

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 1  
DATE: 2025-07-05  
EFT #: 162697165250706  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SEVIGNY, DONALD A				HIC	H71343606	ACNT	7199LMD642		ICN	820251820672807	ASG Y MOA
1013940584	0627	062725	11	1	3078F			0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0627	062725	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253 2.42 CO-45 98.16
						HCPI: RECONSIDERATION						
1013940584	0627	062725	11	1	G2211			25.00	15.26	0.00	0.00	CO-253 0.31 CO-45 9.74
						HCPI: RECONSIDERATION						
1013940584	0627	062725	11	1	0513F			0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0627	062725	11	1	3074F			0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
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
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	244.00	136.10	0.00	0.00	110.63	133.37	0.00	133.37			

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.

