

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED HRA []
 441 E. JEFFERSON
 DETROIT, MI 48226
 (000)000-0000

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
 7740 BYRON CENTER AVE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-11
 NONPAY #: 25132B100030664700
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD	
NAME PARKER, JANET L			HIC XYHM05780255 ACNT 6197LMD642				ICN E18283855900			ASG Y	MOA			
INSURED NAME: PARKER, DAVID L														
1013940584	0506	050625	11	1	99214		219.00	0.00	0.00	0.00	CO-187	219.00	0.00	
1013940584	0506	050625	11	1	3075F		0.00	0.00	0.00	0.00			0.00	
1013940584	0506	050625	11	1	3078F		0.00	0.00	0.00	0.00			0.00	
1013940584	0506	050625	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1013940584	0506	050625	11	1	2001F		0.00	0.00	0.00	0.00			0.00	
1013940584	0506	050625	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0506	050625	11	1	1000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0506	050625	11	1	1159F		0.00	0.00	0.00	0.00			0.00	
1013940584	0506	050625	11	1	1160F		0.00	0.00	0.00	0.00			0.00	
PT RESP	0.00	CLAIM TOTALS					219.00	0.00	0.00	0.00		219.00	0.00	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 2: Processed as Secondary														

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	219.00	0.00	0.00	0.00	219.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-187 Health Savings account payments

