

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: 2025-07-02
 EFT #: W327528758
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	WARNERS, KATHLEEN M		HIC 976808179	ACNT	6912LMD642			ICN FD77561113	0138811647	ASG Y	MOA MA15
INSURED NAME: WARNERS, DONALD G											
1306898036	0611	061125	11	1	99396 25	327.00	130.20	0.00	0.00	CO-45	196.80 130.20
1306898036	0611	061125	11	1	G0136 33	65.00	20.27	0.00	0.00	CO-45	44.73 20.27
PT RESP	0.00				CLAIM TOTALS	392.00	150.47	0.00	0.00		241.53 150.47
ADJ TO TOTAL:	PREV PD				INTEREST	0.00		LATE FILING CHARGE	0.00	NET	150.47
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME	WARNERS, KATHLEEN M		HIC 976808179	ACNT	6912LMD642			ICN FD77561113	0138811652	ASG Y	MOA MA15
INSURED NAME: WARNERS, DONALD G											
1306898036	0611	061125	11	1	36415	20.00	1.80	0.00	0.00	CO-45	18.20 1.80
PT RESP	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
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME	PELKEY, LILY M		HIC 981551878	ACNT	7045LMD642			ICN FE01132499	0343621296	ASG Y	MOA
INSURED NAME: LOMONACO, ALAINA M											
1013940584	0618	061825	11	1	99394 25	289.00	119.14	0.00	0.00	CO-45	169.86 119.14
1013940584	0618	061825	11	1	G0136 33	65.00	20.27	0.00	0.00	CO-45	44.73 20.27
1013940584	0618	061825	11	1	90619	347.00	206.36	0.00	0.00	CO-45	140.64 206.36
1013940584	0618	061825	11	1	90620	320.00	284.56	0.00	0.00	CO-45	35.44 284.56
1013940584	0618	061825	11	1	90460	41.00	23.12	0.00	0.00	CO-45	17.88 23.12
1013940584	0618	061825	11	1	90461	20.00	12.07	0.00	0.00	CO-45	7.93 12.07
PT RESP	0.00				CLAIM TOTALS	1082.00	665.52	0.00	0.00		416.48 665.52
ADJ TO TOTAL:	PREV PD				INTEREST	0.00		LATE FILING CHARGE	0.00	NET	665.52
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
	3	1494.00	817.79	0.00	0.00	676.21	817.79	0.00	817.79

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.

