

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

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: 2025-05-05
EFT #: 158338443250506
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	BAGLEY, MICHAEL J				HIC	H73776705 00 ACNT	5899LMD642			ICN	820251230299635	ASG Y	MOA
1013940584	0416	041625	11	1	83036	QW	51.38	0.00	0.00	0.00	CO-45	51.38	0.00
						HCPI: RECONSIDERATION							
1013940584	0416	041625	11	1	83036	QW	9.52	0.00	0.00	0.00	OA-23	9.52	0.00
						HCPI: RECONSIDERATION							
1013940584	0416	041625	11	1	99214	25	24.17	24.17	0.00	0.00			24.17
						HCPI: RECONSIDERATION							
1013940584	0416	041625	11	1	99214	25	100.09	0.00	0.00	0.00	CO-45	100.09	0.00
						HCPI: RECONSIDERATION							
1013940584	0416	041625	11	1	99214	25	94.74	0.00	0.00	0.00	OA-23	94.74	0.00
						HCPI: RECONSIDERATION							
1013940584	0416	041625	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
1013940584	0416	041625	11	1	G2211		25.00	0.00	0.00	0.00	CO-45	25.00	0.00
						HCPI: RECONSIDERATION							
1013940584	0416	041625	11	1	99401	25	0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION							
PT RESP	0.00				CLAIM	TOTALS	304.90	24.17	0.00	0.00		280.73	24.17
ADJ TO TOTAL: PREV PD						INTEREST	0.00					NET	24.17
PLAN TYPE: MEDICARE SUPPLEMENT													
STATUS CODE 2: Processed as Secondary													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	304.90	24.17	0.00	0.00	280.73	24.17	0.00	24.17

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

