

HUMANA INC. []
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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: 2025-07-22
EFT #: 163744487250723
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SHERWOOD, JAMIE D				HIC H67116942	ACNT 7403LMD642				ICN 820251960690930	ASG Y MOA	
1013940584	0711	071125	11	1	0513F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0711	071125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0711	071125	11	1	3079F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: MEDICARE ADVANTAGE PPO											NET	0.00
STATUS CODE 1: Processed as Primary												

NAME	WINCHEL, NATHALIA C				HIC H62616670	ACNT 7449LMD642				ICN 820251960691230	ASG Y MOA	
1306898036	0714	071425	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0714	071425	11	1	99401 25		65.00	0.00	0.00	0.00	CO-96	65.00
						REM: N431						
						HCPI: RECONSIDERATION						
1306898036	0714	071425	11	1	0513F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0714	071425	11	1	99214 25		219.00	120.84	0.00	0.00	CO-253 CO-45	2.42 98.16
						HCPI: RECONSIDERATION						
1306898036	0714	071425	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-253 CO-45	0.12 8.92
						HCPI: RECONSIDERATION						
1306898036	0714	071425	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-253 CO-45	0.10 12.67
						HCPI: RECONSIDERATION						
1306898036	0714	071425	11	1	G2211		25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74
						HCPI: RECONSIDERATION						
1306898036	0714	071425	11	1	G0446 XU		65.00	0.00	0.00	0.00	CO-236	65.00
						HCPI: RECONSIDERATION						
1306898036	0714	071425	11	1	G0447 XU		65.00	0.00	0.00	0.00	CO-236	65.00
						HCPI: RECONSIDERATION						
1306898036	0714	071425	11	1	G8417		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0714	071425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0714	071425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM TOTALS		471.55	147.06	0.00	0.00	327.44	144.11
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	144.11
PLAN TYPE: MEDICARE ADVANTAGE PPO											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
	2	471.55	147.06	0.00	0.00	327.44	144.11	0.00	144.11

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

CO-236 This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-96 Non-covered charge(s).
N431 Service is not covered with this procedure.

