

UNITEDHEALTHCARE []
 UNITEDHEALTHCARE SHARED SERVICES PO BOX 30783
 SALT LAKE CITY, UT 841300783
 (866)596-8447

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-17
 EFT #: UH6140000132225210177365
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KWIATKOWSKI, STEPHANIE HIC 771901864629 ACNT						5469LMD642		ICN 25092491126	ASG Y	MOA	
1306898036	0325	032525	11	99395	25	297.00	121.70	0.00	0.00	CO-45	121.70
1306898036	0325	032525	11	99408		61.00	0.00	0.00	0.00	CO-45	0.00
						REM: M80					
1306898036	0325	032525	11	96127	XU	40.00	5.47	0.00	0.00	CO-45	5.47
1306898036	0325	032525	11	96160	XU	5.30	4.69	0.00	0.00	CO-45	4.69
1306898036	0325	032525	11	G0136	33	34.80	20.27	0.00	0.00	CO-45	20.27
1306898036	0325	032525	11	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		438.10	152.13	0.00	0.00		152.13
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE			0.00	152.13
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
	1	438.10	152.13	0.00	0.00	285.97	152.13	0.00	152.13

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 M80 Not covered when performed during the same session / date as a previously processed service for the patient.

