1.80

BYRON CENTER FAMILY MEDICINE 7740 BYRON CENTER AVE SUITE 202

1

20.00

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-14
EFT #: G05082500511
TAX ID #: 272620668

0.00

1.80

REND P	PROV	SERV	DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP	/RC-AM	ſΤ	PROV PD
NAME K	COOLEN	GA,	JANINE		HIC	059903	1991	ACNT	6158LMD64	2	ICN :	25127-4508	37-00	ASG	Y MOA	
130689	8036	0502	050225	11	1	36415			20.00	1.80	0.00	0.00	CO-	45	18.20	1.80
PT RES	3P	0.0	00			CLAIM :	TOTALS		20.00	1.80	0.00	0.00			18.20	1.80
ADJ TO TOTAL: PREV PD						INTEREST			0.00	LATE	FILING	CHARGE		0.00	NET	1.80
STATUS	STATUS CODE 1: Processed as Primary															
TOTALS:	3:	# OF	В	LLLEI		ALLO	WED	DEDU	JCT	COINS	TOTAL	PROV	PD	F	PROV	CHECK
	C	LAIM	S 2	TMA		AM:	Г	AMT	ľ	AMT	RC-AMT	AMT		AI	J AMT	AMT

0.00

18.20

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

1.80

0.00