

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED []
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: 2025-06-06
EFT #: 25153B1000229921065072843
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME	SMARCH, DENISE J				HIC 89301241001	ACNT 6622LMD642			ICN E18354032700	ASG Y	MOA		
1306898036	0523	052325	11	1	99214		219.00	120.88	0.00	0.00	CO-45	98.12	0.00
											CO-24	110.88	
											PR-3	10.00	
1306898036	0523	052325	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	10.00				CLAIM TOTALS		219.00	120.88	0.00	0.00		219.00	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	MERRILL, MARIA				HIC XYS916911429	ACNT 6440LMD642			ICN E18357417200	ASG Y	MOA		
INSURED NAME: MERRILL, NATHAN M													
1306898036	0516	051625	11	1	99395 25		297.00	125.42	0.00	0.00	CO-45	171.58	0.00
											CO-24	125.42	
1306898036	0516	051625	11	1	G0136 33		34.80	28.08	0.00	0.00	CO-45	6.72	28.08
1306898036	0516	051625	11	1	96127 XU		40.00	6.90	0.00	0.00	CO-45	33.10	0.00
											CO-24	6.90	
1306898036	0516	051625	11	1	96127 XU		40.00	6.90	0.00	0.00	CO-45	33.10	0.00
											CO-24	6.90	
1306898036	0516	051625	11	1	36415		20.00	4.63	0.00	0.00	CO-45	15.37	0.00
											CO-24	4.63	
1306898036	0516	051625	11	1	G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	G8420		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	G9622		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	G9622		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	1160F		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	2010F		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	1220F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		431.80	171.93	0.00	0.00		403.72	28.08
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	28.08
STATUS CODE 1: Processed as Primary													



BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED

NPI #: 1982923660 BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
 EFT #: 25153B1000229921065072843 PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-06-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WERMUTH, ANDREW D HIC XYS890232119 ACNT 6646LMD642							ICN E18363159500	ASG Y	MOA			
INSURED NAME: WERMUTH, COLETTE D												
1013940584	0527	052725	11	1	99214	25	219.00	60.44	0.00	0.00	CO-B10	158.56
REM: M80 N1											CO-24	40.44
											PR-3	20.00
1013940584	0527	052725	11	1	G0446	XU	65.00	39.31	0.00	0.00	CO-45	25.69
1013940584	0527	052725	11	1	G0447	XU	65.00	39.31	0.00	0.00	CO-45	25.69
1013940584	0527	052725	11	1	99401	25	65.00	0.00	0.00	0.00	CO-B14	65.00
REM: N1												
1013940584	0527	052725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0527	052725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0527	052725	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0527	052725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0527	052725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0527	052725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0527	052725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0527	052725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0527	052725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00	CLAIM TOTALS					414.00	139.06	0.00	0.00		335.38
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												78.62

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	1064.80	431.87	0.00	0.00	958.10	106.70	0.00	106.70

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

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
 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.
 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-3 Co-payment Amount

