

BLUE CARE NETWORK OF MICHIGAN []
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 3
DATE: 2025-05-30
EFT #: 25147B1000142397064636827
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME STUTZMAN, JERRY			HIC XYHM64162523		ACNT	6216LMD642	ICN E18288777000		ASG Y		MOA	
INSURED NAME: STUTZMAN, JANELLE												
1306898036	0506	050625	11	-1	99213	25	-146.00	0.00	0.00	0.00	CO-B10	-104.32 -41.68
							REM: M80 N1					
1306898036	0506	050625	11	-1	G0447	XU	-65.00	0.00	0.00	0.00	CO-45	-25.69 -39.31
1306898036	0506	050625	11	-1	99401	25	-65.00	0.00	0.00	0.00	CO-B14	-65.00 0.00
							REM: N1					
1306898036	0506	050625	11	-1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	-1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	-1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	-1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	-1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	-1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	-1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	-1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00							CLAIM TOTALS		-276.00	0.00	0.00	-195.01 -80.99
ADJ TO TOTAL: PREV PD							INTEREST		0.00	LATE FILING CHARGE		0.00 NET -80.99
STATUS CODE 22: Reversal of Previous Payment												

NAME STUTZMAN, JERRY			HIC XYHM64162523		ACNT	6216LMD642	ICN E18288777001		ASG Y		MOA	
INSURED NAME: STUTZMAN, JANELLE												
1306898036	0506	050625	11	1	99213	25	146.00	41.68	0.00	0.00	CO-B10	104.32 41.68
							REM: M80 N1					
1306898036	0506	050625	11	1	G0447	XU	65.00	39.31	0.00	0.00	CO-45	25.69 39.31
1306898036	0506	050625	11	1	99401	33	65.00	0.00	0.00	0.00	CO-B14	65.00 0.00
							REM: N1					
1306898036	0506	050625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00							CLAIM TOTALS		276.00	80.99	0.00	195.01 80.99
ADJ TO TOTAL: PREV PD							INTEREST		0.00	LATE FILING CHARGE		0.00 NET 80.99
STATUS CODE 1: Processed as Primary												

NAME CALKINS, ELAINE R			HIC XYK912636308		ACNT	6417LMD642	ICN E18320680000		ASG Y		MOA	
1013940584	0514	051425	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
							CO-104 0.18					
PT RESP 0.00							CLAIM TOTALS		20.00	9.09	0.00	11.09 8.91
ADJ TO TOTAL: PREV PD							INTEREST		0.00	LATE FILING CHARGE		0.00 NET 8.91
STATUS CODE 1: Processed as Primary												



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NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

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REMITTANCE

ADVICE

DATE: 2025-05-30

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	CALKINS, ELAINE R				HIC	XYK912636308	ACNT	6416LMD642		ICN	E18321610500	ASG Y MOA
1013940584	0515	051525	11	1	99214	25		219.00	120.84	0.00	0.00	CO-45 98.16 118.42
1013940584	0515	051525	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-104 2.42 30.32
1013940584	0515	051525	11	1	99401	25		65.00	0.00	0.00	0.00	CO-45 34.06 0.62
1013940584	0515	051525	11	1	G0447	XU		0.00	0.00	0.00	0.00	CO-104 0.62 0.00
1013940584	0515	051525	11	1	G2211			25.00	15.26	0.00	0.00	CO-181 65.00 0.00
1013940584	0515	051525	11	1	3074F			0.00	0.00	0.00	0.00	CO-45 9.74 14.95
1013940584	0515	051525	11	1	3078F			0.00	0.00	0.00	0.00	CO-104 0.31 0.00
1013940584	0515	051525	11	1	3008F			0.00	0.00	0.00	0.00	0.00
1013940584	0515	051525	11	1	2001F			0.00	0.00	0.00	0.00	0.00
1013940584	0515	051525	11	1	2000F			0.00	0.00	0.00	0.00	0.00
1013940584	0515	051525	11	1	1000F			0.00	0.00	0.00	0.00	0.00
1013940584	0515	051525	11	1	1159F			0.00	0.00	0.00	0.00	0.00
1013940584	0515	051525	11	1	1160F			0.00	0.00	0.00	0.00	0.00
PT RESP	0.00				CLAIM TOTALS			374.00	167.04	0.00	0.00	210.31 163.69
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00 NET 163.69
STATUS CODE 1: Processed as Primary												

