

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 2  
DATE: 2025-06-05  
EFT #: T3920824  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KASPER, OSMON L					HIC 970632216	ACNT 6395LMD642				ICN KEN6937700500	ASG Y MOA	
1013940584	0514	051425	11	1	99214 25		241.68	120.84	0.00	0.00	CO-45 120.84	84.13
											CO-253 1.71	
											PR-3 35.00	
1013940584	0514	051425	11	1	G0446 XU		65.00	30.94	0.00	12.38	CO-45 34.06	18.19
											CO-253 0.37	
1013940584	0514	051425	11	1	99401 25		65.00	0.00	0.00	0.00	PI-96 65.00	0.00
					REM: N174							
1013940584	0514	051425	11	1	G0447 XU		65.00	30.94	0.00	12.38	CO-45 34.06	18.19
											CO-253 0.37	
1013940584	0514	051425	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	59.76				CLAIM TOTALS		436.68	182.72	0.00	24.76	291.41	120.51
ADJ TO TOTAL: PREV PD					INTEREST		0.00				NET	120.51
PLAN TYPE: STEELCASE												
STATUS CODE 1: Processed as Primary												

NAME VANVALKENBURG, JAMES P					HIC 1637399489902900	ACNT 6099LMD642				ICN OEB3698620103	ASG Y MOA	
1013940584	0429	042925	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00				NET	0.00
PLAN TYPE: AT&TINC.												
STATUS CODE 22: Reversal of Previous Payment												



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NPI #: 1982923660

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BYRON CENTER FAMILY MEDICINE

PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-06-05

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	VANVALKENBURG, JAMES P	HIC	994899029	ACNT	6099LMD642	ICN	OEB0026116500	ASG	Y	MOA		
1013940584	0429	042925	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16
											CO-253	2.01
											PR-3	20.00
1013940584	0429	042925	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.30
1013940584	0429	042925	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06
											CO-253	0.61
1013940584	0429	042925	11	1	99401	33	65.00	0.00	0.00	0.00	PI-96	65.00
1013940584	0429	042925	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06
											CO-253	0.61
1013940584	0429	042925	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00						439.00	197.98	0.00	0.00		264.55
ADJ TO TOTAL: PREV PD							INTEREST	0.00				NET
PLAN TYPE: AT&TINC.								LATE FILING CHARGE		0.00		174.45
STATUS CODE 1: Processed as Primary												

NAME	VANVALKENBURG, JAMES P	HIC	994899029	ACNT	6099LMD642	ICN	OEB3698620100	ASG	Y	MOA		
1013940584	0429	042925	11	1	99214	25	-219.00	-98.83	0.00	0.00	CO-45	-98.16
											CO-253	-2.01
											PR-3	-20.00
1013940584	0429	042925	11	1	G2211		-25.00	-14.96	0.00	0.00	CO-45	-9.74
											CO-253	-0.30
1013940584	0429	042925	11	1	G0447	XU	-65.00	-30.33	0.00	0.00	CO-45	-34.06
											CO-253	-0.61
1013940584	0429	042925	11	1	99401	25	-65.00	0.00	0.00	0.00	PI-96	-65.00
1013940584	0429	042925	11	1	G0446	XU	-65.00	-30.33	0.00	0.00	CO-45	-34.06
											CO-253	-0.61
1013940584	0429	042925	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00						-439.00	-174.45	0.00	0.00		-264.55
ADJ TO TOTAL: PREV PD							INTEREST	0.00				NET
PLAN TYPE: AT&TINC.								LATE FILING CHARGE		0.00		-174.45
STATUS CODE 22: Reversal of Previous Payment												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	436.68	206.25	0.00	24.76	291.41	120.51	0.00	120.51

## 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'.

PI-96 Non-covered charge(s).

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

