

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: 2025-07-02  
NONPAY #: W327528759  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HOOKS, KYRA A			HIC 916321068		ACNT	7005LMD642		ICN FD82685249	0127003578	ASG Y	MOA MA15
INSURED NAME: KEENA, SARAH J											
1013940584	0210	021025	11	1	99213	146.00	0.00	0.00	0.00	CO-29	146.00 0.00
PT RESP	0.00	CLAIM TOTALS				146.00	0.00	0.00	0.00	146.00	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 HOOKS, KYRA A			HIC 916321068		ACNT	7005LMD642		ICN FD82685249	0127003579	ASG Y	MOA MA15
INSURED NAME: KEENA, SARAH J											
1013940584	0210	021025	11	1	G8420	0.00	0.00	0.00	0.00		0.00
1013940584	0210	021025	11	1	3074F	0.00	0.00	0.00	0.00		0.00
1013940584	0210	021025	11	1	3078F	0.00	0.00	0.00	0.00		0.00
1013940584	0210	021025	11	1	1036F	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 WARNERS, KATHLEEN M			HIC 976808179		ACNT	6912LMD642		ICN FD77561113	0138811649	ASG Y	MOA MA15
INSURED NAME: WARNERS, DONALD G											
1306898036	0611	061125	11	1	G8420	0.00	0.00	0.00	0.00		0.00
1306898036	0611	061125	11	1	3074F	0.00	0.00	0.00	0.00		0.00
1306898036	0611	061125	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 HOOKS, KYRA A			HIC 916321068		ACNT	7006LMD642		ICN FD82685251	0127073319	ASG Y	MOA MA15 N367
INSURED NAME: KEENA, SARAH J											
1013940584	0616	061625	11	1	99214 25	219.00	110.62	110.62	0.00	CO-45	108.38 0.00
1013940584	0616	061625	11	1	36415	20.00	1.80	1.80	0.00	CO-45	18.20 0.00
PT RESP	112.42	CLAIM TOTALS				239.00	112.42	112.42	0.00	126.58	0.00
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: CHOYC+											
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)											
CLAIM INFORMATION FORWARDED TO: UNITED HEALTHCARE SERVICESINC.											

NAME HOOKS, KYRA A			HIC 916321068		ACNT	7006LMD642		ICN FD82685251	0127073323	ASG Y	MOA MA15
INSURED NAME: KEENA, SARAH J											
1013940584	0616	061625	11	1	3074F	0.00	0.00	0.00	0.00		0.00
1013940584	0616	061625	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	7156LMD642		ICN FE01132501	0148522770	ASG Y	MOA
INSURED NAME: PITSCH, JOYCE E											
1013940584	0609	060925	11	1	99499	0.01	0.00	0.00	0.00	CO-45	0.01 0.00
PT RESP	0.00	CLAIM TOTALS				0.01	0.00	0.00	0.00	0.01	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
	6	385.01	112.42	112.42	0.00	272.59	0.00	0.00	0.00

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

CO-29 The time limit for filing has expired.

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



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BYRON CENTER FAMILY MEDICINE

ADVICE

NONPAY #: W327528759

PAGE #: 2 of 2

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

N367 Alert: The claim information has been forwarded to a Consumer Spending Account processor for review; for example, flexible spending account or health savings account.

PR-1 Deductible Amount

