

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: 2025-03-12
 NONPAY #: W315882343
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KEENA, DANIEL K			HIC 975771157		ACNT	4936LMD642				ICN EX65485289	0135237077	ASG Y MOA MA15
1013940584	0221	022125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	11	1	G9621		0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD							0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME KEENA, DANIEL K			HIC 975771157		ACNT	4936LMD642				ICN EX65485289	0135237085	ASG Y MOA MA15
1013940584	0221	022125	11	1	96127 XU		40.00	6.06	6.06	0.00	CO-45	33.94 0.00
PT RESP		6.06			CLAIM TOTALS		40.00	6.06	6.06	0.00		33.94 0.00
ADJ TO TOTAL: PREV PD							0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME FENNEMA, NICHOLAS R			HIC 939020586		ACNT	4813LMD642				ICN EX71029083	0225034674	ASG Y MOA MA15
1013940584	0217	021725	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD							0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME FENNEMA, NICHOLAS R			HIC 939020586		ACNT	4813LMD642				ICN EX71029083	0225034682	ASG Y MOA MA15
1013940584	0217	021725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD							0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: CHOYC												
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	40.00	6.06	6.06	0.00	33.94	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 PR-1 Deductible Amount

