

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: 2025-06-20
 EFT #: W326322480
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SNYDER, JOSEPH A		HIC	913674811	ACNT	3916LMD642			ICN	EW52307479	0069187305	ASG Y MOA MA15
1306898036	0103 010325 11	1	96127 XU			-40.00	0.00	-6.06	0.00	CO-45	-33.94	0.00
1306898036	0103 010325 11	1	96127 XU			-40.00	0.00	-6.06	0.00	CO-45	-33.94	0.00
1306898036	0103 010325 11	1	G2211			-25.00	0.00	0.00	0.00	CO-45	-5.06	0.00
										PR-3	-19.94	
1306898036	0103 010325 11	1	36415			-15.00	0.00	-1.26	0.00	CO-45	-13.74	0.00
PT RESP	0.00		CLAIM TOTALS			-120.00	0.00	-13.38	0.00		-106.62	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: CHOYC+												
STATUS CODE 22: Reversal of Previous Payment												

NAME	SNYDER, JOSEPH A		HIC	913674811	ACNT	3916LMD642			ICN	EW52307479	0079720432	ASG Y MOA MA15
1306898036	0103 010325 11	1	96127 XU			40.00	6.06	6.06	0.00	CO-45	33.94	0.00
1306898036	0103 010325 11	1	96127 XU			40.00	6.06	6.06	0.00	CO-45	33.94	0.00
1306898036	0103 010325 11	1	G2211			25.00	19.94	0.00	0.00	CO-45	5.06	19.94
1306898036	0103 010325 11	1	36415			15.00	1.26	1.26	0.00	CO-45	13.74	0.00
PT RESP	13.38		CLAIM TOTALS			120.00	33.32	13.38	0.00		86.68	19.94
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET	19.94
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
	2	0.00	33.32	0.00	0.00	-19.94	19.94	0.00	19.94

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
 PR-3 Co-payment Amount

