

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-18
EFT #: 157183836250419
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME PRENTISS, HUGH L					HIC H78825947	ACNT 5791LMD642				ICN 820251040533866	ASG Y MOA	
1306898036	0411	041125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0411	041125	11	1	99214	25	219.00	120.84	0.00	0.00	CO-253	2.42
											CO-45	98.16
						HCPI: RECONSIDERATION						
1306898036	0411	041125	11	1	81003		33.60	2.25	0.00	0.00	CO-253	0.05
											CO-45	31.35
						HCPI: RECONSIDERATION						
1306898036	0411	041125	11	1	G2211		25.00	0.00	0.00	0.00	CO-B1	25.00
						REM: N20						
						HCPI: RECONSIDERATION						
1306898036	0411	041125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP		0.00			CLAIM	TOTALS	277.60	123.09	0.00	0.00		156.98
ADJ TO TOTAL: PREV PD						INTEREST	0.00					120.62
PLAN TYPE: MEDICARE ADVANTAGE PPO												
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	277.60	123.09	0.00	0.00	156.98	120.62	0.00	120.62

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.
CO-B1 Non-covered visits.
N20 Service not payable with other service rendered on the same date.

