

UNITEDHEALTHCARE COMMUNITY PLAN INC []
MICHIGAN
KINGSTON, NY 124025280
(888)478-4760

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE
7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-06-13
EFT #: 25162B1000766191
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME PEPIN, JOSEFINA A			HIC 132012313		ACNT 6385LMD642		ICN RA7223359700			ASG Y		MOA M15	
INSURED NAME: PEPIN, CESAR A													
1306898036	0514	051425	11	1	99396	25	327.00	123.42	0.00	0.00	CO-45	203.58	123.42
			(M1)										
1306898036	0514	051425	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-97	65.00	0.00
			(M2)			REM: M15							
1306898036	0514	051425	11	1	G0136	33	65.00	19.54	0.00	0.00	CO-45	45.46	19.54
			(M3)										
1306898036	0514	051425	11	1	36415		20.00	1.80	0.00	0.00	CO-45	18.20	0.80
			(M4)								PR-3	1.00	
1306898036	0514	051425	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-97	30.00	0.00
			(M5)			REM: M15							
1306898036	0514	051425	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-97	29.45	0.00
			(M6)			REM: M15							
1306898036	0514	051425	11	1	3074F		0.00	0.00	0.00	0.00			0.00
			(M7)										
1306898036	0514	051425	11	1	3078F		0.00	0.00	0.00	0.00			0.00
			(M8)										
1306898036	0514	051425	11	1	3008F		0.00	0.00	0.00	0.00			0.00
			(M9)										
1306898036	0514	051425	11	1	2001F		0.00	0.00	0.00	0.00			0.00
			(M10)										
1306898036	0514	051425	11	1	2000F		0.00	0.00	0.00	0.00			0.00
			(M11)										
1306898036	0514	051425	11	1	1000F		0.00	0.00	0.00	0.00			0.00
			(M12)										
1306898036	0514	051425	11	1	1159F		0.00	0.00	0.00	0.00			0.00
			(M13)										
1306898036	0514	051425	11	1	1160F		0.00	0.00	0.00	0.00			0.00
			(M14)										
1306898036	0514	051425	11	1	G8510		0.00	0.00	0.00	0.00			0.00
			(M15)										
1306898036	0514	051425	11	1	G9622		0.00	0.00	0.00	0.00			0.00
			(M16)										
PT RESP		1.00		CLAIM TOTALS			536.45	144.76	0.00	0.00		392.69	143.76
ADJ TO TOTAL: PREV PD					INTEREST			0.00	LATE FILING CHARGE		0.00	NET	143.76
PLAN TYPE: UHC SILVER-C ADVANTAGE+													
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	536.45	144.76	0.00	0.00	392.69	143.76	0.00	143.76

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
M15 Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
PR-3 Co-payment Amount

