

UNITED HEALTHCARE INSURANCE COMPANY []  
9900 BREN ROAD  
MINNETONKA, MN 553439664  
(877)842-3210

REMITTANCE  
ADVICE

BYRON CENTER FAMILY MEDICINE  
7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 2  
DATE: 2025-07-09  
NONPAY #: W328303703  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PITSCH, JOHN K				HIC 970325315	ACNT 6875LMD642			ICN FE05198780	0148545716	ASG Y	MOA MA15
INSURED NAME: PITSCH, JOYCE E												
1013940584	0609	060925	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
						REM: M80						
1013940584	0609	060925	11	1	G0557		94.10	0.00	0.00	0.00	CO-234	94.10 0.00
						REM: M80						
PT RESP	0.00				CLAIM TOTALS		119.10	0.00	0.00	0.00		119.10 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME	PITSCH, JOHN K				HIC 970325315	ACNT 6875LMD642			ICN FE05198780	0148545725	ASG Y	MOA MA15
INSURED NAME: PITSCH, JOYCE E												
1013940584	0609	060925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	G9621		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME	PITSCH, JOHN K				HIC 970325315	ACNT 6875LMD642			ICN FE05198780	0148545731	ASG Y	MOA MA15
INSURED NAME: PITSCH, JOYCE E												
1013940584	0609	060925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	3044F		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	2022F		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	G8756		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	G8427		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME	PITSCH, JOHN K				HIC 970325315	ACNT 6875LMD642			ICN FE05198780	0148545733	ASG Y	MOA MA15
INSURED NAME: PITSCH, JOYCE E												
1013940584	0609	060925	11	1	G8968		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME	ROWLAND, BRENT W				HIC 968915689	ACNT 7153LMD642			ICN FE05198781	0102059458	ASG Y	MOA MA15
1013940584	0625	062525	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0625	062525	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0625	062525	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0625	062525	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0625	062525	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												

NAME	ROWLAND, BRENT W				HIC 968915689	ACNT 7153LMD642			ICN FE05198781	0102059460	ASG Y	MOA MA15
1013940584	0625	062525	11	1	G0447 XU		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												



## UNITED HEALTHCARE INSURANCE COMPANY

NPI #: 1982923660

NONPAY #: W328303703

BYRON CENTER FAMILY MEDICINE

PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-07-09

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BULTMAN, NICOLE R		HIC	993840508	ACNT	7161LMD642			ICN	FE05198783	0343705097	ASG Y MOA MA15
1013940584	0625 062525 11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0625 062525 11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0625 062525 11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0625 062525 11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0625 062525 11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0625 062525 11	1	1159F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	CHOYC+											
STATUS CODE 1: Processed as Primary												

NAME	BULTMAN, NICOLE R		HIC	993840508	ACNT	7161LMD642			ICN	FE05198783	0343705098	ASG Y MOA MA15
1013940584	0625 062525 11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	CHOYC+											
STATUS CODE 1: Processed as Primary												

NAME	BULTMAN, NICOLE R		HIC	993840508	ACNT	7161LMD642			ICN	FE05198783	0343705100	ASG Y MOA MA15
1013940584	0625 062525 11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	CHOYC+											
STATUS CODE 1: Processed as Primary												

NAME	BULTMAN, NICOLE R		HIC	993840508	ACNT	7160LMD642			ICN	FE07837129	0343782555	ASG Y MOA MA15
1013940584	0603 060325 11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0603 060325 11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0603 060325 11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0603 060325 11	1	G8431			0.00	0.00	0.00	0.00			0.00
1013940584	0603 060325 11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0603 060325 11	1	G8417			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	CHOYC+											
STATUS CODE 1: Processed as Primary												

NAME	BULTMAN, NICOLE R		HIC	993840508	ACNT	7160LMD642			ICN	FE07837129	0343782560	ASG Y MOA MA15
1013940584	0603 060325 11	1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0603 060325 11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0603 060325 11	1	4004F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	CHOYC+											
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
	11	119.10	0.00	0.00	0.00	119.10	0.00	0.00	0.00

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

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

M80 Not covered when performed during the same session / date as a previously processed service for the patient.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

