

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: 2025-06-18
 EFT #: 11268888531
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME VELICK, BRAD E			HIC 30934745311		ACNT	6264LMD642	ICN 564042478501		ASG Y	MOA			
1013940584	0328	032825	11	0	99213	25	171.26	0.00	0.00	0.00	OA-23	85.63 0.00	
											PI-204	85.63	
1013940584	0328	032825	11	0	G2211		25.00	0.00	0.00	0.00	PR-204	25.00 0.00	
PT RESP		25.00			CLAIM TOTALS		196.26	0.00	0.00	0.00		196.26 0.00	
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 0.00	
STATUS CODE 2: Processed as Secondary													
NAME MINER, EDWARD B			HIC 39940795711		ACNT	6150LMD642	ICN 564062471681		ASG Y	MOA			
1013940584	0502	050225	11	0	99496		446.00	261.36	0.00	0.00	OA-23	393.73 52.27	
1013940584	0502	050225	11	0	G2211		25.00	0.00	0.00	0.00	PR-204	25.00 0.00	
PT RESP		25.00			CLAIM TOTALS		471.00	261.36	0.00	0.00		418.73 52.27	
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 52.27	
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				
	2	667.26	261.36	0.00	0.00	614.99	52.27	0.00	52.27				

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
 PI-204 This service / equipment / drug is not covered under the patient's current benefit plan
 PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

