

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 4  
DATE: 2025-05-09  
EFT #: 25125B1000148418064613322  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME HOEVE, CHERYL A				HIC	XYK997191146	ACNT	5823LMD642	ICN E18206199000				ASG Y	MOA	
1306898036	0414	041425	11	1	99213	25		146.00	85.63	0.00	0.00	CO-45	60.37	83.92
												CO-104	1.71	
1306898036	0414	041425	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-104	0.18	
1306898036	0414	041425	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-104	0.31	
1306898036	0414	041425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		191.00	109.98	0.00	0.00		83.22	107.78
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	107.78
STATUS CODE 1: Processed as Primary														

NAME WAICHUM, ELIZABETH				HIC XYK891489895 ACNT 5955LMD642				ICN E18227074600		ASG Y	MOA		
INSURED NAME: WAICHUM, ELIZABETH P													
1306898036	0421	042125	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
											CO-104	2.44	
1306898036	0421	042125	11	1	99497 33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
											CO-104	1.55	
1306898036	0421	042125	11	1	99397 25		341.00	0.00	0.00	0.00	CO-6	341.00	0.00
					REM: N517 N1								
1306898036	0421	042125	11	1	G0136 33		65.00	17.40	0.00	0.00	CO-45	47.60	17.05
											CO-104	0.35	
1306898036	0421	042125	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
											CO-104	0.12	
1306898036	0421	042125	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
											CO-104	0.10	
1306898036	0421	042125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-104	0.18	
1306898036	0421	042125	11	1	G0444 XU		91.00	0.00	0.00	0.00	CO-97	91.00	0.00
					REM: N1								
1306898036	0421	042125	11	1	G0442 XU		43.00	0.00	0.00	0.00	CO-97	43.00	0.00
					REM: N1								
1306898036	0421	042125	11	1	G0446 XU		30.00	0.00	0.00	0.00	CO-97	30.00	0.00
					REM: N1								
1306898036	0421	042125	11	1	G0557		94.10	47.05	0.00	0.00	CO-45	47.05	46.11
											CO-104	0.94	
1306898036	0421	042125	11	1	G2211		25.00	0.00	0.00	0.00	CO-B15	25.00	0.00
					REM: M51 N1								
1306898036	0421	042125	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0421	042125	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0421	042125	11	1	G9622		0.00	0.00	0.00	0.00			0.00
1306898036	0421	042125	11	1	1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0421	042125	11	1	1158F		0.00	0.00	0.00	0.00			0.00
1306898036	0421	042125	11	1	1160F		0.00	0.00	0.00	0.00			0.00
1306898036	0421	042125	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0421	042125	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0421	042125	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0421	042125	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0421	042125	11	1	3061F		0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS			1234.65	284.01	0.00	0.00			956.32	278.33
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE			0.00		NET	278.33
STATUS CODE 1: Processed as Primary													



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NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25125B1000148418064613322 PAGE #: 2 of 4

REMITTANCE

ADVICE

DATE: 2025-05-09

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HERBERT, JEFFREY D					HIC	XYK893930940	ACNT 5968LMD642			ICN E18227642400	ASG Y	MOA
1306898036	0421	042125	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16
											CO-104	2.22
											PR-3	10.00
1306898036	0421	042125	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-104	0.31
1306898036	0421	042125	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06
											CO-104	0.62
1306898036	0421	042125	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92
											CO-104	0.12
1306898036	0421	042125	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67
											CO-104	0.10
1306898036	0421	042125	11	1	3074F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	3078F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	3061F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	1160F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	2000F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	1159F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	2001F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	3008F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	1000F		0.00	0.00	0.00	0.00		
PT RESP	10.00				CLAIM	TOTALS	341.55	178.00	0.00	0.00		176.92
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET
STATUS CODE 1: Processed as Primary												164.63

