

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 1
 DATE: 2025-03-12
 EFT #: W315882342
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KEENA, DANIEL K			HIC 975771157		ACNT	4936LMD642	ICN EX65485289		0135237071		ASG Y	MOA MA15
1013940584	0221	022125	11	1	99396	25	327.00	112.48	0.00	0.00	CO-45	214.52 112.48
1013940584	0221	022125	11	1	36415		20.00	1.26	0.00	0.00	CO-45	18.74 1.26
PT RESP		0.00			CLAIM TOTALS		347.00	113.74	0.00	0.00		233.26 113.74
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE	0.00		NET	113.74
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME KEENA, DANIEL K			HIC 975771157		ACNT	4936LMD642	ICN EX65485289		0135237083		ASG Y	MOA MA15
1013940584	0221	022125	11	1	96127	XU	40.00	6.06	0.00	0.00	CO-45	33.94 6.06
PT RESP		0.00			CLAIM TOTALS		40.00	6.06	0.00	0.00		33.94 6.06
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE	0.00		NET	6.06
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME FENNEMA, NICHOLAS R			HIC 939020586		ACNT	4813LMD642	ICN EX71029083		0225034667		ASG Y	MOA MA15
1013940584	0217	021725	11	1	99396		327.00	112.48	0.00	0.00	CO-45	214.52 112.48
1013940584	0217	021725	11	1	36415		20.00	1.26	0.00	0.00	CO-45	18.74 1.26
PT RESP		0.00			CLAIM TOTALS		347.00	113.74	0.00	0.00		233.26 113.74
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE	0.00		NET	113.74
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Overpayment Recovery (WO)		20241204	3398LMD642	2.38

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	734.00	233.54	0.00	0.00	500.46	231.16	2.38	231.16

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

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

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

