

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
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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 1
DATE: 2025-05-05
EFT #: 158338444250506
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BAAS, RAY E				HIC	H62919352	ACNT	5445LMD642		ICN	820251140629901	ASG Y MOA
1013940584	0324	032425	11	1	1160F			0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253 2.42 CO-45 98.16
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	G2211			25.00	15.26	0.00	0.00	CO-253 0.31 CO-45 9.74
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-253 0.62 CO-45 34.06
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	G0447	XU		65.00	0.00	0.00	0.00	CO-96 65.00
						REM: N115 N386						
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	36415			20.00	9.09	0.00	0.00	CO-253 0.18 CO-45 10.91
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	99401	25		65.00	0.00	0.00	0.00	CO-96 65.00
						REM: N431						
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	3075F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	3079F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	3008F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	2001F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	2000F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	1000F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1013940584	0324	032425	11	1	1159F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
PT RESP		0.00			CLAIM	TOTALS		459.00	176.13	0.00	0.00	286.40
ADJ TO TOTAL: PREV PD					INTEREST			0.00				172.60
PLAN TYPE: MEDICARE ADVANTAGE PPO												
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
	1	459.00	176.13	0.00	0.00	286.40	172.60	0.00	172.60

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

CO-253	Sequestration - reduction in federal spending
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-96	Non-covered charge(s).
N115	This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD). An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at http://www.cms.hhs.gov/mcd , or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.
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.
N431	Service is not covered with this procedure.

