

BLUE CARE NETWORK OF MICHIGAN []  
441 E. JEFFERSON  
DETROIT, MI 48226  
(000)000-0000

REMITTANCE  
ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]  
7740 BYRON CENTER AVE  
  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 4  
DATE: 2025-03-28  
EFT #: 25083B1000147201064567088  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	ALBERDA, DONALD K				HIC	XYK894141033 ACNT	5261LMD642			ICN	E18086693300	ASG Y MOA
1013940584	0304	030425	11	1	99213	25	146.00	85.63	0.00	0.00	CO-45	60.37 83.92
1013940584	0304	030425	11	1	11602		319.00	225.24	0.00	0.00	CO-104	1.71
1013940584	0304	030425	11	1	G2211		25.00	0.00	0.00	0.00	CO-45	93.76 220.74
											CO-104	4.50
											CO-236	25.00 0.00
1013940584	0304	030425	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM	TOTALS	490.00	310.87	0.00	0.00		185.34 304.66
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING	CHARGE	0.00	NET 304.66
STATUS CODE 1: Processed as Primary												

NAME	STAUFFER, EMILY				HIC	XYH910177608 ACNT	5365LMD642			ICN	E18096688700	ASG Y MOA
INSURED NAME: STAUFFER, MARK												
1013940584	0318	031825	11	1	99214	25	219.00	120.88	120.88	0.00	CO-45	98.12 0.00
1013940584	0318	031825	11	1	73630	LT	70.40	53.29	53.29	0.00	CO-45	17.11 0.00
1013940584	0318	031825	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	174.17				CLAIM	TOTALS	289.40	174.17	174.17	0.00		115.23 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING	CHARGE	0.00	NET 0.00
STATUS CODE 1: Processed as Primary												

NAME	KRZYWOS, DAVID R				HIC	XYH890598021 ACNT	5135LMD642			ICN	E18096693400	ASG Y MOA
INSURED NAME: KRZYWOS, JODI R												
1013940584	0306	030625	11	1	99214		219.00	120.88	0.00	0.00	CO-45	98.12 0.00
											CO-24	90.88
											PR-3	30.00
1013940584	0306	030625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	30.00				CLAIM	TOTALS	219.00	120.88	0.00	0.00		219.00 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING	CHARGE	0.00	NET 0.00
STATUS CODE 1: Processed as Primary												



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DATE: 2025-03-28

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WAX, JOSEPH R					HIC	M0885388401	ACNT	5328LMD642		ICN	E18097303300	ASG	Y MOA
1306898036	0317	031725	11	1	99395	25			297.00	131.69	0.00	0.00	CO-45	165.31 0.00
													CO-24	131.69
1306898036	0317	031725	11	1	G0136	33			34.80	29.48	29.48	0.00	CO-45	5.32 0.00
1306898036	0317	031725	11	1	36415				20.00	4.86	0.00	0.00	CO-45	15.14 0.00
													CO-24	4.86
1306898036	0317	031725	11	1	90715				87.00	50.44	0.00	0.00	CO-45	36.56 50.44
1306898036	0317	031725	11	1	90471				41.00	28.12	0.00	0.00	CO-45	12.88 28.12
1306898036	0317	031725	11	1	96127	XU			40.00	7.25	0.00	0.00	CO-45	32.75 7.25
1306898036	0317	031725	11	1	96160	XU			5.30	0.00	0.00	0.00	CO-97	5.30 0.00
							REM: N1							
1306898036	0317	031725	11	1	3074F				0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	11	1	3079F				0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	11	1	G9622				0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	11	1	G8510				0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	11	1	1036F				0.00	0.00	0.00	0.00		0.00
PT RESP	29.48					CLAIM	TOTALS		525.10	251.84	29.48	0.00		409.81 85.81
ADJ TO TOTAL: PREV PD							INTEREST		0.00				0.00	NET 85.81
STATUS CODE 1: Processed as Primary														

