

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED []
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: 2025-07-18
EFT #: 25195B1000242047065097263
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME	MARTIN, LOGAN T				HIC 91782322001	ACNT 7265LMD642			ICN E18504536400	ASG Y	MOA		
1013940584	0612	061225	11	1	99214		219.00	120.88	0.00	0.00	CO-45	98.12	0.00
											CO-24	95.88	
											PR-3	25.00	
1013940584	0612	061225	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	25.00				CLAIM TOTALS		219.00	120.88	0.00	0.00		219.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary													

NAME	MARTIN, LOGAN T				HIC 91782322001	ACNT 7279LMD642			ICN E18506063500	ASG Y	MOA		
1013940584	0702	070225	11	1	99213		146.00	84.25	0.00	0.00	CO-45	61.75	0.00
											CO-24	59.25	
											PR-3	25.00	
1013940584	0702	070225	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0702	070225	11	1	3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	25.00				CLAIM TOTALS		146.00	84.25	0.00	0.00		146.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary													

NAME	MARTIN, LOGAN T				HIC 91782322001	ACNT 7268LMD642			ICN E18512780100	ASG Y	MOA		
1013940584	0703	070325	11	1	99213 25		146.00	84.25	0.00	0.00	CO-45	61.75	0.00
											CO-24	59.25	
											PR-3	25.00	
1013940584	0703	070325	11	1	11104		188.00	152.16	152.16	0.00	CO-45	35.84	0.00
1013940584	0703	070325	11	1	G8476		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	G8420		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	G8427		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	3079F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	177.16				CLAIM TOTALS		334.00	236.41	152.16	0.00		181.84	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary													

NAME	WERMUTH, COLETTE E				HIC 89023211901	ACNT 7329LMD642			ICN E18517363100	ASG Y	MOA		
1013940584	0708	070825	11	1	99396 25		327.00	142.65	0.00	0.00	CO-45	184.35	0.00
											CO-24	142.65	
1013940584	0708	070825	11	1	G0136 33		65.00	29.81	29.81	0.00	CO-45	35.19	0.00
1013940584	0708	070825	11	1	36415		20.00	6.63	0.00	0.00	CO-45	13.37	6.63
1013940584	0708	070825	11	1	G0442 XU		30.00	27.72	0.00	0.00	CO-45	2.28	27.72
1013940584	0708	070825	11	1	G0444 XU		29.45	27.72	0.00	0.00	CO-45	1.73	27.72
1013940584	0708	070825	11	1	G8476		0.00	0.00	0.00	0.00			0.00
1013940584	0708	070825	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0708	070825	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0708	070825	11	1	G8510		0.00	0.00	0.00	0.00			0.00
1013940584	0708	070825	11	1	G9622		0.00	0.00	0.00	0.00			0.00
PT RESP	29.81				CLAIM TOTALS		471.45	234.53	29.81	0.00		379.57	62.07
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	62.07
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
	4	1170.45	676.07	181.97	0.00	926.41	62.07	0.00	62.07

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

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.



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NPI #: 1982923660 BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

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PR-1 Deductible Amount

PR-3 Co-payment Amount

REMITTANCE

ADVICE

DATE: 2025-07-18

