

UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-30
 EFT #: T3554278
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PARMER, TANYA F				HIC 982961129	ACNT 6215LMD642			ICN OEB3737733400	ASG Y	MOA	
1306898036	0506	050625	11	1	99213 25		146.00	85.63	0.00	0.00	CO-45	60.37
											CO-253	1.31
											PR-3	20.00
1306898036	0506	050625	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.30
1306898036	0506	050625	11	1	99401 25		65.00	0.00	0.00	0.00	PI-96	65.00
					REM: N174							
1306898036	0506	050625	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06
											CO-253	0.61
1306898036	0506	050625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0506	050625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		301.00	131.83	0.00	0.00		191.39
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 109.61
PLAN TYPE: AT&TINC.												
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
	1	301.00	131.83	0.00	0.00	191.39	109.61	0.00	109.61

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.
 PI-96 Non-covered charge(s).
 PR-3 Co-payment Amount

