

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-05-01
NONPAY #: NO-PAY-202505010018615
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BRAUN, LORI A					HIC H76885218	ACNT 5766LMD642				ICN 820251200791605	ASG Y MOA	
1013940584	0409	040925	11	1	G0439		361.00	0.00	0.00	0.00	PI-252 361.00	0.00
						REM: N4 N16						
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	99214	25	219.00	0.00	0.00	0.00	PI-252 219.00	0.00
						REM: N4 N16						
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	G2211		25.00	0.00	0.00	0.00	PI-252 25.00	0.00
						REM: N4 N16						
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	99497	33	155.32	0.00	0.00	0.00	PI-252 155.32	0.00
						REM: N4 N16						
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	G0136	33	34.80	0.00	0.00	0.00	PI-252 34.80	0.00
						REM: N4 N16						
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	G0447	XU	65.00	0.00	0.00	0.00	PI-252 65.00	0.00
						REM: N4 N16						
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	G0446	XU	61.88	0.00	0.00	0.00	PI-252 61.88	0.00
						REM: N4 N16						
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	G0444	XU	29.45	0.00	0.00	0.00	PI-252 29.45	0.00
						REM: N4 N16						
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	G0442	XU	30.00	0.00	0.00	0.00	PI-252 30.00	0.00
						REM: N4 N16						
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	82043	QW	14.70	0.00	0.00	0.00	PI-252 14.70	0.00
						REM: N4 N16						
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	82570	QW	17.85	0.00	0.00	0.00	PI-252 17.85	0.00
						REM: N4 N16						
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	3079F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	G8417		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	G9621		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	1158F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	3060F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	2010F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	1494F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	1220F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0409	040925	11	1	1170F		0.00	0.00	0.00	0.00		0.00



HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601 2 of 2
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #:
DATE: 2025-05-01
NONPAY #: NO-PAY-202505010018615
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
1013940584	0409	040925	11	1	1158F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	11	1	3011F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	11	1	3016F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		1014.00	0.00	0.00	0.00	1014.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: MEDICARE SUPPLEMENT												
STATUS CODE 2: Processed as Secondary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1014.00	0.00	0.00	0.00	1014.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
N16 Family / member Out-of-Pocket maximum has been met. Payment based on a higher percentage.
N4 Missing / incomplete / invalid prior insurance carrier EOB.
PI-252 An attachment / other documentation is required to adjudicate this claim / service. Check Remittance Remark Codes for details.

