

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 4  
DATE: 2025-04-25  
EFT #: 25111B1000140920064597977  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME SCHNEPP, ROSE M				HIC	XYK919440096	ACNT	5668LMD642		ICN E18170115100	ASG Y	MOA		
1013940584	0403	040325	11	1	99213	25	146.00	85.63	0.00	0.00	CO-45	60.37	69.22
											CO-104	1.41	
											PR-3	15.00	
1013940584	0403	040325	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	5.66
											CO-104	0.12	
1013940584	0403	040325	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	5.08
											CO-104	0.10	
1013940584	0403	040325	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74	14.95
											CO-104	0.31	
1013940584	0403	040325	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-104	0.62	
1013940584	0403	040325	11	1	99401	33	65.00	0.00	0.00	0.00	CO-181	65.00	0.00
					REM: M51								
1013940584	0403	040325	11	1	G0446	XU	61.88	30.94	0.00	0.00	CO-45	30.94	30.32
											CO-104	0.62	
1013940584	0403	040325	11	1	3060F		0.00	0.00	0.00	0.00			0.00
1013940584	0403	040325	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0403	040325	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0403	040325	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0403	040325	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0403	040325	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0403	040325	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	15.00				CLAIM TOTALS		395.43	173.73	0.00	0.00		239.88	155.55
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	155.55
STATUS CODE 1: Processed as Primary													

NAME VANLOO, JUDITH A				HIC XYK993673462 ACNT 5741LMD642				ICN E18181027700		ASG Y	MOA		
INSURED NAME: VANLOO, JUDY A													
1013940584	0408	040825	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16	118.42
											CO-104	2.42	
1013940584	0408	040825	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	5.66
											CO-104	0.12	
1013940584	0408	040825	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	5.08
											CO-104	0.10	
1013940584	0408	040825	11	1	G0446	XU	61.88	30.94	0.00	0.00	CO-45	30.94	30.32
											CO-104	0.62	
1013940584	0408	040825	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74	14.95
											CO-104	0.31	
1013940584	0408	040825	11	1	3061F		0.00	0.00	0.00	0.00			0.00
1013940584	0408	040825	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0408	040825	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0408	040825	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0408	040825	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0408	040825	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0408	040825	11	1	1160F		0.00	0.00	0.00	0.00			0.00
1013940584	0408	040825	11	1	3077F		0.00	0.00	0.00	0.00			0.00
1013940584	0408	040825	11	1	3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		338.43	178.00	0.00	0.00		164.00	174.43
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	174.43
STATUS CODE 1: Processed as Primary													



## BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25111B1000140920064597977 PAGE #: 2 of 4

REMITTANCE

ADVICE

DATE: 2025-04-25

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANLOO, JOHN H HIC XYK993523643 ACNT 5740LMD642 ICN E18184232100 ASG Y MOA												
1013940584	0408	040825	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	118.42
CO-104 98.16												
CO-96 2.42												
1013940584	0408	040825	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-96	0.00
REM: N386 N1												
1013940584	0408	040825	11	1	G0446	XU	61.88	30.94	0.00	0.00	CO-45	30.32
CO-104 0.62												
1013940584	0408	040825	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	14.95
CO-104 9.74												
CO-104 0.31												
1013940584	0408	040825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0408	040825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0408	040825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		335.33	167.04	0.00	0.00		163.69
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	NET 163.69
STATUS CODE 1: Processed as Primary												

NAME MOORE, AARON HIC XYH910945185 ACNT 5301LMD642 ICN E18187791000 ASG Y MOA												
INSURED NAME: MOORE, RONALD												
1013940584	1127	112724	11	1	99213		146.00	0.00	0.00	0.00	CO-18	0.00
1013940584	1127	112724	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	1127	112724	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		146.00	0.00	0.00	0.00		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 ARTIS, KENNETH HIC XYK993555075 ACNT 5792LMD642 ICN E18192396200 ASG Y MOA												
INSURED NAME: ARTIS SR, KENNETH												
1306898036	0411	041125	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	119.41
CO-104 2.44												
1306898036	0411	041125	11	1	99396	25	327.00	131.19	0.00	0.00	CO-45	128.57
CO-104 2.62												
1306898036	0411	041125	11	1	G2211		25.00	0.00	0.00	0.00	CO-B15	0.00
REM: M51 N1												
1306898036	0411	041125	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	30.32
CO-104 0.62												
1306898036	0411	041125	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	30.32
CO-104 0.62												
1306898036	0411	041125	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-45	15.90
CO-104 0.32												
1306898036	0411	041125	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	15.90
CO-104 0.32												
1306898036	0411	041125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	8.91
CO-104 0.18												
1306898036	0411	041125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0411	041125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0411	041125	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0411	041125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0411	041125	11	1	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		922.45	356.45	0.00	0.00		349.33
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	NET 349.33
STATUS CODE 1: Processed as Primary												

