

UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-02
 EFT #: T0521900
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME THOMAS, WILLIAM M			HIC 912691337		ACNT 5119LMD642		ICN STL3677518400			ASG Y	MOA	
INSURED NAME: THOMAS JR, WILLIAM M												
1013940584	0305	030525	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	118.43
											CO-253	2.41
1013940584	0305	030525	11	1	73562	RT	86.90	36.64	0.00	0.00	CO-45	11.41
											CO-253	0.23
											PR-3	25.00
1013940584	0305	030525	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		25.00	CLAIM TOTALS				305.90	157.48	0.00	0.00	176.06	129.84
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE			0.00	129.84
PLAN TYPE: AARP MEDICARE ADVANTAGE												
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	305.90	157.48	0.00	0.00	176.06	129.84	0.00	129.84

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.
 PR-3 Co-payment Amount