NAME SKOWRONEK, ANDY E					HIC	XYK997106487	ACNT 6024LMD642			ICN E18232607200	ASG Y	MOA
1013940584	0423	042325	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16
											CO-104	2.42
1013940584	0423	042325	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-104	0.31
1013940584	0423	042325	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06
											CO-104	0.62
1013940584	0423	042325	11	1	99401	25	65.00	0.00	0.00	0.00	CO-181	65.00
					REM: M51							
1013940584	0423	042325	11	1	3008F		0.00	0.00	0.00	0.00		
1013940584	0423	042325	11	1	2001F		0.00	0.00	0.00	0.00		
1013940584	0423	042325	11	1	2000F		0.00	0.00	0.00	0.00		
1013940584	0423	042325	11	1	1000F		0.00	0.00	0.00	0.00		
1013940584	0423	042325	11	1	1159F		0.00	0.00	0.00	0.00		
1013940584	0423	042325	11	1	1160F		0.00	0.00	0.00	0.00		
PT RESP	0.00				CLAIM	TOTALS	374.00	167.04	0.00	0.00		210.31
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET
STATUS CODE 1: Processed as Primary												163.69

NAME WALMA, THOMAS A					HIC	XYK893665968	ACNT 6003LMD642			ICN E18234789200	ASG Y	MOA
1013940584	0422	042225	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16
											CO-104	2.22
											PR-3	10.00
1013940584	0422	042225	11	1	71046		68.20	30.57	30.57	0.00	CO-45	37.63
1013940584	0422	042225	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-104	0.31
1013940584	0422	042225	11	1	3008F		0.00	0.00	0.00	0.00		
1013940584	0422	042225	11	1	2001F		0.00	0.00	0.00	0.00		
1013940584	0422	042225	11	1	2000F		0.00	0.00	0.00	0.00		
1013940584	0422	042225	11	1	1000F		0.00	0.00	0.00	0.00		
1013940584	0422	042225	11	1	1159F		0.00	0.00	0.00	0.00		
1013940584	0422	042225	11	1	1160F		0.00	0.00	0.00	0.00		
PT RESP	40.57				CLAIM	TOTALS	312.20	166.67	30.57	0.00		158.06
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET
STATUS CODE 1: Processed as Primary												123.57

NAME MILLER, CAROL A					HIC	XYK892204815	ACNT 6056LMD642			ICN E18237954600	ASG Y	MOA
1013940584	0411	041125	11	1	G0180		99.42	0.00	0.00	0.00	PR-27	99.42
PT RESP	99.42				CLAIM	TOTALS	99.42	0.00	0.00	0.00		99.42
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET
STATUS CODE 1: Processed as Primary												0.00

NAME COOK, SUE A					HIC	XYK990597802	ACNT 6045LMD642			ICN E18238814900	ASG Y	MOA
1306898036	0421	042125	11	1	G0180		99.42	49.71	0.00	0.00	CO-45	49.71
											CO-104	0.99
PT RESP	0.00				CLAIM	TOTALS	99.42	49.71	0.00	0.00		50.70
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET
STATUS CODE 1: Processed as Primary												48.72



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BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25125B1000148418064613322 PAGE #: 3 of 4

REMITTANCE

ADVICE

DATE: 2025-05-09

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MILLER, TERRY L					HIC	XYK892204815	ACNT	6085LMD642		ICN	E18254294500	ASG Y	MOA	
1013940584	0428	042825	11	1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84	103.72
												CO-104	2.12	
												PR-3	15.00	
1013940584	0428	042825	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-104	0.31	
1013940584	0428	042825	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-104	0.62	
1013940584	0428	042825	11	1	99401	25		65.00	0.00	0.00	0.00	CO-181	65.00	0.00
						REM: M51								
1013940584	0428	042825	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-104	0.62	
1013940584	0428	042825	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	15.00				CLAIM	TOTALS		461.68	197.98	0.00	0.00		282.37	179.31
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	179.31
STATUS CODE 1: Processed as Primary														

