

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED []
 441 E. JEFFERSON
 DETROIT, MI 48226
 (000)000-0000

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
 7740 BYRON CENTER AVE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 2
 DATE: 2025-04-13
 NONPAY #: 25104B100028285100
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MARTIN, HARPER L			HIC		XYS917823220 ACNT		5399LMD642		ICN E18103563300		ASG Y	MOA
INSURED NAME: MARTIN, LOGAN T												
1013940584	1217	121724	11	-1	99393		-270.00	0.00	0.00	0.00	CO-97	-270.00 0.00
REM: N1												
1013940584	1217	121724	11	-1	90651		-311.00	0.00	0.00	0.00	CO-45	-6.50 -304.50
1013940584	1217	121724	11	-1	90461		-20.00	0.00	0.00	0.00	CO-107	-20.00 0.00
REM: N1												
1013940584	1217	121724	11	-1	97802		-69.42	0.00	0.00	0.00	CO-97	-69.42 0.00
REM: N19 N1												
1013940584	1217	121724	11	-1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1217	121724	11	-1	3079F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM		TOTALS		-670.42	0.00	0.00	0.00		-365.92 -304.50
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	-304.50
STATUS CODE 22: Reversal of Previous Payment												

NAME MARTIN, HARPER L				HIC				XYS917823220				ACNT		5399LMD642		ICN E18103563301				ASG Y		MOA	
INSURED NAME: MARTIN, LOGAN T																							
1013940584 1217 121724 11				1 99393 25				270.00		111.79		0.00		0.00		CO-45		158.21		0.00			
																CO-24		111.79					
1013940584 1217 121724 11				1 90651				311.00		304.50		0.00		0.00		CO-45		6.50		304.50			
1013940584 1217 121724 11				1 90461				20.00		0.00		0.00		0.00		CO-107		20.00		0.00			
				REM: N1																			
1013940584 1217 121724 11				1 97802				69.42		0.00		0.00		0.00		CO-97		69.42		0.00			
				REM: N19 N1																			
1013940584 1217 121724 11				1 3074F				0.00		0.00		0.00		0.00						0.00			
1013940584 1217 121724 11				1 3079F				0.00		0.00		0.00		0.00						0.00			
PT RESP 0.00				CLAIM		TOTALS		670.42		416.29		0.00		0.00				365.92		304.50			
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING		CHARGE		0.00		NET		304.50							
STATUS CODE 1: Processed as Primary																							

NAME GENSLER, JACKIE L				HIC				XYS892924065				ACNT		5736LMD642		ICN E18180479300				ASG Y		MOA									
INSURED NAME: GENSLER, DERRICK J																															
1306898036				0408		040825		11		1		99214		25		219.00		60.44		0.00		0.00		CO-B10		158.56		0.00			
REM: M80 N1																						CO-24		35.44							
																						PR-3		25.00							
1306898036				0408		040825		11		1		99401		33		65.00		0.00		0.00		0.00		CO-B14		65.00		0.00			
REM: N1																															
1306898036				0408		040825		11		1		G0447		XU		0.00		0.00		0.00		0.00						0.00			
1306898036				0408		040825		11		1		3078F				0.00		0.00		0.00		0.00						0.00			
1306898036				0408		040825		11		1		3074F				0.00		0.00		0.00		0.00						0.00			
1306898036				0408		040825		11		1		3008F				0.00		0.00		0.00		0.00						0.00			
1306898036				0408		040825		11		1		2001F				0.00		0.00		0.00		0.00						0.00			
1306898036				0408		040825		11		1		2000F				0.00		0.00		0.00		0.00						0.00			
1306898036				0408		040825		11		1		1000F				0.00		0.00		0.00		0.00						0.00			
1306898036				0408		040825		11		1		1159F				0.00		0.00		0.00		0.00						0.00			
1306898036				0408		040825		11		1		1160F				0.00		0.00		0.00		0.00						0.00			
PT RESP				25.00		CLAIM TOTALS				284.00		60.44		0.00		0.00		0.00		0.00				284.00				0.00			
ADJ TO TOTAL: PREV PD												INTEREST				0.00				LATE FILING CHARGE				0.00				NET		0.00	
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
	3	284.00	476.73	0.00	0.00	284.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

- CO-107 Claim / service adjusted because the related or qualifying claim / service was not identified on this claim.
- CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
- 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
- CO-B10 Allowed amount has been reduced because a component of the basic procedure / test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure / test.



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CO-B14 Payment denied because only one visit or consultation per physician per day is covered.
M80 Not covered when performed during the same session / date as a previously processed service for the patient.

N1 Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.

N19 Procedure code incidental to primary procedure.

PR-3 Co-payment Amount

