

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: 2025-08-06
 EFT #: SG16234893
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME KEENA, SARAH J			HIC	916321068	ACNT	7651LMD642			ICN	090695079704	ASG Y	MOA	MA15 N520
1013940584	0724	072425	99	1	99213		146.00	74.71	0.00	0.00	OA-23	71.29	74.71
PT RESP	0.00				CLAIM TOTALS		146.00	74.71	0.00	0.00		71.29	74.71
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	74.71
STATUS CODE 2: Processed as Secondary													
TOTALS:	# OF		BILLED		ALLOWED		DEDUCT		COINS		TOTAL	PROV PD	PROV
	CLAIMS		AMT		AMT		AMT		AMT		RC-AMT	AMT	ADJ AMT
	1		146.00		74.71		0.00		0.00		71.29	74.71	0.00
													CHECK
													AMT
													74.71

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

