

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []
PO BOX 740819
ATLANTA, GA 303740819
(800)227-7789

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE
7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-10
EFT #: 11232410110
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD		
NAME TOBIN, GERALD L				HIC 30593549911		ACNT	4989LMD642		ICN 557272474261		ASG Y	MOA			
1013940584	0225	022525	11	0	99214	25	219.00	120.84	0.00	0.00	OA-23	194.83	24.17		
1013940584	0225	022525	11	0	G2211		25.00	0.00	0.00	0.00	PR-204	25.00	0.00		
1013940584	0225	022525	11	0	82043	QW	14.70	0.00	0.00	0.00	OA-23	14.70	0.00		
1013940584	0225	022525	11	0	82570	QW	17.85	0.00	0.00	0.00	OA-23	17.85	0.00		
PT RESP	25.00				CLAIM TOTALS		276.55	120.84	0.00	0.00		252.38	24.17		
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	24.17		
STATUS CODE 2: Processed as Secondary															
TOTALS:		# OF	BILLED		ALLOWED		DEDUCT		COINS		TOTAL		PROV PD	CHECK	
		CLAIMS	AMT		AMT		AMT		AMT		RC-AMT		AMT	ADJ AMT	AMT
		1	276.55		120.84		0.00		0.00		252.38		24.17	0.00	24.17

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

