REMITTANCE ADVICE

BYRON CENTER FAMILY MEDICINE [941242] 7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660

PAGE #: 1 of 3

DATE: 2025-07-08

EFT #: 162916397250709

TAX ID #: 272620668

REND PROV	SERV	DATE	POS	NOS	PRO	C MOD	S BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME BROWN, CYNTHIA K HIC H921 1013940584 0507 050725 11 1 G0402					С Н921	6884 ACNT 6589LMD642			ICN 820251760592947 ASG Y MOA				
1013940584	0507	050725	11	1	G0402		361.00	155.30	0.00	0.00	CO-253	3.11	152.19
											CO-45	205.70	
						HCPI:	RECONSIDERATION						
1013940584	0507	050725	11	1	99214	25	241.68	120.84	0.00	0.00	CO-253	2.42	118.42
											CO-45		
						HCPI:	RECONSIDERATION						
1013940584	0507	050725	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95
											CO-45	9.74	
						HCPI:	RECONSIDERATION						
1013940584	0507	050725	11	1	82043	OW	14.70	5.78	0.00	0.00	CO-253	0.12	5.66
						~					CO-45	8.92	
						HCPI:	RECONSIDERATION						
1013940584	0507	050725	11	1	82570		17.85		0.00	0.00	CO-253	0.10	5.08
						•					CO-45		
						HCPT:	RECONSIDERATION				00 10		
1013940584	0507	050725	11	1	36415		20.00		0.00	0.00	CO-253	0.18	8.91
1010710001	0507	030723		_	30113		20.00	3.03	0.00	0.00	CO-45	10.91	0.71
						нсьт.	RECONSIDERATION				00 15	10.71	
1013940584	0507	050725	11				34.80		0.00	0.00	CO-253	0.35	17.05
1013940304	0307	050725		_	GUIJU	33	34.00	17.40	0.00	0.00	CO-45	17.40	17.03
						исьт.	RECONSIDERATION				CO 13	17.10	
1013940584	0507	050725	11	1	G0446		65.00		0.00	0.00	CO-236	65.00	0.00
1013940304	0307	050725		_	G0110		RECONSIDERATION		0.00	0.00	CO-230	03.00	0.00
1013940584	0507	050725	11	1	G0447		65.00		0.00	0 00	CO-11	65.00	0.00
1013340364	0307	030723		_	GUTTI	REM: 1		0.00	0.00	0.00	CO-11	03.00	0.00
							RECONSIDERATION						
1013940584	0507	050725	11	1	0513F		0.00	0.00	0.00	0.00			0.00
1013340304	0307	050725		_	USISE		RECONSIDERATION		0.00	0.00			0.00
1013940584	0507	050725	11	1	G8417		0.00	0.00	0.00	0.00			0.00
1013340304	0307	050725		_	GOTI		RECONSIDERATION		0.00	0.00			0.00
1013940584	0507	050725	11	1	1158F		0.00		0.00	0.00			0.00
1013340364	0507	030723	11		TIOOL				0.00	0.00			0.00
1013940584	0505	050505		-	3077F		RECONSIDERATION	0.00	0.00	0.00			0.00
1013940384	0507	050725	тт		30 / / F		0.00		0.00	0.00			0.00
1013940584	0507	050705		- 1	2070		RECONSIDERATION		0 00	0 00			0 00
1013940584	0507	050/25	TT		30/8F		0.00		0.00	0.00			0.00
DE DEGE	•	00			CT 3 T32		RECONSIDERATION		0 00	0.00		E00 77	200 00
PT RESP	0.	00			CLAIM	TOTALS	845.03		0.00		0.00		322.26
ADJ TO TOT	AL: P	KEV PD				INTE	REST 0.00	LATE	FILLING	CHARGE	0.00	NET	322.26
PLAN TYPE:	MEDI	CARE AD	VANT.	AGE I	250								

PLAN TYPE: MEDICARE ADVANTAGE PPO STATUS CODE 1: Processed as Primary HUMANA INC. REMITTANCE

