

UNITED HEALTHCARE INSURANCE COMPANY []
 4 RESEARCH DRIVE
 SHELTON, CT 064846282
 (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: 2025-07-16
 EFT #: 41717346
 TAX ID #: 272620668

| REND | PROV | SERV DATE | POS | NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|---------------|-----------|-----|-----|-----------------|-----------------|--------|---------|--------------------|----------------|------------|---------|
| NAME | LIERMAN, GARY | | | | HIC 26079823301 | ACNT 6874LMD642 | | | | ICN FD73077868 | ASG Y MOA | |
| 1013940584 | 0610 | 061025 | 11 | 0 | 99213 | | 146.00 | 74.71 | 0.00 | 0.00 | CO-45 | 74.71 |
| 1013940584 | 0610 | 061025 | 11 | 0 | 3074F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | | | | REM: N525 | | | | | | |
| 1013940584 | 0610 | 061025 | 11 | 0 | 3078F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | | | | REM: N525 | | | | | | |
| PT RESP | 0.00 | | | | CLAIM TOTALS | | 146.00 | 74.71 | 0.00 | 0.00 | | 74.71 |
| ADJ TO TOTAL: PREV PD | | | | | INTEREST | | 0.00 | | LATE FILING CHARGE | | 0.00 | 74.71 |
| PLAN TYPE: CHOICE EPO | | | | | | | | | | | | |
| STATUS CODE 1: Processed as Primary | | | | | | | | | | | | |

| TOTALS: | # OF | BILLED | ALLOWED | DEDUCT | COINS | TOTAL | PROV PD | PROV | CHECK |
|---------|--------|--------|---------|--------|-------|--------|---------|---------|-------|
| | CLAIMS | AMT | AMT | AMT | AMT | RC-AMT | AMT | ADJ AMT | AMT |
| | 1 | 146.00 | 74.71 | 0.00 | 0.00 | 71.29 | 74.71 | 0.00 | 74.71 |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N525 These services are not covered when performed within the global period of another service.

