

HUMANA INC. []
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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: 2025-08-18
EFT #: 165781083250819
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	HEIMBACH, CAROLYN S		HIC	H73158973	ACNT	8023LMD642			ICN	820252260700229	ASG Y MOA	
1013940584	0813	081325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0813	081325	11	1	99214	25	219.00	120.84	0.00	0.00	CO-253 CO-45	2.42 98.16
					HCPI: RECONSIDERATION							
1013940584	0813	081325	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-96	65.00
					REM: N115 N386							
					HCPI: RECONSIDERATION							
1013940584	0813	081325	11	1	99401	25	65.00	0.00	0.00	0.00	CO-96	65.00
					REM: N431							
					HCPI: RECONSIDERATION							
1013940584	0813	081325	11	1	G2211		25.00	0.00	0.00	0.00	CO-181	25.00
					REM: N56 N517							
					HCPI: RECONSIDERATION							
1013940584	0813	081325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0813	081325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0813	081325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0813	081325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
1013940584	0813	081325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
					HCPI: RECONSIDERATION							
PT RESP	0.00				CLAIM TOTALS		374.00	120.84	0.00	0.00	255.58	118.42
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 118.42
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	374.00	120.84	0.00	0.00	255.58	118.42	0.00	118.42

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-181 Payment adjusted because this procedure code was invalid on the date of service
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 Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd, or if you do not have web access, you may contact the contractor to request a copy of the 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 www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.
N431 Not covered with this procedure.
N517 Resubmit a new claim with the requested information.
N56 Procedure code billed is not correct/valid for the services billed or the date of service billed.