NPI #: 1982923660 BYRON CENTER FAMILY MEDICINE [941242] ADVICE 162916397250709 PAGE #: 2 of 3 EFT #: DATE: 2025-07-08

REND PROV	SERV	DATE	POS	NOS	PRO	C MOD	S BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME OCON	NELL,	DANIEL	L	HIC	С Н756	89767	ACNT 6811LMD64	2	ICN 8	2025176059	92963 ASG	Y MOA	
130689803	6 0606	060625	11	1	3061F	HCPI:	0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
130689803	6 0606	060625	11	1	0513F	HCPI:	0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
130689803	6 0606	060625	11	1	3074F		0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
130689803	6 0606	060625	11	1	3078F		0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
130689803	6 0606	060625	11	1	G0439		361.00	121.85	0.00	0.00	CO-253 CO-45	2.44 239.15	119.41
130689803	6 0606	060625	11	1	99497	33	RECONSIDERATION 132.00	77.66	0.00	0.00	CO-253 CO-45	1.55 54.34	76.11
130689803	6 0606	060625	11	1	99214		RECONSIDERATION 241.68	120.84	0.00	0.00	CO-253 CO-45	2.42 120.84	118.42
130689803	6 0606	060625	11	1	G2211		RECONSIDERATION 25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74	14.95
130689803	6 0606	060625	11	1	82570		RECONSIDERATION 17.85	5.18	0.00	0.00	CO-253 CO-45	0.10 12.67	5.08
130689803	6 0606	060625	11	1	82043		RECONSIDERATION 14.70	5.78	0.00	0.00	CO-253 CO-45	0.12 8.92	5.66
130689803	6 0606	060625	11	1	36415		RECONSIDERATION 20.00	9.09	0.00	0.00	CO-253 CO-45	0.18 10.91	8.91
130689803	6 0606	060625	11	1	G0444		RECONSIDERATION 91.00	16.22	0.00	0.00	CO-253 CO-45	0.32 74.78	15.90
130689803	6 0606	060625	11	1	G0442		RECONSIDERATION 43.00	16.22	0.00	0.00	CO-253 CO-45	0.32 26.78	15.90
130689803	6 0606	060625	11	1	G0136		RECONSIDERATION 65.00	17.40	0.00	0.00	CO-253 CO-45	0.35 47.60	17.05
130689803	6 0606	060625	11	1	G0447		RECONSIDERATION 65.00	0.00	0.00	0.00	CO-236	65.00	0.00
130689803	6 0606	060625	11	1	G0446		RECONSIDERATION 65.00	0.00	0.00	0.00	CO-236	65.00	0.00
130689803	6 0606	060625	11	1	G0557		RECONSIDERATION 94.10	47.05	0.00	0.00	CO-253	0.94	46.11
						HCPI:	RECONSIDERATION	•			CO-45	47.05	
130689803	6 0606	060625	11	1	G9622		0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
130689803	6 0606	060625	11	1	1158F		0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
130689803	6 0606	060625	11	1	1160F		0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
130689803	6 0606	060625	11	1	1159F	HCPI:	0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
130689803	6 0606	060625	11	1	2000F	HCPI:	0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
130689803	6 0606	060625	11	1	2001F		0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
130689803	6 0606	060625	11	1	3008F		0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
130689803	6 0606	060625	11	1	2010F		0.00 RECONSIDERATION	0.00	0.00	0.00			0.00
PT RESP ADJ TO TO PLAN TYPE	TAL: P : MEDI	CARE AD			PPO	TOTALS INTE	1235.33	452.55	0.00 FILING	0.00 CHARGE	0.00	791.83 NET	443.50 443.50
STATUS CO	DE 1:	Process	ed as	Pri	imary								
TOTALS:	# OF		ILLED AMT	)		OWED MT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV I		PROV	CHECK AMT
	2		080.3	36		81.40	0.00	0.00	1314.6			0.00	765.76

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

CO-11

781.40

The diagnosis is inconsistent with the procedure.

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



HUMANA INC. REMITTANCE

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C0-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

N657 This should be billed with the appropriate code for these services.

