

BLUE CARE NETWORK OF MICHIGAN []
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 1
DATE: 2025-07-11
EFT #: 25188B1000141921064683347
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BATDORFF, HOLLYN			HIC XYHM05572156		ACNT	6661LMD642	ICN E18363983600		ASG Y	MOA		
INSURED NAME: NOT MEMBER, PATIENT												
1013940584	0528	052825	11	1	99381		256.00	0.00	0.00	0.00	CO-31	256.00 0.00
1013940584	0528	052825	11	1	G8420		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		256.00	0.00	0.00	0.00		256.00 0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 0.00
STATUS CODE 1: Processed as Primary												

NAME STUTZMAN, JOSHUA A			HIC XYHM64162523		ACNT	6979LMD642	ICN E18476546600		ASG Y	MOA		
INSURED NAME: STUTZMAN, JANELLE A												
1306898036	0616	061625	11	1	99213		146.00	83.35	0.00	0.00	CO-45	62.65 83.35
1306898036	0616	061625	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	0616	061625	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0616	061625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0616	061625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		146.00	83.35	0.00	0.00		62.65 83.35
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 83.35
STATUS CODE 1: Processed as Primary												

NAME ALBERDA, DONALD K			HIC XYK894141033		ACNT	7198LMD642	ICN E18488179900		ASG Y	MOA		
1013940584	0627	062725	11	1	99213		146.00	85.63	0.00	0.00	CO-45	60.37 83.92
												CO-104 1.71
1013940584	0627	062725	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74 14.95
												CO-104 0.31
1013940584	0627	062725	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		171.00	100.89	0.00	0.00		72.13 98.87
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 98.87
STATUS CODE 1: Processed as Primary												

NAME MERRITT, DENNIS R			HIC XYK991672189		ACNT	7247LMD642	ICN E18493067400		ASG Y	MOA		
1306898036	0603	060325	11	1	G0180		99.42	49.71	0.00	0.00	CO-45	49.71 48.72
												CO-104 0.99
PT RESP		0.00			CLAIM TOTALS		99.42	49.71	0.00	0.00		50.70 48.72
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 48.72
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	672.42	233.95	0.00	0.00	441.48	230.94	0.00	230.94

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-104 Managed care withholding.
CO-31 Claim denied as patient cannot be identified as our insured.
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

