REMITTANCE ADVICE

BYRON CENTER FAMILY MEDICINE [941242]

7740 BYRON CENTER AVE SW STE 2

PAGE #: 1 of 2
DATE: 2025-08-05

BYRON CENTER, MI 49315

EFT #: 164807691250806

TAX ID #: 272620668

V PD
8.42
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STATUS CODE 1: Processed as Primary

HUMANA INC.

NPI #: 1982923660 BYRON CENTER FAMILY MEDICINE [941242] ADVICE 164807691250806 EFT #: PAGE #: 2 of 2 DATE: 2025-08-05

REND PROV	SERV	DATE	POS	NOS	PRO	C MOD	S BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME VAN E	RUNT,	RALPH	L	HIC	н591	58862	ACNT 7660LMD64	2	ICN 8	3202521107	25385 ASG	Y MOA	
INSURED NA	ME: V	ANBRUNT	, RA	LPH I									
1306898036	0725	072525	11	1	G0557		94.10	47.05	0.00	0.00	CO-253 CO-45	0.94 47.05	46.11
						HCPI:	RECONSIDERATION						
1306898036	0725	072525	11	1	3074F	an.	0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	11	1	3078F		RECONSIDERATION 0.00	0.00	0.00	0.00			0.00
1300030030	0723	072323		_	30701		RECONSIDERATION		0.00	0.00			0.00
1306898036	0725	072525	11	1	G9621		0.00	0.00	0.00	0.00			0.00
						HCPI:	RECONSIDERATION						
1306898036	0725	072525	11	1	1158F	исьт.	0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
1306898036	0725	072525	11	1	1160F	ncri.	0.00	0.00	0.00	0.00			0.00
						HCPI:	RECONSIDERATION						
1306898036	0725	072525	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1206000026	0705	070505	11	1	2000F	HCPI:	RECONSIDERATION	0.00	0.00	0.00			0.00
1306898036	0/25	0/2525	TT	_	2000F	HCPT:	0.00 RECONSIDERATION		0.00	0.00			0.00
1306898036	0725	072525	11	1	2001F		0.00	0.00	0.00	0.00			0.00
						HCPI:	RECONSIDERATION						
1306898036	0725	072525	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	11	1	2010F		RECONSIDERATION 0.00	0.00	0.00	0.00			0.00
1300030030	0,23	072323		_	20101		RECONSIDERATION		0.00	0.00			0.00
1306898036	0725	072525	11	1	G0439		361.00	121.85	0.00	0.00	CO-253	2.44	119.41
											CO-45	239.15	
1306898036	0725	072525	11	1	99497		RECONSIDERATION 132.00	77.66	0.00	0.00	CO-253	1.55	76.11
1300030030	0723	072323		_	JJ4J1	33	132.00	77.00	0.00	0.00	CO-45	54.34	70.11
						HCPI:	RECONSIDERATION						
1306898036	0725	072525	11	1	99214	25	241.68	120.84	0.00	0.00	CO-253	2.32	113.52
											CO-45 PR-3	120.84 5.00	
						HCPT:	RECONSIDERATION				PR-3	5.00	
1306898036	0725	072525	11	1	82043		14.70		0.00	0.00	CO-253	0.12	5.66
											CO-45	8.92	
1206000026		00000			00550		RECONSIDERATION		0 00	0.00	go 053	0 10	F 00
1306898036	0/25	0/2525	11	_	82570	QW	17.85	5.18	0.00	0.00	CO-253 CO-45	0.10 12.67	5.08
						HCPI:	RECONSIDERATION				CO 15	12.07	
1306898036	0725	072525	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-253	0.35	17.05
											CO-45	47.60	
1306898036	0725	072525	11	1	G2211		RECONSIDERATION 25.00	15.26	0.00	0.00	CO-253	0.31	14.95
1300030030	0,25	072323		_	GZZII		25.00	13.20	0.00	0.00	CO-45		11.55
						HCPI:	RECONSIDERATION						
1306898036	0725	072525	11	1	36415		20.00	9.09	0.00	0.00	CO-253 CO-45	0.18	8.91
						UCDT.	RECONSIDERATION				CO-45	10.91	
1306898036	0725	072525	11	1	G0444		91.00	16.22	0.00	0.00	CO-253	0.32	15.90
				_							CO-45		
							RECONSIDERATION						
1306898036	0725	072525	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-253	0.32	15.90
						HCPT •	RECONSIDERATION				CO-45	26.78	
1306898036	0725	072525	11	1	G0446		65.00	0.00	0.00	0.00	CO-236	65.00	0.00
							RECONSIDERATION						
PT RESP	5.				CLAIM	TOTALS		452.55	0.00	0.00	2 22	731.73	438.60
ADJ TO TOT PLAN TYPE:			VANT	AGE E	PPO	INTE	REST 0.00	LATE	FILLING	CHARGE	0.00	NET	438.60
STATUS COD													
TOTALS:	# OF	В	ILLE	D	ALL(OWED	DEDUCT	COINS	TOTAL	PROV	PD	PROV	CHECK

PROV PD AMT ALLOWED TOTALS: CLAIMS AMT AMT AMT AMT RC-AMT ADJ AMT AMT 1414.33 573.39 0.00 0.00 857.31 557.02 0.00 557.02

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

CO-181

Payment adjusted because this procedure code was invalid on the date of service
This procedure or procedure / modifier combination is not compatible with another procedure or procedure CO-236 / modifier combination provided on the same day according to the National Correct Coding Initiative.

CO-253 Sequestration - reduction in federal spending

Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement. CO-45

N517 Resubmit a new claim with the requested information.

N56 Procedure code billed is not correct / valid for the services billed or the date of service billed.

PR-3 Co-payment Amount



REMITTANCE