NAME	GRANGER, ANNELYSE				HIC	XYH892095997	ACNT	6415LMD642		ICN	E18323117500	ASG Y MOA
INSURED NAME:	PEAKE, MATTHEW											
1013940584	0515	051525	11	1	99393			270.00	0.00	0.00	0.00	PR-27 270.00 0.00
1013940584	0515	051525	11	1	G8420			0.00	0.00	0.00	0.00	0.00
1013940584	0515	051525	11	1	3074F			0.00	0.00	0.00	0.00	0.00
1013940584	0515	051525	11	1	3078F			0.00	0.00	0.00	0.00	0.00
PT RESP	270.00				CLAIM TOTALS			270.00	0.00	0.00	0.00	270.00 0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00 NET 0.00
STATUS CODE 1: Processed as Primary												

NAME	STOUT, DIANE A				HIC	XYK890840536	ACNT	6550LMD642		ICN	E18340246300	ASG Y MOA
1306898036	0521	052125	11	1	96372			45.00	13.25	0.00	0.00	CO-45 31.75 12.98
												CO-104 0.27 0.00
PT RESP	0.00				CLAIM TOTALS			45.00	13.25	0.00	0.00	32.02 12.98
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00 NET 12.98
STATUS CODE 1: Processed as Primary												

NAME	TERBEEK, ROSS M				HIC	91143806001	ACNT	6560LMD642		ICN	E18341000700	ASG Y MOA
1306898036	0521	052125	11	1	99395	25		297.00	131.69	0.00	0.00	CO-45 165.31 131.69
1306898036	0521	052125	11	1	G0136	33		65.00	29.48	0.00	0.00	CO-45 35.52 29.48
1306898036	0521	052125	11	1	G0442	XU		30.00	29.48	0.00	0.00	CO-45 0.52 29.48
1306898036	0521	052125	11	1	G0444	XU		29.45	29.45	0.00	0.00	29.45
1306898036	0521	052125	11	1	36415			20.00	4.86	0.00	0.00	CO-45 15.14 4.86
1306898036	0521	052125	11	1	81003			33.60	0.00	0.00	0.00	CO-97 33.60 0.00
					REM: N19 N1							
1306898036	0521	052125	11	1	G8420			0.00	0.00	0.00	0.00	0.00
1306898036	0521	052125	11	1	G8510			0.00	0.00	0.00	0.00	0.00
1306898036	0521	052125	11	1	G9622			0.00	0.00	0.00	0.00	0.00
1306898036	0521	052125	11	1	3008F			0.00	0.00	0.00	0.00	0.00
1306898036	0521	052125	11	1	2001F			0.00	0.00	0.00	0.00	0.00
1306898036	0521	052125	11	1	2000F			0.00	0.00	0.00	0.00	0.00
1306898036	0521	052125	11	1	1000F			0.00	0.00	0.00	0.00	0.00
1306898036	0521	052125	11	1	1159F			0.00	0.00	0.00	0.00	0.00
1306898036	0521	052125	11	1	1160F			0.00	0.00	0.00	0.00	0.00
PT RESP	0.00				CLAIM TOTALS			475.05	224.96	0.00	0.00	250.09 224.96
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00 NET 224.96
STATUS CODE 1: Processed as Primary												

NAME	MERRITT, JANET K				HIC	XYK997154248	ACNT	6551LMD642		ICN	E18341904200	ASG Y MOA
1306898036	0521	052125	11	1	71046			68.20	30.57	0.00	0.00	CO-45 37.63 14.98
												CO-104 0.31 0.00
												PR-3 15.28 0.00
PT RESP	15.28				CLAIM TOTALS			68.20	30.57	0.00	0.00	53.22 14.98
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00 NET 14.98
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	8	1252.25	525.90	0.00	0.00	826.73	425.52	0.00	425.52

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

CO-104 Managed care withholding.

CO-181 Payment adjusted because this procedure code was invalid on the date of service

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



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CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

CO-B10 Allowed amount has been reduced because a component of the basic procedure / test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure / test.

CO-B14 Payment denied because only one visit or consultation per physician per day is covered.

M51 Missing / incomplete / invalid procedure code(s).

M80 Not covered when performed during the same session / date as a previously processed service for the patient.

N1 Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.

N19 Procedure code incidental to primary procedure.

PR-27 Expenses incurred after coverage terminated.

PR-3 Co-payment Amount