NAME COOK, JACK E HIC XYK893691287 ACNT 5804LMD642 ICN E18199308700 ASG Y MOA												
1306898036	0411	041125	11	1	96372		45.00	13.25	0.00	0.00	CO-45	12.98
CO-104 0.27												
PT RESP	0.00				CLAIM TOTALS		45.00	13.25	0.00	0.00		12.98
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	NET 12.98
STATUS CODE 1: Processed as Primary												



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	MARTZ,	AMANDA	C			HIC	M0768614101	ACNT	5852LMD642		ICN	E18202219700	ASG	Y
1306898036	0415	041525	11	1	99214	25		219.00	60.44	0.00	0.00	CO-B10	158.56	0.00
							REM: M80 N1					CO-24	30.44	
												PR-3	30.00	
1306898036	0415	041525	11	1	G0447	XU		65.00	39.31	0.00	0.00	CO-45	25.69	39.31
1306898036	0415	041525	11	1	99401	25		65.00	0.00	0.00	0.00	CO-B14	65.00	0.00
							REM: N1							
1306898036	0415	041525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.00					CLAIM	TOTALS	349.00	99.75	0.00	0.00		309.69	39.31
ADJ TO TOTAL:	PREV	PD				INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	39.31
STATUS CODE 1: Processed as Primary														

NAME MERRITT, DENNIS R	HIC	XYK991672189	ACNT	5821LMD642	ICN	E18202221700	ASG	Y	MOA	
1306898036 0414 041425 11	1	99214		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
								CO-104	2.42	
1306898036 0414 041425 11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74	14.95
								CO-104	0.31	
1306898036 0414 041425 11	1	3075F		0.00	0.00	0.00	0.00			0.00
1306898036 0414 041425 11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036 0414 041425 11	1	1036F		0.00	0.00	0.00	0.00			0.00
1306898036 0414 041425 11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036 0414 041425 11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036 0414 041425 11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036 0414 041425 11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036 0414 041425 11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036 0414 041425 11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP 0.00		CLAIM TOTALS		244.00	136.10	0.00	0.00		110.63	133.37
ADJ TO TOTAL: PREV PD		INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	133.37
STATUS CODE 1: Processed as Primary										

NAME COON, STEVEN J				HIC M0102477501	ACNT 5879LMD642	ICN E18203787800		ASG Y	MOA		
1013940584	0416	041625	11	1 99386 25	388.00	0.00	0.00	0.00	CO-273	388.00	0.00
				REM: M13 N1							
1013940584	0416	041625	11	1 36415	20.00	4.86	0.00	0.00	CO-45	15.14	0.00
				CO-24 4.86							
1013940584	0416	041625	11	1 G0136 33	34.80	29.48	0.00	8.84	CO-45	5.32	20.64
1013940584	0416	041625	11	1 96127 XU	40.00	7.25	0.00	0.00	CO-45	32.75	7.25
1013940584	0416	041625	11	1 96160 XU	25.00	0.00	0.00	0.00	CO-97	25.00	0.00
				REM: N1							
1013940584	0416	041625	11	1 G8420	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1 3074F	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1 3079F	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1 G9621	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1 G8510	0.00	0.00	0.00	0.00			0.00
PT RESP		8.84		CLAIM TOTALS		507.80	41.59	0.00	8.84	471.07	27.89
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE		0.00	NET	27.89
STATUS CODE 1: Processed as Primary											

NAME WALMA, SHARON K	HIC	XYK893665968	ACNT	5819LMD642		ICN	E18204661000	ASG	Y	MOA	
1013940584 0324 032425 11	1	36415		20.00	9.09	0.00	0.00	CO-45		10.91	8.91
								CO-104		0.18	
PT RESP 0.00		CLAIM TOTALS		20.00	9.09	0.00	0.00			11.09	8.91
ADJ TO TOTAL: PREV PD		INTEREST		0.00				0.00		NET	8.91
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
	10	3303.44	1175.00	0.00	8.84	2229.14	1065.46	0.00	1065.46

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

CO-104 Managed care withholding.

CO-104 managed care withholding.  
CO-18 Duplicate claim / service.

CO-181 Payment adjusted because this procedure code was invalid on the date of service

CO-181	Payment adjusted because this procedure code was invalid on the date of service
CO-24	Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

CO-273 Coverage/program guidelines were exceeded.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-45	Charge exceeds fee schedule.
CO-96	Non-covered charge(s).

CO-96 Non-covered charges? /  
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



BLUE CARE NETWORK OF MICHIGAN

REMITTANCE

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

ADVICE

EFT #: 25111B1000140920064597977 PAGE #: 4 of 4

DATE: 2025-04-25

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.

CO-B14 Payment denied because only one visit or consultation per physician per day is covered.

CO-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.

M13 Only one initial visit is covered per specialty per medical group.

M51 Missing / incomplete / invalid procedure code(s).

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.

N386 This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact the contractor to request a copy of the NCD.

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

