

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: 2025-06-26  
 EFT #: 11272929540  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ADAMS, MICHAEL J			HIC 34543387311		ACNT 6306LMD642		ICN 564982774141			ASG Y		MOA
INSURED NAME: ADAMS, MIKE J												
1013940584	0328	032825	11	0	99214	25	219.00	120.84	0.00	0.00	OA-23	24.17
1013940584	0328	032825	11	0	G2211		25.00	15.26	0.00	0.00	OA-23	3.05
1013940584	0328	032825	11	0	G0446	XU	65.00	0.00	0.00	0.00	OA-23	0.00
1013940584	0328	032825	11	0	82043	QW	14.70	0.00	0.00	0.00	OA-23	0.00
1013940584	0328	032825	11	0	82570	QW	17.85	0.00	0.00	0.00	OA-23	0.00
1013940584	0328	032825	11	0	G0447	XU	65.00	0.00	0.00	0.00	OA-23	0.00
1013940584	0328	032825	11	0	99401	25	65.00	0.00	0.00	0.00	PR-204	0.00
PT RESP		65.00	CLAIM TOTALS				471.55	136.10	0.00	0.00	444.33	27.22
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	27.22
STATUS CODE 2: Processed as Secondary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	471.55	136.10	0.00	0.00	444.33	27.22	0.00	27.22

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

