 0.00
REM: N1												
1013940584	0613	061325	11	1	3008F			0.00	0.00	0.00	0.00	0.00
1013940584	0613	061325	11	1	2001F			0.00	0.00	0.00	0.00	0.00
1013940584	0613	061325	11	1	2000F			0.00	0.00	0.00	0.00	0.00
1013940584	0613	061325	11	1	1000F			0.00	0.00	0.00	0.00	0.00
1013940584	0613	061325	11	1	1159F			0.00	0.00	0.00	0.00	0.00
1013940584	0613	061325	11	1	1160F			0.00	0.00	0.00	0.00	0.00
PT RESP	0.00				CLAIM TOTALS			276.00	80.99	0.00	0.00	195.01 80.99
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00 NET 80.99
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
	6	1315.90	475.50	83.35	0.00	866.09	366.46	0.00	366.46

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

CO-104 Managed care withholding.

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

CO-31 Claim denied as patient cannot be identified as our insured.

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

CO-B10 Allowed amount has been reduced because a component of the basic procedure / test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure / test.

CO-B14 Payment denied because only one visit or consultation per physician per day is covered.

CO-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.

M51 Missing / incomplete / invalid procedure code(s).

M80 Not covered when performed during the same session / date as a previously processed service for the patient.

N1 Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.

PR-1 Deductible Amount

PR-3 Co-payment Amount

