

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: 2025-05-16
 EFT #: T2814303
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANDEWEGE, DAVID A			HIC 959369795	ACNT 6049LMD642	ICN KEN6714001600			ASG Y	MOA		
INSURED NAME: VAN DE WEGE, DAVID A											
1013940584	0411	041125 11	1	G0180		99.42	49.71	0.00	0.00	CO-45	48.72
										CO-253	0.99
PT RESP	0.00	CLAIM TOTALS				99.42	49.71	0.00	0.00	50.70	48.72
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	48.72
PLAN TYPE: B & C HEALTH PLAN											
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	99.42	49.71	0.00	0.00	50.70	48.72	0.00	48.72		

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

