

UNITED HEALTHCARE INSURANCE COMPANY []
 HEALTH CARE ACCOUNT SERVICE CENTER
 EL PASO, TX 799981506
 (866)314-0335

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-07-02
 EFT #: SG16074200
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HOOKS, KYRA A			HIC 916321068	ACNT	7006LMD642			ICN 090270766904	ASG Y	MOA MA15 N520	
INSURED NAME: KEENA, SARAH J											
1013940584	0616	061625 99	1 99214 25			219.00	110.62	0.00	0.00	OA-23	110.62
1013940584	0616	061625 99	1 36415			20.00	1.80	0.00	0.00	OA-23	1.80
PT RESP		0.00	CLAIM TOTALS			239.00	112.42	0.00	0.00		112.42
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	112.42
STATUS CODE 2: Processed as Secondary											
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK		
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT		
	1	239.00	112.42	0.00	0.00	126.58	112.42	0.00	112.42		

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 N520 Alert: Payment made from a Consumer Spending Account.
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

