BYRON CENTER FAMILY MEDICINE 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

(800)227-7789

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-07-24
EFT #: 11287388062
TAX ID #: 272620668

REND PRO	OV SEI	RV DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME VEI	ICK, E	BRAD E		HIC	30934	1745311	ACNT	6849LMD64	2	ICN !	5676724762	01 ASG	Y MOA	
10139405	84 060	9 060925	11	0	G0439			361.00	0.00	0.00	0.00	OA-23	361.00	0.00
10139405	84 060	9 060925	11	0	99213	25		171.26	0.00	0.00	0.00	OA-23	97.75	0.00
												PR-3	3.03	
												PR-275	70.48	
10139405	84 060	9 060925	11	0	G2211			25.00	15.26	0.00	0.00	OA-23	21.95	3.05
10139405	84 060	9 060925	11	0	G0136	33		34.80	0.00	0.00	0.00	OA-23	34.80	0.00
10139405	84 060	9 060925	11	0	G0556			29.48	14.74	0.00	0.00	OA-23	26.53	2.95
10139405	84 060	9 060925	11	0	36415			20.00	0.00	0.00	0.00	OA-23	20.00	0.00
10139405	84 060	9 060925	11	0	G0442	XU		30.00	0.00	0.00	0.00	OA-23	30.00	0.00
10139405	84 060	9 060925	11	0	G0444	ΧU		29.45	0.00	0.00	0.00	OA-23	29.45	0.00
PT RESP	73	3.51			CLAIM	TOTALS		700.99	30.00	0.00	0.00		694.99	6.00
ADJ TO I	COTAL:	PREV PD				INTER	EST	0.00	LATE		CHARGE	0.00	NET	6.00
STATUS C	CODE 2	Process	ed a	s Sec	ondary	7								
NAME MIN	NER, EI	WARD B		HIC	39940	795711	ACNT	6947LMD64	2	ICN !	5676149432	71 ASG	Y MOA	
10139405	84 042	29 042925	11	0	98966			25.00	0.00	0.00	0.00	PR-204	25.00	0.00
PT RESP	25	5.00			CLAIM	TOTALS		25.00	0.00	0.00	0.00		25.00	0.00
ADJ TO TOTAL: PREV PD						INTER	EST	0.00	LATE		CHARGE	0.00	NET	0.00
STATUS C	CODE 2	Process	ed a	s Sec	ondary	7								
NAME MIN	NER, EI	WARD B		HIC	39940	795711	ACNT	7092LMD64	2	ICN !	5678149437	31 ASG	Y MOA	
10139405	84 061	L9 061925	10	0	98968			64.78	0.00	0.00	0.00	PR-204	64.78	0.00
PT RESP	64	1.78			CLAIM	TOTALS		64.78	0.00	0.00	0.00		64.78	0.00
ADJ TO I	COTAL:	PREV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS C	CODE 2	Process	ed a	s Sec	ondary	7								
NAME MIN	NER, EI	WARD B		HIC	39940	795711	ACNT	6854LMD64	2	ICN !	5678824793	51 ASG	Y MOA	
10139405	84 060	060625	11	0	99496			446.00	261.36	0.00	0.00	OA-23	393.73	52.27
10139405	84 060	060625	11	0	G2211			25.00	0.00	0.00	0.00	PR-204	25.00	0.00
PT RESP	25	5.00			CLAIM	TOTALS		471.00	261.36	0.00	0.00		418.73	52.27
ADJ TO TOTAL: PREV PD					INTEREST			0.00	LATE	FILING	CHARGE	0.00	NET	52.27
STATUS C	CODE 2	Process	ed a	s Sec	ondary	7								
TOTALS:	# (	)F B	ILLE	D	ALLO	OWED	DED	UCT	COINS	TOTAL	PROV	PD	PROV	CHECK
	CLA	IMS	AMT		Al	ſΤ	AM'	T	AMT	RC-AMT	AMT	A	DJ AMT	AMT
		4 1	261.	77	29	91.36		0.00	0.00	1203.	50 58	. 27	0.00	58.27

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

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

PR-275 Prior payer's (or payers') patient responsibility (deductible, coinsurance, co-payment) not covered.

PR-3 Co-payment Amount