NAME	HOEKSEMA, STEVEN D					HIC	XYK993576285	ACNT	5359LMD642		ICN	E18098543200	ASG	Y MOA
1306898036	0318	031825	11	1	G0439				361.00	121.85	0.00	0.00	CO-45	239.15 119.41
													CO-104	2.44
1306898036	0318	031825	11	1	G0136	33			34.80	17.40	0.00	0.00	CO-45	17.40 17.05
													CO-104	0.35
1306898036	0318	031825	11	1	99397	33			341.00	0.00	0.00	0.00	CO-231	341.00 0.00
							REM: N1							
1306898036	0318	031825	11	1	99214	25			241.68	120.84	0.00	0.00	CO-45	120.84 118.42
													CO-104	2.42
1306898036	0318	031825	11	1	96127	XU			40.00	0.00	0.00	0.00	CO-97	40.00 0.00
							REM: N1							
1306898036	0318	031825	11	1	96160	XU			5.30	0.00	0.00	0.00	CO-234	2.65 0.00
							REM: N20						CO-45	2.65
1306898036	0318	031825	11	1	G2211				25.00	0.00	0.00	0.00	CO-236	25.00 0.00
							REM: N1							
1306898036	0318	031825	11	1	99406				27.06	13.53	0.00	0.00	CO-45	13.53 13.26
													CO-104	0.27
1306898036	0318	031825	11	1	3075F				0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	3078F				0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	G9622				0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	G8510				0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM	TOTALS		1075.84	273.62	0.00	0.00		807.70 268.14
ADJ TO TOTAL: PREV PD							INTEREST		0.00				0.00	NET 268.14
STATUS CODE 1: Processed as Primary														

NAME	FLESER, BARBARA J					HIC	M6891024701	ACNT	5376LMD642		ICN	E18099171500	ASG	Y MOA
1013940584	0318	031825	11	1	99214	25			219.00	120.88	0.00	0.00	CO-45	98.12 0.00
													CO-24	90.88
													PR-3	30.00
1013940584	0318	031825	11	1	83036	QW			60.90	15.45	0.00	0.00	CO-45	45.45 15.45
1013940584	0318	031825	11	1	G0446	XU			61.88	39.31	0.00	0.00	CO-45	22.57 39.31
1013940584	0318	031825	11	1	97802				26.00	0.00	0.00	0.00	CO-97	26.00 0.00
							REM: N19 N1							
1013940584	0318	031825	11	1	G0447	XU			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	99401	XU			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	3075F				0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	3079F				0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	2028F				0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	3051F				0.00	0.00	0.00	0.00		0.00
PT RESP	30.00					CLAIM	TOTALS		367.78	175.64	0.00	0.00		313.02 54.76
ADJ TO TOTAL: PREV PD							INTEREST		0.00				0.00	NET 54.76
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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	CRAWFORD, DONALD W					HIC	XYK991413062	ACNT	5401LMD642		ICN	E18101607700	ASG	Y MOA
1013940584	1220	122024	11	1	99214				219.00	123.66	0.00	0.00	CO-45	95.34 121.19
													CO-104	2.47
1013940584	1220	122024	11	1	G2211				25.00	16.01	0.00	0.00	CO-45	8.99 15.69
													CO-104	0.32
1013940584	1220	122024	11	1	3074F				0.00	0.00	0.00	0.00		0.00
1013940584	1220	122024	11	1	3078F				0.00	0.00	0.00	0.00		0.00
1013940584	1220	122024	11	1	3008F				0.00	0.00	0.00	0.00		0.00
1013940584	1220	122024	11	1	2001F				0.00	0.00	0.00	0.00		0.00
1013940584	1220	122024	11	1	2000F				0.00	0.00	0.00	0.00		0.00
1013940584	1220	122024	11	1	1000F				0.00	0.00	0.00	0.00		0.00
1013940584	1220	122024	11	1	1159F				0.00	0.00	0.00	0.00		0.00
1013940584	1220	122024	11	1	1160F				0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM	TOTALS		244.00	139.67	0.00	0.00		107.12 136.88
ADJ TO TOTAL: PREV PD							INTEREST		0.00				0.00	NET 136.88
STATUS CODE 1: Processed as Primary														

