

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 2
DATE: 2025-08-01
EFT #: 25209B1000140221064706503
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME COOK, JACK E					HIC XYK893691287	ACNT	7499LMD642			ICN E18548819600	ASG Y MOA	
1306898036	0717	071725	11	1	96372		45.00	13.25	0.00	0.00	CO-45 31.75	12.98
											CO-104 0.27	
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		LATE FILING CHARGE	0.00	NET	12.98
STATUS CODE 1: Processed as Primary												

NAME TOPP, NANCY D					HIC XYK892047427	ACNT	7544LMD642			ICN E18558397800	ASG Y MOA	
1013940584	0721	072125	11	1	99214 25		219.00	120.84	0.00	0.00	CO-45 98.16	103.72
											CO-104 2.12	
											PR-3 15.00	
1013940584	0721	072125	11	1	G2211		25.00	15.26	0.00	0.00	CO-45 9.74	14.95
											CO-104 0.31	
1013940584	0721	072125	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	15.00				CLAIM TOTALS		244.00	136.10	0.00	0.00	125.33	118.67
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	118.67
STATUS CODE 1: Processed as Primary												

NAME FRIDAY, DANIEL J					HIC 89182292001	ACNT	7515LMD642			ICN E18558893700	ASG Y MOA	
1306898036	0718	071825	11	1	99396 25		327.00	142.65	0.00	0.00	CO-45 184.35	142.65
1306898036	0718	071825	11	1	36415		20.00	6.63	0.00	0.00	CO-45 13.37	6.63
1306898036	0718	071825	11	1	G0442 XU		30.00	27.72	0.00	0.00	CO-45 2.28	27.72
1306898036	0718	071825	11	1	G0444 XU		29.45	27.72	0.00	0.00	CO-45 1.73	27.72
1306898036	0718	071825	11	1	G0136 33		65.00	29.81	29.81	0.00	CO-45 35.19	0.00
1306898036	0718	071825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	11	1	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP	29.81				CLAIM TOTALS		471.45	234.53	29.81	0.00	236.92	204.72
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	204.72
STATUS CODE 1: Processed as Primary												

NAME MERRITT, DENNIS R					HIC XYK991672189	ACNT	7526LMD642			ICN E18559295200	ASG Y MOA	
1306898036	0716	071625	10	1	98967		46.82	23.41	0.00	0.00	CO-45 23.41	22.94
											CO-104 0.47	
PT RESP	0.00				CLAIM TOTALS		46.82	23.41	0.00	0.00	23.88	22.94
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	22.94
STATUS CODE 1: Processed as Primary												

NAME ARTIS, KENNETH					HIC XYK993555075	ACNT	7516LMD642			ICN E18560715600	ASG Y MOA	
INSURED NAME: ARTIS SR, KENNETH												
1306898036	0717	071725	11	1	85610		21.00	4.29	0.00	0.00	CO-45 16.71	4.20
											CO-104 0.09	
PT RESP	0.00				CLAIM TOTALS		21.00	4.29	0.00	0.00	16.80	4.20
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	4.20
STATUS CODE 1: Processed as Primary												



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BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25209B1000140221064706503 PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-08-01

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HILD, GEOFFREY J			HIC XYK920762233	ACNT	7585LMD642			ICN E18562808000	ASG Y MOA	
1306898036	0722 072225	11	1 G0439		361.00	121.85	0.00	0.00	CO-45 239.15	119.41
									CO-104 2.44	
1306898036	0722 072225	11	1 99497	33	132.00	77.66	0.00	0.00	CO-45 54.34	76.11
									CO-104 1.55	
1306898036	0722 072225	11	1 99214	25	241.68	120.84	0.00	0.00	CO-45 120.84	118.42
									CO-104 2.42	
1306898036	0722 072225	11	1 36415		20.00	9.09	0.00	0.00	CO-45 10.91	8.91
									CO-104 0.18	
1306898036	0722 072225	11	1 G0136	33	65.00	17.40	0.00	0.00	CO-45 47.60	17.05
									CO-104 0.35	
1306898036	0722 072225	11	1 G2211		25.00	15.26	0.00	0.00	CO-45 9.74	14.95
									CO-104 0.31	
1306898036	0722 072225	11	1 G0444	XU	91.00	0.00	0.00	0.00	CO-97 91.00	0.00
				REM: N1						
1306898036	0722 072225	11	1 G0442	XU	43.00	0.00	0.00	0.00	CO-97 43.00	0.00
				REM: N1						
1306898036	0722 072225	11	1 G0557		94.10	47.05	0.00	0.00	CO-45 47.05	46.11
									CO-104 0.94	
1306898036	0722 072225	11	1 3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0722 072225	11	1 3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0722 072225	11	1 G9621		0.00	0.00	0.00	0.00		0.00
1306898036	0722 072225	11	1 1158F		0.00	0.00	0.00	0.00		0.00
1306898036	0722 072225	11	1 1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0722 072225	11	1 1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0722 072225	11	1 2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0722 072225	11	1 2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0722 072225	11	1 3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0722 072225	11	1 2010F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS		1072.78	409.15	0.00	0.00	671.82	400.96
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 400.96
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TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	6	1901.05	820.73	29.81	0.00	1106.77	764.47	0.00	764.47

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

CO-104 Managed care withholding.

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

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

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.

PR-1 Deductible Amount

PR-3 Co-payment Amount

