

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

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

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-20
NONPAY #: NO-PAY-202503200017082
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ALBIN, VICKIE L					HIC H41324538	ACNT 4683LMD642				ICN 820250380581190	ASG Y MOA	
1306898036	0207	020725	11	1	G0439		361.00	0.00	0.00	0.00	CO-252	361.00 0.00
						REM: M127						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	99214	25	241.68	0.00	0.00	0.00	CO-252	241.68 0.00
						REM: M127						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	99497	33	132.00	0.00	0.00	0.00	CO-252	132.00 0.00
						REM: M127						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	G2211		25.00	0.00	0.00	0.00	CO-252	25.00 0.00
						REM: M127						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	36415		20.00	0.00	0.00	0.00	CO-252	20.00 0.00
						REM: M127						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	82043	QW	14.70	0.00	0.00	0.00	CO-252	14.70 0.00
						REM: M127						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	82570	QW	17.85	0.00	0.00	0.00	CO-252	17.85 0.00
						REM: M127						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-252	30.00 0.00
						REM: M127						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	G0444	XU 33	29.45	0.00	0.00	0.00	CO-252	29.45 0.00
						REM: M127						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP		0.00			CLAIM	TOTALS	871.68	0.00	0.00	0.00		871.68 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00					0.00
PLAN TYPE: MEDICARE ADVANTAGE PPO												
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	871.68	0.00	0.00	0.00	871.68	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-252 An attachment / other documentation is required to adjudicate this claim / service. Check Remittance Remark Codes for details.
M127 Missing patient medical record for this service.