NAME	TRAN, UT V					HIC	XYK991412944	ACNT	5393LMD642		ICN	E18102071400	ASG	Y MOA
1306898036	0319	031925	11	1	G0439				361.00	121.85	0.00	0.00	CO-45	239.15 119.41
													CO-104	2.44
1306898036	0319	031925	11	1	G2211				25.00	0.00	0.00	0.00	CO-236	25.00 0.00
1306898036	0319	031925	11	1	36415				20.00	9.09	0.00	0.00	CO-45	10.91 8.91
													CO-104	0.18
1306898036	0319	031925	11	1	99214 25				241.68	120.84	0.00	0.00	CO-45	120.84 118.42
													CO-104	2.42
1306898036	0319	031925	11	1	99497 33				132.00	77.66	0.00	0.00	CO-45	54.34 76.11
													CO-104	1.55
1306898036	0319	031925	11	1	99397 52				341.00	0.00	0.00	0.00	CO-231	341.00 0.00
1306898036	0319	031925	11	1	G0136 33				34.80	17.40	0.00	0.00	CO-45	17.40 17.05
													CO-104	0.35
1306898036	0319	031925	11	1	82043 QW				14.70	5.78	0.00	0.00	CO-45	8.92 5.66
													CO-104	0.12
1306898036	0319	031925	11	1	82570 QW				17.85	5.18	0.00	0.00	CO-45	12.67 5.08
													CO-104	0.10
1306898036	0319	031925	11	1	36415				20.00	9.09	0.00	0.00	CO-45	10.91 8.91
													CO-104	0.18
1306898036	0319	031925	11	1	G0444 XU				91.00	0.00	0.00	0.00	CO-97	91.00 0.00
1306898036	0319	031925	11	1	G0442 XU				43.00	0.00	0.00	0.00	CO-97	43.00 0.00
1306898036	0319	031925	11	1	3075F				0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11	1	3079F				0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11	1	G9622				0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11	1	1036F				0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11	1	3060F				0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11	1	G8510				0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM	TOTALS		1342.03	366.89	0.00	0.00		982.48 359.55
ADJ TO TOTAL: PREV PD							INTEREST		0.00				0.00	NET 359.55
STATUS CODE 1: Processed as Primary														

NAME	TERBEEK, ASHLEY					HIC	XYH911438060	ACNT	5391LMD642		ICN	E18104007000	ASG	Y MOA
INSURED NAME:	TERBEEK, ROSS M													
1306898036	0319	031925	11	1	99395 25				297.00	131.69	0.00	0.00	CO-45	165.31 131.69
1306898036	0319	031925	11	1	96127 XU				40.00	7.25	0.00	0.00	CO-45	32.75 7.25
1306898036	0319	031925	11	1	96160 XU				5.30	0.00	0.00	0.00	CO-97	5.30 0.00
1306898036	0319	031925	11	1	36415				20.00	4.86	0.00	0.00	CO-45	15.14 4.86
1306898036	0319	031925	11	1	G8420				0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11	1	3074F				0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11	1	3078F				0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11	1	G9622				0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11	1	G8510				0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM	TOTALS		362.30	143.80	0.00	0.00		218.50 143.80
ADJ TO TOTAL: PREV PD							INTEREST		0.00				0.00	NET 143.80
STATUS CODE 1: Processed as Primary														



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MOSHER, TAMMY K					HIC XYK991493262	ACNT 5392LMD642			ICN E18104039600	ASG Y	MOA	
1306898036	0319	031925	11	1	99214 25		219.00	120.84	0.00	0.00	CO-45	98.16 118.42
											CO-104	2.42
1306898036	0319	031925	11	1	G2211		25.00	0.00	0.00	0.00	CO-236	25.00 0.00
						REM: N1						
1306898036	0319	031925	11	1	71046		68.20	30.57	0.00	0.00	CO-45	37.63 14.98
											CO-104	0.31
											PR-3	15.28
1306898036	0319	031925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11	1	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP	15.28				CLAIM TOTALS		312.20	151.41	0.00	0.00		178.80 133.40
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 133.40
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
	10	5227.65	2108.79	203.65	0.00	3537.00	1487.00	0.00	1487.00

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

CO-104 Managed care withholding.

CO-231 Mutually exclusive procedures cannot be done in the same day / setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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

CO-236 This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

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

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

N1 Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.

N19 Procedure code incidental to primary procedure.

N20 Service not payable with other service rendered on the same date.

PR-1 Deductible Amount

PR-3 Co-payment Amount