NAME	VANLOO, JUDITH A					HIC	XYK993673462	ACNT	6106LMD642		ICN	E18254942200	ASG	Y	MOA
INSURED NAME:	VANLOO, JUDY A														
1013940584	0429	042925	11	1	99215	25			295.00	169.85	0.00	0.00	CO-45	125.15	166.45
													CO-104	3.40	
1013940584	0429	042925	11	1	93000				71.00	13.33	0.00	0.00	CO-45	57.67	13.06
													CO-104	0.27	
1013940584	0429	042925	11	1	G2211				25.00	15.26	0.00	0.00	CO-45	9.74	14.95
													CO-104	0.31	
1013940584	0429	042925	11	1	83036	QW			60.90	9.71	0.00	0.00	CO-45	51.19	9.52
													CO-104	0.19	
1013940584	0429	042925	11	1	G8420				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	2028F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	3044F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	3078F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	3008F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	2001F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	2000F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	1000F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	1159F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	1160F				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00								451.90	208.15	0.00	0.00		247.92	203.98
ADJ TO TOTAL: PREV PD									0.00				0.00	NET	203.98
STATUS CODE 1: Processed as Primary															

NAME	VANLOO, JOHN H					HIC	XYK993523643	ACNT	6092LMD642		ICN	E18256567600	ASG	Y	MOA
1013940584	0401	040125	11	1	36415				20.00	9.09	0.00	0.00	CO-45	10.91	8.91
													CO-104	0.18	
PT RESP	0.00								20.00	9.09	0.00	0.00		11.09	8.91
ADJ TO TOTAL: PREV PD									0.00				0.00	NET	8.91
STATUS CODE 1: Processed as Primary															

NAME	GRONDMAN, SCOTT A					HIC	XYH927303526	ACNT	6064LMD642		ICN	E18256762100	ASG	Y	MOA
INSURED NAME:	GRONDMAN, ATER T														
1306898036	0425	042525	11	1	99213				146.00	83.35	0.00	0.00	CO-45	62.65	0.00
													CO-24	63.35	
													PR-3	20.00	
1306898036	0425	042525	11	1	G8476				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	G8420				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	G8427				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	3008F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	2001F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	2000F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	1000F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	1159F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	1160F				0.00	0.00	0.00	0.00			0.00
PT RESP	20.00								146.00	83.35	0.00	0.00		146.00	0.00
ADJ TO TOTAL: PREV PD									0.00				0.00	NET	0.00
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ADVICE

DATE: 2025-05-09

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	KRZYWOS, DAVID R					HIC	XYH890598021	ACNT	6121LMD642		ICN	E18259790300	ASG	Y MOA
INSURED NAME:	KRZYWOS, JODI R													
1013940584	0430	043025	11	1	99396	25		327.00	139.99	0.00	0.00	CO-45	187.01	0.00
												CO-24	139.99	
1013940584	0430	043025	11	1	82043	QW		14.70	4.56	0.00	0.00	CO-45	10.14	4.56
1013940584	0430	043025	11	1	82570	QW		17.85	4.08	0.00	0.00	CO-45	13.77	4.08
1013940584	0430	043025	11	1	G0446	XU		65.00	39.31	0.00	0.00	CO-45	25.69	39.31
1013940584	0430	043025	11	1	36415			20.00	4.86	0.00	0.00	CO-45	15.14	0.00
												CO-24	4.86	
1013940584	0430	043025	11	1	G0447	XU		65.00	39.31	0.00	0.00	CO-45	25.69	39.31
1013940584	0430	043025	11	1	G0442	XU		30.00	29.48	0.00	0.00	CO-45	0.52	29.48
1013940584	0430	043025	11	1	G0444	XU		29.45	29.45	0.00	0.00			29.45
1013940584	0430	043025	11	1	G0136	33		65.00	29.48	29.48	0.00	CO-45	35.52	0.00
1013940584	0430	043025	11	1	G8417			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025	11	1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	29.48				CLAIM	TOTALS		634.00	320.52	29.48	0.00		458.33	146.19
ADJ TO TOTAL:	PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	NET	146.19
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
	12	4365.82	1774.50	60.05	0.00	2880.66	1425.11	0.00	1425.11

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

CO-104	Managed care withholding.
CO-181	Payment adjusted because this procedure code was invalid on the date of service
CO-24	Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-6	The procedure / revenue code is inconsistent with the patient's age.
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
CO-B15	Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.
M51	Missing / incomplete / invalid procedure code(s).
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.
N517	Resubmit a new claim with the requested information.
PR-1	Deductible Amount
PR-27	Expenses incurred after coverage terminated.
PR-3	Co-payment Amount

