

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: 2025-08-27
 EFT #: T8100429
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	ENGMAN, SANDRA				HIC 980181523	ACNT	7794LMD642			ICN OEB0054664100	ASG Y	MOA
INSURED NAME: ENGMAN, SANDRA K												
1306898036	0804	080425	11	1	99496		446.00	261.36	0.00	0.00	CO-45	236.54
											CO-253	4.82
											PR-3	20.00
1306898036	0804	080425	11	1	36415		20.00	9.09	0.00	0.00	CO-45	8.91
											CO-253	0.18
1306898036	0804	080425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		466.00	270.45	0.00	0.00		220.55
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	245.45
PLAN TYPE: AT&TINC.											NET	
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
	1	466.00	270.45	0.00	0.00	220.55	245.45	0.00	245.45

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

